

# Dr Sunil Sood

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sunil Sood on 27 October 2016. The overall rating for the practice was good. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Dr Sunil Sood on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 18 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 27 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

At the inspection on 27 October 2016, the practice was rated overall as 'good'. However, within

the key question safe, areas were identified as 'requires improvement', as the practice was not

meeting the legislation around ensuring adequate arrangements were in place to ensure care and

treatment to patients was provided in a safe way in relation to the provision of emergency

medicines; and in ensuring patients were fully protected against the risks associated with the recruitment of staff. There were deficiencies in the stocking of emergency medicines and prescription security; in the recording of vaccine fridge temperature checks; and in the recording of recruitment information, in particular in ensuring the documentation of appropriate pre-employment checks. The practice was issued requirement notices under Regulation 12, Safe care and treatment, and under Regulation 19, Fit and proper persons employed.

Other areas identified where the practice was advised they should make improvements within the key question of safe included:

- Review the safeguarding of vulnerable adults' policy to include information on who to contact externally for further guidance if staff had concerns about a patient's welfare remove references to organisations such as the PCT which was no longer in existence.
- Ensure the completion of action already initiated to update Disclosure and Barring Scheme (DBS) checks for staff whose checks related to previous employment.
- Ensure training arranged to address current gaps is completed as planned.

At our January 2018 inspection we reviewed the practice's action plan submitted in response to our previous inspection and a range of supporting documents which demonstrated they are now meeting the requirements of

# Summary of findings

Regulation 12, Safe care and treatment, and Regulation 19, Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice also demonstrated improvement in the other areas of safe care identified in the report from October 2016 which did not affect ratings. These improvements have been documented in the safe section, showing how the registered person has demonstrated continuous improvement since the full inspection.

Areas identified at the October 2016 inspection where the practice was advised they should make improvements within other key questions of caring, responsive and well-led included:

- Review the arrangements for the storage of patient records to mitigate potential security risks.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.
- Review the presentation of patient information in the waiting area to make it more accessible to patients.
- Review the complaints policy and accompanying leaflet to ensure information on other bodies is up to date and the designated responsible person for handling all complaints in the practice is clearly identified.
- Arrange more systematic review of policies and procedures to ensure they are all tailored specifically to the practice and contain up to date and relevant information about outside bodies.

- Re-establish regular meetings of the patient participation group (PPG).

At our inspection of January 2018 we found all patient records were now securely stored; the system of carers had been reviewed, carers correctly coded in the patient records system and support provided, but further work was necessary as the number of carers now identified was 13 (25 at the previous inspection) which was less than 1% of the practice list; patient information was now more accessible through a dedicated practice noticeboard and TV screen; the complaints policy had been updated appropriately; practice policies and procedures had been reviewed and updated more widely and tailored to the practice but the review arrangements needed to be formalised; and PPG meetings had been re-established.

However, there were also areas of practice where the provider needs to make improvements.

In particular the provider should:

- Review the provision of emergency medicines to include substitute medicine for patients allergic to penicillin in the kit in the nurse's room and include this in the nurse's emergency medicines checklist.
- Review further the system for the identification of carers to ensure all carers have been identified and provided with support.
- Continue to review practice policies and procedures and formalise the current review arrangements to facilitate a systematic programme of review.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b>	
<b>People with long term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

# Dr Sunil Sood

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.  
The team included a GP specialist adviser.

### Background to Dr Sunil Sood

Dr Sunil Sood provides primary medical services through a General Medical Services (GMS) contract within the London Borough of Hounslow. The practice is part of NHS Hounslow Clinical Commissioning Group. The services are provided from a single location to around 2200 patients. The practice is based in a purpose built premises that is shared with other local NHS services, including two other GP practices. The practice serves a wide ethnic, cultural, demographic and socio-economic mix, with approximately 20-30% of patients who do not speak English as their first language. There are higher than average numbers of patients in the 25-39 age groups.

At the time of our inspection, there was one permanent GP and a sessional GP (1.1 whole time equivalent - both male) employed at the practice who normally provide nine clinical sessions per week. The practice also employed a practice manager (1 WTE), a practice nurse (0.6 WTE) and four reception staff (1.4 WTE).

The practice is open between 8.30am and 7.30pm on Monday and 8.30am to 6.30pm Tuesday to Friday. Appointments are from 9am to 11am and 4pm to 7.30pm on Monday; 9.20am to 11am and 3pm to 6pm on Tuesday; 9am to 11am on Wednesday; 9.30am to 11.30am and 4pm to 6.30pm on Thursday; and 9.20am to 11am and 4pm to 6pm on Friday. Pre-bookable extended hours appointments are offered between 6.30pm to 7.30pm on Monday. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that need them.

There are also arrangements to ensure patients receive urgent medical assistance when the practice was closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call. In addition, the practice participates in a local scheme providing weekend opening on a rota basis with locality practices.

The practice is registered to carry on the following regulated activities:

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

# Are services safe?

## Our findings

**At our previous inspection on 27 October 2016, we rated the practice as requires improvement for providing safe services as there were deficiencies in the stocking of emergency medicines and prescription security; in the recording of vaccine fridge temperature checks; and in the recording of recruitment information, in particular in ensuring the documentation of appropriate pre-employment checks.**

**Other areas identified where the practice was advised they should make improvements in providing safe services included the need to ensure:**

- **the practice's safeguarding of vulnerable adults' policy included information on who to contact externally for further guidance if staff had concerns about a patient's welfare and to remove references to organisations such as the PCT which was no longer in existence;**
- **the completion of action already initiated to update Disclosure and Barring Scheme (DBS) checks for staff whose checks related to previous employment.**
- **training arranged to address current gaps was completed as planned.**

**The provider had addressed these concerns in most respects when we undertook a follow up inspection on 18 January 2018. The practice is now rated as good for providing safe services.**

### Safety systems and processes

At our inspection of 27 October 2016 there was no information in the practice's safeguarding of vulnerable adults' policy about who to contact for further guidance if staff had concerns about a patient's welfare although; in addition the policy required some updating to remove references to organisations such as the PCT which was no longer in existence. There were also some gaps in safeguarding training of non-clinical staff.

At our latest inspection we found the safeguarding of vulnerable adults' policy had been updated to include

relevant external contact details and there were no references to organisations no longer in existence. Non-clinical staff were now up to date with training in safeguarding of both children and vulnerable adults.

The practice now kept prescriptions securely in all respects. Records were kept of serial numbers of batch numbers of prescriptions to ensure full monitoring of their use.

Gaps in training of administrative staff in basic life support identified previously had been addressed and the training for these staff was now up to date. The information on this training for a sessional GP was not up to date but this was provided immediately after the inspection.

The deficiencies in pre-employment documentation found previously had been addressed in most respects and appropriate checks were now recorded on the three personnel files we reviewed. There were some gaps in the paperwork but the practice provided evidence of the required information immediately after the inspection and ensured this was placed on the relevant file. Action initiated at our previous inspection to update Disclosure and Barring Scheme (DBS) checks for staff whose checks related to previous employment was complete except for the nurse. However, this was completed immediately after the inspection.

### Safe and appropriate use of medicines

At our inspection of 27 October 2016 daily checks of vaccine storage fridges were not consistently recorded. There were gaps for some days and there were no instructions by the fridges on action to take if temperatures exceeded the required range. At our latest inspection we found from a sample of monitoring records there were now no gaps in the recording of fridge temperature checks and appropriate instructions were in place by the fridges for managing breaches in the required temperature range.

Since our previous inspection the practice had supplemented its emergency medicines kit in the GP's room with substitute medicine for patients allergic to penicillin, which was missing previously. However, there was a second kit in the nurse's room which did not contain this medicine and the medicine was not included on the checklist used by the nurse to record that medicines were in date.

# Are services effective?

(for example, treatment is effective)

## Our findings

Please note this is a focused follow up inspection of safe care and treatment under the key question safe. We did not review this key question.

Please refer to the October 2016 comprehensive inspection report for this service that is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services caring?

## Our findings

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Please refer to the October 2016 comprehensive inspection report for this service that is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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Please refer to the October 2016 comprehensive inspection report for this service that is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

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Please refer to the October 2016 comprehensive inspection report for this service that is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>