

Dr Abhijit Neil Banik

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 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 Abhijit Neil Banik on 19 January 2016. Breaches of the legal requirements were found. 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.

We undertook this focussed inspection on 14 September 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 'all reports' link for Dr Abhijit Neil Banik 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 19 January 2016 the practice had been rated as requires improvement for providing safe services.

- Some staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, not all staff knew what constituted a significant event and were not aware of the practice's significant event policy.
- Some areas that should have been kept secure were not adequately secured, such as clinical waste.
- The practice did not always maintain appropriate standards of cleanliness and hygiene.
- The practice did not have a defibrillator available on the premises and the supporting risk assessment, detailing why a defibrillator was deemed unnecessary was undated and unsigned. There was a failure to demonstrate that the oxygen cylinder was safe to use.

At our focussed follow-up inspection on 14 September 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice was able to demonstrate it was reporting, recording and learning from significant events. Staff we spoke with were aware of recent significant events and the process for reporting them.
- The clinical waste disposal area was appropriately secured.
- The practice demonstrated it was managing infection prevention control in line with national guidance.
- The practice did not have a defibrillator available on the premises but did have a signed and dated risk assessment detailing why it was deemed unnecessary as there was access to a defibrillator at the nearby fire station.
- The practice was able to demonstrate that there was an oxygen cylinder that was safe to use in response to a medical emergency.

Good



Are services well-led?

At our previous comprehensive inspection on 19 January 2016 the practice had been rated as requires improvement for providing well-led services.

- There was no systematic approach to clinical governance.

Good



Summary of findings

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, some areas that should have been kept secure were not adequately secured, such as clinical waste.
- Not all staff we spoke with were aware of governance, policies and processes. For example, the significant event policy and reporting system.
- The practice did not have adequate systems to help ensure appropriate standards of cleanliness and hygiene.
- The practice did not have adequate systems to help ensure staff were able to respond to medical emergencies including maintenance of the oxygen cylinder.

At our focussed follow-up inspection on 14 September 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice had introduced a system to review governance and other guidance documents annually or in response to changes in practice. Staff we spoke were aware of governance documents such as the significant event policy.
- There were now arrangements for identifying, recording and managing cleaning activities in the practice to help ensure appropriate standards of cleanliness and hygiene were maintained. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- The practice had reviewed and updated the policies and emergency equipment, such as oxygen cylinders to help ensure staff were able to respond to a medical emergency.

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

At our previous comprehensive inspection on 19 January 2016 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 and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 14 September 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People with long term conditions

At our previous comprehensive inspection on 19 January 2016 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 and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 14 September 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



Families, children and young people

At our previous comprehensive inspection on 19 January 2016 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 and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 14 September 2016, the practice provided records and information to demonstrate that the

Good



Summary of findings

requirements had been met. The provider is rated as good for providing safe and well-led 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)

At our previous comprehensive inspection on 19 January 2016 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 and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 14 September 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People whose circumstances may make them vulnerable

At our previous comprehensive inspection on 19 January 2016 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 and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 14 September 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People experiencing poor mental health (including people with dementia)

At our previous comprehensive inspection on 19 January 2016 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

Good



Summary of findings

for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 14 September 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Dr Abhijit Neil Banik

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector.

Background to Dr Abhijit Neil Banik

Dr Abhijit Neil Banik (also known as Park Farm Surgery) provides services from a converted semi-detached residential property located in Folkestone, Kent. There are approximately 3000 patients on the practice list. The practice population is close to national averages, although there are slightly more patients under four years old and slightly less over the age of 65. The figure for patients with a long-standing health condition is 21% higher than the national average. The practice told us they have a significant number of patients on their list living in nursing and care homes.

The practice holds a Primary Medical Service contract and consists of two GPs, one male principal GP and one female long term locum. There is one female nurse practitioner and a female locum practice nurse. The GPs and nurses are supported by a practice manager and a team of administration and reception staff. A wide range of services are offered by the practice including diabetes, asthma and Chronic Obstructive Pulmonary Disease (COPD) clinics. One of the GPs has undergone further training to become a GP with a special interest in respiratory conditions.

The practice is open Monday to Friday from 8am to 1pm and 2pm to 6.30pm. The telephones are transferred to a GP

during 1pm and 2pm when the practice is closed. The GPs provide a telephone clinic every day from 8.30am to 9.30am and appointments start from 10am to 11am and 3pm to 6pm.

The practice collaborates with other GPs in the area to provide urgent home visits with a paramedic practitioner and extended hours for patients from 8am to 8pm at Queen Victoria Hospital hub, Folkestone

Out of Hour's services are provided by Integrated Care 24. Details of how to access this service are available at the practice and on their website.

Services are delivered from:

Park Farm Surgery, 1 Alder Road, Folkestone, Kent, CT19 5BZ

Why we carried out this inspection

We undertook an announced focused inspection of Dr Abhijit Neil Banik on 14 September 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 19 January 2016.

We inspected this practice against two of the five key questions we ask about services; is the service safe and well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the

comprehensive inspection had been addressed. During our visit we spoke with the practice manager, the practice nurse, as well as administration and reception staff. We also reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Safe track record and learning

The practice had revised the system for reporting and recording significant events.

- There was a significant event policy which provided guidance for staff on what constituted a significant event and how to record them. Staff we spoke with were aware of the new policy.
- There was a significant event recording book in reception which showed staff had recorded eight significant events since our last inspection.
- Staff we spoke with told us significant events were a fixed agenda item and discussed at the monthly staff meetings. Minutes from these meeting showed seven of the recorded events had been discussed and improvements made. There were plans to discuss the eighth at the next meeting.

Overview of safety systems and processes

The practice had made improvements to the systems, processes and practices to keep patients safe and safeguard them from abuse.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection prevention control lead and the practice supplied evidence that role specific training with the local clinical commissioning group (CCG) had been booked to support this role. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Arrangements to deal with emergencies and major incidents

- The practice was able to demonstrate how it would respond to a medical emergency in line with national guidance before the arrival of an ambulance. The practice did not have a defibrillator available on the premises but did have a signed and dated risk assessment detailing why it was deemed unnecessary. The risk assessment detailed how staff would access a defibrillator from the nearby fire station in the event of a medical emergency. The practice was no longer using the oxygen cylinder found at our last inspection and had made arrangements for its removal. There was an oxygen cylinder on the premises that was safe to use in response to a medical emergency.

Are services well-led?

Good 

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

Our findings

Governance arrangements

There were a range of mechanisms to manage the governance of the practice.

- The practice had a range of policies and procedures to govern activity, these had been signed, dated and now contained a review date.

- A policy folder was kept in the reception area and was accessible to members of staff. Staff we spoke with were aware of the policies available. For example, the significant event policy.
- There was a clear leadership structure with defined roles and responsibilities. For example, there was a named lead for infection prevention and control.
- The practice had reviewed and updated the medical emergency risk assessments and policies to help ensure that emergency equipment, such as the oxygen cylinder, was safe to use.