

Dr Om Sharma

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 focused inspection at Dr Om Sharma on 21 September 2015. This was to check that improvements had been made to meet the legal requirements following our comprehensive inspection on 10th October 2014

Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows;

- Appropriate standards of cleanliness and hygiene were followed.
- A robust system was in place for identifying, recording, and learning from safety incidents and significant events.

- Systems were in place to keep patients safe and to protect them from harm. Staff recruitment, training, and infection control had been strengthened.
- There was appropriate emergency equipment and medicines were available to deal with home visits and emergencies.
- Clinical audits were used to improve outcomes for patients and provide assurances as to the quality of care.

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

Importantly the provider should

- Ensure medicines that have expired are disposed of appropriately and within a safe time frame.

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 good for providing safe services.

Systems were in place for identifying, recording, and learning from safety events. Information was recorded, appropriately reviewed, monitored and issues addressed. Robust systems were in place to keep patients safe and to protect them from harm. The procedures relating to staff recruitment, training and infection control had been strengthened. There was appropriate emergency equipment and medicines were available to deal with home visits and emergencies. The practice issued all prescriptions for patients through the electronic record which minimised the security risks of individual prescription pads being taken on home visits.

Good



Are services well-led?

The practice is rated good for being well- led.

The governance arrangements had been strengthened to ensure that services were well-led. Systems had been put into place to drive improvements and to monitor the quality of the services provided. The views and feedback from patients had been increased through the development of a patient participation group and the family and friends test.

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

The practice is rated good for the care of older people. This is because the issues which led to the population groups being rated as requires improvement have now been addressed

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. When needed, longer appointments and home visits were available for older people. Care and treatment of older people reflect current evidence-based practice. A list of older patients who required a care plan for the avoidance of unplanned hospital admissions had been generated and care plans were in place on their records.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of people with long term conditions. This is because the issues which led to the population groups being rated as requires improvement have now been addressed.

The practice offered extended opening hours for appointments on Monday and online appointments could be booked with the GP and nurse. Patients could request online repeat prescriptions. Health promotion advice and health promotion material was available in other languages to reflect the needs of the practice's large ethnic population.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health. This is because the issues which led to the population groups being rated as requires improvement have now been addressed.

The practice held a register that identified patients experiencing poor mental health or dementia. There was a system in place to alert staff of their needs. There was a system in place for people experiencing poor mental health to receive an annual physical and mental health check. Nationally reported data from the Quality and Outcomes Framework (QOF) demonstrated that the practice had met the national average in reviewing the care of people experiencing poor mental health and people with a diagnosis of dementia.

Good



Summary of findings

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations including In-sight and talking therapies.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure medicines that have expired are disposed of appropriately and within a safe time frame.

Dr Om Sharma

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC inspector and a GP specialist advisor.

Background to Dr Om Sharma

Dr Om Sharma's practice is a single handed GP practice that provides primary medical services to patients living in Nottingham. The practice is based in Greenfields Medical Centre alongside other health care services. The practice has a patient car park with parking available for patients with mobility difficulties. The main entrance to the practice has electronic sliding doors enabling easy wheelchair access over level ground. Part of the reception counter is lowered for use if necessary. A team of one male GP, a part time female locum GP, one nurse, a health care assistant, a practice manager, four receptionists, and two administrative staff provide care and treatment for approximately 2000 patients. The practice has a proportion of patients from minority ethnic groups and provides care and treatment to asylum seekers. They do not provide an out-of-hours service to their own patients but they have alternative arrangements for patients to be seen when the

practice is closed. We previously visited the practice on 14 October 2014. At this inspection we identified areas that the practice needed to improve on and the practice was rated as requires improvement.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Why we carried out this inspection

This inspection was carried out to check that improvements had been made to meet legal requirements following our comprehensive inspection on 10 October 2014.

We inspected the practice against two of the five questions we ask about services; are services safe and well led, and against three of the six population groups, older people, working age people (including those recently retired and students) and people experiencing poor mental health (including people with dementia). This was because the practice had an overall rating of requires improvement. The practice had been rated as good for are services effective, caring and responsive to people's needs.

Are services safe?

Our findings

Safe track record and learning

Systems were in place for identifying, recording, and learning from safety events. Four significant events had been recorded since the last inspection. Two of the events involved outside organisations that had sent information on patients not registered at the practice. We undertook a detailed review of the two events that originated from within the practice. One of the reviewed events involved a patient who was experiencing mental health issues. Through discussions at the practice meeting the practice were able to reflect on the event, review their policy, and support to staff when dealing with patients with complex needs. These had been investigated, actioned and evidence was seen to assure us that dissemination and learning included the whole practice team.

Overview of safety systems and processes

- Children and adults were kept safe from abuse because there were safeguarding systems in place. Safeguarding policies were in place and staff knew where to find them. There was a lead GP for safeguarding and staff knew who to go to if they had a concern. We saw evidence of multi-disciplinary team meetings where vulnerable patients were discussed. All staff had received training appropriate to their role.
- A notice was displayed in the waiting room advising patients that a chaperone was available, if required. Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was clean and tidy and to ensure that improvements were maintained the practice was able to show us that they were in the process of increasing the cleaning hours. The cleaning contract was jointly owned with other health providers who operated from the same premises. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. A robust electronic management workbook had been implemented and by using a traffic light system had identified and prioritised areas of risk was used. Improvements made since the last inspection included replacement flooring in some of the rooms and new chairs throughout the waiting areas and consulting rooms. We were assured that any further improvements identified, such as decorating, additional cleaning hours would be managed, and changes made to keep patients safe.
- The arrangements for managing medicines, including emergency drugs, GP home visiting bag, and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The GPs and the nurse prescriber were responsible for the signing of prescriptions and undertaking medicines reviews. Non clinical staff did not change or amend medicines records. Four patient records were reviewed and appropriate reviews had been undertaken. The practice had removed all prescription pads and only issued prescriptions from the electronic system. The blank prescription paper was stored securely.
- During our visit we found three boxes of flu vaccine that expired June 2015. These medicines had been removed from the refrigerator used for medicines storage and were in a locked cupboard away from other medicines. The nurse told us that she had been investigating if these should be returned to the suppliers for refund or if they should be destroyed by the practice. These were destroyed during the inspection to avoid them being used in error. The practice did not have a policy for the destruction of out of date drugs.
- The equipment used for patients had been serviced and calibrated. The practice had embedded a robust electronic management system to identify and prioritise risk ensuring that patient would be kept safe. The workbook included review dates for fire safety checks and legionella water testing (this test is carried out to identify risks of infection through the water system).
- Staff were trained to meet the needs of patients. We saw evidence that that health professionals, such as doctors and nurses, were registered with their appropriate professional body and so considered fit to practice. There was a system in place that ensured health professionals' registration was in date. Three staff files were reviewed and contained evidence that appropriate recruitment checks had been carried out. Each file

Are services safe?

contained a cover check list which had been completed ensuring that all appropriate information had been obtained, this included references and DBS checks. New staff received appropriate induction; staff we spoke with told us that they had been given a role specific template to complete to ensure all aspects of induction had been covered.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff had received annual basic life

support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services well-led?

Good 

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

Our findings

During our previous inspection we found that the practice needed to improve in some areas. These included learning from significant events and complaints, and gaining patients feedback.

We noted the following improvements:

Governance arrangements

- The practice had improved the system used for reporting and learning from significant events and complaints. An electronic filing system had been implemented which ensured that an audit trail was always available to staff. Practice meeting minutes confirmed that discussions took place and learning was shared with the wider practice team and improvements made.
- The practice had embedded electronic systems to ensure patients were kept safe. These electronic systems were used for the management of risks in relation to the premises, infection control, and equipment. The electronic systems used a traffic light method to identify and highlight any risks.
- The recruitment process and recording of staff training had been improved. An electronic training matrix had been introduced and all staff had access to this. Staff we spoke with confirmed that they knew how to access this. The practice manager had oversight of the training needs and updates that the staff required.
- Further clinical audits had been completed. We saw evidence of three clinical audits. One medicines audit,

(Concomitant use of angiotensin-II antagonists and ace ice-inhibitors) had been started February 2013, second cycle completed January 2014 and a further cycle undertaken September 2015. The results of the September cycle showed that the practice did not have any patients at risk from combined medicines. The practice told us they recognised that to further drive improvements they should carry out more audits in the future.

Seeking and acting on feedback from patients, the public and staff

The practice had developed a patient participation group (PPG) and has six members and is developing a virtual group for those that are unable to attend meetings. The PPG are a group of patients who give feedback and engage with the practice in the delivery of the service.

Since the previous inspection the practice had encouraged patients to complete the family and friends test. We reviewed 37 completed forms asking 'how likely are you to recommend our GP practice to friends and family if they needed similar care or treatment'. The responses were as follows:

- Twenty five patients reported that they would be extremely likely to
- Ten patients reported that they would be likely to
- One patient reported that they were neither likely or unlikely
- One patient reported that they didn't know.

Additional comments included were complimentary to the staff and the lead GP.