

Dr A S Pannu & Partners

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



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 A S Pannu and Partners on 9 September 2015. Breaches of the legal requirements were found in relation to routine checking of emergency equipment to ensure it was fit for purpose and the practice's risk assessment for legionella did not cover the risk of an unused shower in one of the branch practices.

As a result, care and treatment was not always provided in a safe way for patients and the registered provider's system to routinely check the equipment used in emergencies and appropriately assess the risk of legionella was not safe. Therefore, a Requirement Notice was served in relation to Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment.

Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches and how they would comply with the legal requirements, as set out in the Requirement Notice.

Additionally, the practice was rated as requires improvement in the Caring domain as the practice had

not responded to low scores in the national GP patient survey, in order to improve services. The practice were also informed of improvements it should make in relation to:

- Reviewing and risk assessing how controlled drugs were recorded, in order to ensure good practice guidance is followed.
- Reviewing the storage of equipment to be used in emergencies, in order for it to be located in one accessible place.
- Reviewing the process for nurse appraisals, in order to ensure they are conducted annually.

We undertook this desk based inspection on 12 April 2016, to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr A S Pannu and Partners on our website at www.cqc.org.uk.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous comprehensive inspection on 9 September 2015 the practice had been rated as requires improvement for providing safe services, as there were areas where it should make improvements. For example;

- Equipment used for maintaining a patient's airway during a medical emergency was found to be out of date by four years at St Georges Medical Centre and at Leysdown the sterile packaging had been removed.
- The practice had a policy to underpin how the management, testing and investigation of legionella should be conducted. However, this did not include the shower which was not in use at one of the branch surgeries and posed a risk of legionella.
- All emergency medicines that we looked at were within their expiry date. However, emergency medicines and equipment held at the main practice (St Georges Medical Centre) were not located in a central area, with some pieces of equipment being in one room and other emergency equipment being stored in another room.

As part of our desk based inspection on 12 April 2016, the practice provided photographic evidence, records and documentary information to demonstrate that the requirements had been met.

- The practice had revised their system that managed and monitored equipment used during a medical emergency, in order to ensure oxygen masks and airways remained in their original packaging and were fit for purpose.
- The practice had improved its policy for the management, testing and investigation of legionella and had removed the shower which posed a risk.
- They had conducted an audit of the location of emergency medicines and equipment held at the main practice (St Georges Medical Centre), in order to ensure it was readily accessible to staff in the event of an emergency.

Good



Are services effective?

At our previous comprehensive inspection on 9 September 2015 the practice had been rated as good for providing effective services. However the practice was asked to review the process for nurse appraisals, in order to ensure they are conducted annually.

Good



Summary of findings

As part of our desk based inspection on 12 April 2016, the practice provided records and documentary information to demonstrate that nurses had received an annual appraisal since our last inspection visit.

Are services caring?

At our previous comprehensive inspection on 9 September 2015 the practice had been rated as requires improvement for providing caring services, as the practice had not proactively responded to low scores in the national GP patient survey, in order to improve services.

As part of our desk based inspection on 12 April 2016, the practice submitted records and documentary evidence to demonstrate they had reviewed and improved it's systems to respond to the national GP patient survey result. Improvements included reviewing survey results on a regular basis, aligning their own survey by using similar questions to those in the national survey, discussing the national survey with their patient participation group (PPG), at GP partner and staff meetings, as well as discussions with other practice managers and the local CCG. Action plans had also been implemented.

Good



Summary of findings

The six population groups and what we found

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

Older people

Good



At our previous comprehensive inspection on 9 September 2015 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe, effective and caring services and good for providing responsive and well-led services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 12 April 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe, effective and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

People with long term conditions

Good



At our previous comprehensive inspection on 9 September 2015 the practice had been rated as requires improvement for the care of people with long term conditions. The provider had been rated as requires improvement for providing safe, effective and caring services and good for providing responsive and well-led services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 12 April 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe, effective and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Families, children and young people

Good



At our previous comprehensive inspection on 9 September 2015 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe, effective and caring services and good for providing responsive and well-led services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 12 April 2016, the practice provided records and information to demonstrate

Summary of findings

that the legal requirements had been met. The provider is rated as good for providing safe, effective and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Working age people (including those recently retired and students)

Good



At our previous comprehensive inspection on 9 September 2015 the practice had been rated as requires improvement for the care of working age people (including those recently retired and students). The provider had been rated as requires improvement for providing safe, effective and caring services and good for providing responsive and well-led services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 12 April 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe, effective and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

People whose circumstances may make them vulnerable

Good



At our previous comprehensive inspection on 9 September 2015 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe, effective and caring services and good for providing responsive and well-led services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 12 April 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe, effective and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

People experiencing poor mental health (including people with dementia)

Good



At our previous comprehensive inspection on 9 September 2015 the practice had been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider had been rated as requires improvement for providing safe, effective and caring services and good for providing responsive and well-led services. The resulting overall rating applied to everyone using the practice, including this patient population group.

Summary of findings

At our focussed follow-up inspection on 12 April 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe, effective and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Dr A S Pannu & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

The desk based inspection was completed by a CQC Lead Inspector.

Background to Dr A S Pannu & Partners

Dr A S Pannu and Partners practice is based in St Georges Medical Centre with branch practices at Leysdown, Warden Bay and Eastchurch.

Medical care is provided:

- St Georges Medical Centre Monday to Friday 8.45am – 7.40pm.
- Leysdown Monday to Friday 9.30am to 12pm and Tuesday and Thursday 3.45pm to 6.30pm.
- Warden Bay Monday to Friday 8.45am to 11am and Monday, Wednesday and Friday 3.45pm to 6.30pm.
- Eastchurch Monday to Friday 8.45am to 11am.

Dispensary services are available at the three branch practices: Leysdown, Warden Bay and Eastchurch.

The practices provide services to approximately 10,580 patients on the Isle of Sheppey in Kent.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. There are a range of patient population groups, with the majority being working aged that used the practice.

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

The practice has opted out of providing out-of-hours services to their own patients. There are arrangements with other providers (South East Health Doctors on Call) to deliver services to patients outside of Dr A S Pannu and Partners' working hours (8pm to 8am Monday to Friday and weekend cover from 8pm Friday to 8am Monday).

The practice has six GP partners (two female and four male) and a trainee GP. There are two female practice nurses and two female health care assistants, who undertake blood tests, blood pressure tests, new patient checks and NHS health checks. The practice has a number of administration/reception staff as well as a practice manager.

Services are delivered from the main practice at;

- St Georges Medical Centre, 55 St Georges Avenue, Sheerness, Kent, ME12 1QU

And from three branch practices at:

- Leysdown, 36 Leysdown Road, Leysdown, Sheerness, Kent, ME12 4RE
- Warden Bay, 5 Jetty Road, Warden Bay, Sheerness, Kent, ME12 4PS
- Eastchurch, 62 High Street, Eastchurch, Kent, ME12 4BN

Why we carried out this inspection

We undertook a desk based inspection of Dr A S Pannu and Partners on 12 April 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 9 September 2015.

Detailed findings

We inspected this practice against three of the five questions we ask about services; is the service safe, effective and caring. This is because the service was not meeting some of the legal requirements in relation to these questions.

How we carried out this inspection

Before carrying out the desk based inspection, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. For example, photographic and documentary evidence.

Are services safe?

Our findings

Medicines management

The dispensaries at the branch practices had appropriate arrangements for the safe recording of controlled medicines. Good practice guidance by the Dispensing Doctors Guidance Association states that all controlled medicines should be recorded in a bound, page numbered, tamperproof book. Documentary evidence provided, confirmed that appropriate controlled medicine recording books had been obtained and their use had been implemented.

Cleanliness and infection control

The practice had carried out regular checks to reduce the risk of infection of legionella (a germ found in the environment which can contaminate water systems in buildings) to staff and patients. The practice had a policy to underpin how the management, testing and investigation of legionella should be conducted. The shower that was

not in use at Warden Bay branch practice had the water disconnected and the shower had subsequently been removed. Documentary evidence of risk assessments, policies and photographs confirmed this.

Arrangements to deal with emergencies and major incidents

The practice had systems and procedures for responding to medical emergencies.

The location of emergency medicines and equipment held at the main practice (St Georges Medical Centre) had been reviewed, in order to ensure it was readily accessible to staff in the event of an emergency.

The processes for checking that equipment used for maintaining a patient's airway during a medical emergency had been audited and changes made as a result. This meant that equipment to be used during an emergency was sterile and fit for purpose. Documentary evidence of the audit confirmed that the oxygen, masks and tubing were checked to ensure they were in date and had not been removed from their original packaging. When new masks and tubing were required the practice contacted the oxygen supplier to replace them.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

Nurses had received an annual appraisal since our last inspection visit. Documentary evidence confirmed that GPs

conducted nurse appraisals. Named GPs were allocated specific staff so that they were able to prepare and conduct effective appraisals. Where nurses could not be appraised, within a certain timeframe, this had been appropriately risk assessed and clear records were maintained as to the reason why.

Are services caring?

Our findings

Following our previous comprehensive inspection the practice had reviewed and improved its systems to respond to national GP patient survey result. Improvements included reviewing survey results on a regular basis, continuing to align their own survey to the national survey, using similar questions wherever possible, discussing the national survey with their virtual PPG alongside practice surveys and discussing results at GP partner and staff meetings. As well as, discussions with other practice managers and the local CCG to see how they were dealing with survey results in order to help improve their own systems. Action plans had been implemented and documentary evidence provided confirmed this.

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with national averages in many areas and had improved in all.

For example:

- 88.5% said the GP was good at listening to them compared to the CCG average of 85.4% and the national average of 88.6%. This showed an 8.5% on the scores from the previous survey.
- 88.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.1% and national average of 86%. This showed an 8.5% increase on the scores from the previous survey.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85 %. This showed a 12% increase on the scores from the previous survey.

- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%. This showed a 1% increase on the scores from the previous survey.

There were some areas where the practice had improved only marginally for example;

- 32% said that they always or almost always see or speak to the GP they prefer compared to the CCG average of 52%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85%.

330 survey forms were distributed and 118 were returned. This represented 1% of the practice's patient list.

In order to get to the heart of some of the issues raised, the practice, along with its patient participation group, had conducted its own patient survey for 2015/16 and had received 112 responses. Survey respondents rated the practice as follows:

- How good was the GP at listening to you? The respondents rated the GPs: 52% excellent, 39% good, 5% neither good nor poor and 2% poor.
- How good was the GP at explaining tests and treatment? The respondents rated the GPs: 48% excellent, 43% good, 6% neither good nor poor and 0% poor.
- How good was the GP at involving you in decision about your care? The respondents rated the GPs: 43% excellent, 48% good, 7% neither good nor poor and 2% poor.
- How good was the GP at treating you with care and concern? The respondents rated the GPs: 52% excellent, 40% good, 5% neither good nor poor and 1% poor