

Dr P K Mohanty and Partners

Quality Report

Witham Health centre
4 Mayland Road
Witham
Essex
CM8 2UX

Tel: 01376337272

Website: www.drmoahanty-withamhc.nhs.uk

Date of inspection visit: 27 March 2018

Date of publication: 14/06/2018

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

Requires improvement



Are services safe?

Requires improvement



Are services caring?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr P K Mohanty and Partners	5
Why we carried out this inspection	5
Detailed findings	6
Action we have told the provider to take	8

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr P K Mohanty and Partners on 26 April 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the 26 April 2017 inspection can be found by selecting the 'all reports' link for Dr P K Mohanty and Partners on our website at www.cqc.org.uk.

This inspection was a focused inspection carried out on 27 March 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 26 April 2017. We also looked at the areas where we recommended that the practice should improve. This report covers our findings in relation to those requirements.

Overall the practice remains rated as requires improvement.

Our key findings were as follows:

- The approach to safety systems and the reporting of significant events was open and honest. The learning from such events was now being shared with staff.
- A new monitoring system implemented ensured patients received appropriate monitoring for diabetes, other long term conditions, and for patients taking high risk medicines.

- The practice now stocked appropriate emergency medicines; however they did not store them within the correct temperature range to provide assurance that they were safe to be used.
- There was now a system to review complaints to identify themes and trends.
- The practice had not improved patient satisfaction in relation to the GPs working at the practice and there had been limited action taken to improve the data since the last inspection.

However, there are areas of practice where the provider must make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Medicines must be stored within the correct temperature range to provide assurance that they were safe to be used.

At our previous inspection on 26 April 2017, We rated the practice as requires improvement for caring services because the patient satisfaction score in the national GP survey was low. The practice had introduced patient survey's, with the patient participation group, and staff. The practice had acted on concerns raised. However the

Summary of findings

National GP survey data remained significantly low, consequently, the practice is rated as requires improvement for providing caring services due to their response to concerns.

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?

The practice is rated as requires improvement for providing safe services.

- Staff understood, reported incidents, and raised concerns, or near misses. Reviews and investigations were thorough and the learning had been shared with the relevant staff.
- A new monitoring system implemented ensured patients received appropriate monitoring if taking high risk medicines.
- The practice now stocked appropriate emergency medicines; however they did not store them within the correct temperature ranges to be assured they were safe for use.

Requires improvement



Are services caring?

The practice is rated as requires improvement for providing caring services.

- The practice sought patient's satisfaction and acted on some concerns.
- Staff satisfaction and opinions had been sought and were included in feedback and learning from any incidents.
- Patient satisfaction for the GPs working at the practice remained low since the last inspection as highlighted by the national GP patient survey satisfaction data, although three patients we spoke with on the day were satisfied with the practice.
- The patient participation group had been involved with the practice to discuss satisfaction and to support improved service delivery.

Requires improvement



Dr P K Mohanty and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and accompanied by a GP specialist adviser.

Background to Dr P K Mohanty and Partners

Dr P K Mohanty and Partner, is based in Witham Health centre, 4 Mayland Road, Witham, Essex, with good access to bus and train services. The practice is located in a purpose built health centre with complete access for those with reduced mobility. Services are provided under a General Medical Services (GMS) contract with the NHS Mid Essex CCG.

There are 5,725 patients on the population list. The practice has two full time GP partners one male and one female. There is a practice manager and an administrative team of six members with a range of roles including administrators, secretaries and receptionists. The nursing team comprises a nurse practitioner, a practice nurse and a health care assistant.

The registered patient population are predominantly of white British background. The practice age profile demonstrates slightly higher number of patients under 18 years old, and lower numbers of patients aged 75 and over in comparison with local and national averages.

The practice has core opening hours between 8am and 6.30pm, Monday to Friday with appointments available from 8.20am to 5.50pm daily. The practice does not offer extended hours access. When the practice is closed, patients are directed to the out of hour's services by calling 111. These services are provided by Primecare.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr P K Mohanty and Partners on 26 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 26 April 2017 can be found by selecting the 'all reports' link for Dr P K Mohanty and Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr P K Mohanty and Partners 27 March 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Are services safe?

Our findings

At our previous inspection on 26 April 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of reviews, investigations and the learning, from reported incidents, raised concerns, or near misses had not been shared with the relevant staff. The system for monitoring patients taking high-risk medicines required reinforcing to ensure they were appropriately reviewed.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff recorded incidents and significant events which were reviewed and investigated by the practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The practice had recorded 14 significant incidents since April 2017. These related to clinical and non-clinical

issues. The analysis included who was present during the clinical discussions, and the analysis and learning relating to the incident that had been identified. Meeting minutes showed the learning from these incidents was shared with staff throughout the practice.

Monitoring risks to patients

- We found the system to review patients taking high risk medicines were monitored monthly for all patients taking these medicines. We reviewed a sample of anonymised reports to search for the regular tests required by these patients. Of the records we reviewed, we found patients had received a check in a timely manner, in line with guidance.

Arrangements to deal with emergencies and major incidents

- We checked that the practice kept the recommended medicines for emergencies and anaphylaxis treatment. Although we found appropriate medicines were monitored and checked, they were not stored within the correct temperature range, or monitored to ensure the temperature of medicines were safe for use as the medicine cabinet was located above a hot radiator.

Are services caring?

Our findings

At our previous inspection on 26 April 2017, we rated the practice as requires improvement for providing caring services in respect of the low level of patient satisfaction about the GPs working at the practice. These concerns had not improved when we undertook a follow up inspection on 27 March 2018. The practice is still rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

- Feedback from patients who used the service, were positive about the way staff treated people.
- We spoke with three patients that told us they were satisfied with the care provided by the practice and that their dignity and privacy was respected.
- Results from the national GP patient survey, published in July 2017 showed patient's satisfaction were considerably lower than local and national averages. For example data published July 2016 showed:
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 84% and the national average of 85%.

Data published July 2017 showed:

- 54% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 83% and the national average of 86%.

Care planning and involvement in decisions about care and treatment

The three patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However, results from the national GP patient survey, published July

2016 and July 2017 showed patients reported below average experience of their involvement in planning and making decisions about their care and treatment with their GP. For example data published July 2016 showed:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared with the local average of 85% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared with the local average of 80% and the national average of 86%.

Data published July 2017 showed:

- 59% of patients said the last GP they saw was good at explaining tests and treatments compared with the local average of 83% and the national average of 86%.
- 61% of patients said the last GP they saw was good at involving them in decisions about their care compared with the local average of 79% and the national average of 82%.

We acknowledge that the practice had taken some action to improve patient satisfaction but there was no evidence that the action taken had made any improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The practice did not have an effective system for the safe storage of medicines. The practice did not have an effective system to seek and act on patient feedback in relation to the GPs providing services at the practice, for the purpose of improving the services provided.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.