

# Dr BK Jaiswal's Practice

## 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



# 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 BK Jaiswal's Practice and on 28 February 2016. The overall rating for the practice was good. The full comprehensive report on 28 February 2016 inspection can be found by selecting the 'all reports' link for Dr BK Jaiswal's Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 13 March 2017 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 28 February 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At our previous inspection on 28 February 2016, we rated the practice as requires improvement for providing safe services. Not all staff were had received mandatory training and the practice had not risk assessed not having a defibrillator. In addition, the practice did not provide us with evidence to demonstrate that medical equipment had been calibrated and annual internal infection control audits were carried out. At this inspection we found these issues had been satisfactorily addressed with the

exception of infection control training and fire safety. However, we saw evidence that both these training had been booked. The practice is now rated as good for providing safe services.

Our key findings were as follows:

- The practice had a defibrillator available on the premises with adult and children's pads and we saw records to confirm this had been checked daily.
- The practice provided us with evidence which demonstrated that all medical equipment had been calibrated by an external organisation.
- Annual internal infection control audits were implemented.
- We found that not all staff had completed mandatory training, for example, fire safety and infection control. However we saw evidence which confirmed this training had been booked for April 2017.
- Following the comprehensive inspection, the practice told us they took practical steps to ensure all patients had the opportunity to join the patient participation group (PPG). The PPG was brought to patient's attention by way of the practice leaflet, repeat prescriptions and staff members who informed patients about it opportunistically.

# Summary of findings

- Policies we reviewed were all updated and practice specific. All practice policies were digitised, however they also had access to paper copies which were kept in a clearly labelled folder in a lockable room.

The area where the provider should make improvement is:

- Ensure mandatory training is completed timely and develop a more rigorous recording system to highlight training nearing expiration.

**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 systems and processes to address risks to patients had improved in relation to infection control.
- All clinical equipment was checked and calibrated to ensure they were safe to use and was in good working order.
- Annual infection control audits were undertaken (last one in March 2017) and the practice told us that action would be taken to address the improvements identified in the agreed timescale of three months.
- We found that not all staff had completed mandatory training, namely fire safety and infection control.

Good



# Dr BK Jaiswal's Practice

## Detailed findings

### Our inspection team

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

The inspection was led by a CQC Inspector.

## Background to Dr BK Jaiswal's Practice

Dr Jaiswal's Practice is located in a residential area of Dagenham. It provides primary medical services to approximately 4,445 people living in Barking and Dagenham. The practice holds a General Medical Services (GMS) contract and is commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. Services are provided from the Julia Engwell Health Centre, Dagenham, RM9 4SR.

The practice is staffed by one GP partner and two locum GPs, one male and two females. They provide 14 GP sessions cumulatively every week. The practice employs one part time female practice nurse prescriber and one female locum nurse. There is one practice manager, one assistant practice manager, four reception staff and one secretary.

The practice is open between 9.00am and 6.30pm Monday to Friday. The practice is open between 9.00am and 1.00pm on Wednesdays. Appointments are available between 9.30am to 1.00pm every morning and 4.30pm to 6.30pm every evening. Extended surgery hours are on Monday and Tuesday between 6.30pm and 8.00pm. Appointments can be booked over the phone, in person or online. The out of

hours service is provided by Barking and Dagenham GP out of hours service which is accessed by telephoning the practice's number. The details of this service are on the practice leaflet and on posters in the practice waiting area.

The practice has a higher than average population of patients aged 0 to 9 years and 25 to 39 years when compared to CCG and national average (as reported by Public Health England 2014). The average male life expectancy is one year less than the CCG average and two years less than the national average. The average female life expectancy is the same as CCG average and one year less than the national average. The number of patients suffering income deprivation is higher than the national average.

The practice was previously inspected under the Care Quality Commission's current inspection regime.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr BK Jaiswal's Practice on 28 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated good. The full comprehensive report following the inspection on 28 February 2016 can be found by selecting the 'all reports' link for Dr BK Jaiswal's practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up announced focused inspection of Dr BK Jaiswal's Practice on 13 March 2017. 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 March 2017.

During our visit we:

- Spoke with a range of staff including the lead GP, practice manager and assistant practice manager.
- Reviewed PPG meeting minutes.
- Reviewed policies and protocols to ensure they were practice specific.
- Reviewed the practice's training matrix.

# Are services safe?

## Our findings

At our previous inspection on 28 February 2016, we rated the practice as requires improvement for providing safe services. A requirement notice was issued as it was found that the practice had breached Regulation 12 HSCA (RA) Regulations 2014. They had failed to identify the risks associated with not having a defibrillator and the risks posed by not carrying out a risk assessment for this. In addition the practice could not evidence that staff had completed appropriate training to enable them to carry out duties they performed and they did not conduct annual infection control audits or carry out annual calibration tests of medical equipment used to provide care.

These concerns had been addressed when we undertook a follow up inspection on 13 March 2017; however improvements were needed in relation to staff training. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

The practice had defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, the lead GP was the safeguarding lead. We saw evidence which confirmed that the locum GP had now completed level three child protection training.
- The practice nurse was the lead for infection control and was supported by the lead GP. The last internal infection control audit was conducted in November 2016 and the practice identified hand hygiene as an area for improvement. The Infection and Prevention Control (IPC) records we reviewed were detailed, sufficient and

demonstrable of action taken/to be taken. The lead GP as well as both practice managers on the day articulated and demonstrated they understood infection control as well as commonly used abbreviated terminologies such as personal protective equipment (PPE). An annual IPC audit took place in March 2017 and the practice told us that action would be taken to address the improvements identified in the agreed timescale of three months.

- There was an IPC protocol, however staff had not received up to date training. The lead GP told us the practice staff felt they learnt better in a face to face environment and did not wish to carry out the training online. We saw evidence that face to face infection control and fire safety training had been booked for all clinical and non-clinical staff in April 2017.
- The practice had an up to date recruitment policy.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- Since the last inspection the practice had strengthened their system for assessing, monitoring and managing risks to patients. The practice demonstrated that all medical equipment had been calibrated on 27 February 2017 to ensure they were in good working order.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- All staff had received basic life support training in March 2017.
- The practice had a defibrillator available on the premises with adult and children's pads that was checked regularly to ensure it was in good working order.