

Dr Suvajit Chatterjee

Quality Report

Vernon Park Surgery
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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 Suvajit Chatterjee Vernon Park Surgery on the 2 November 2016. At the inspection in November the overall rating for the practice was good, although the key question Safe was rated requires improvement. This was specifically in relation to recruitment procedures and the checks carried out to ensure the suitability of staff for their roles. We found there were gaps in the recruitment records of some staff. The practice did not maintain appropriate records to demonstrate that all recruited staff including some clinical staff had been appropriately vetted to ensure they were suitable and safe to work with vulnerable adults and children.

The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Dr Suvajit Chatterjee on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on the 23 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the one breach in regulation that we identified in our previous inspection on 2 November 2016. This

report covers our findings in relation to that requirement. We did not request information for this desk top review about any progress the practice may have undertaken in responding to the areas we identified previously where the provider should take action.

The practice is now rated good for all key questions and the overall rating remains good.

Our key findings were as follows:

The practice submitted an action plan with timescales detailing how they intended to improve their recruitment and vetting procedures. They supplied us with evidence to confirm that all staff employed at the practice had been appropriately vetted, that disclosure and barring checks (DBS) were available for all staff, including locum clinical staff.

In addition the practice updated their recruitment policy and developed and implemented a risk assessment in response to concerns identified following a DBS check.

At our previous inspection on 2 November 2016 we identified the following areas that the provider should take action on:

Summary of findings

- Develop and strengthen governance arrangements by ensuring written records of all informal meetings, audits and checks carried out are maintained.
- Review the practice management arrangements to provide opportunities to reflect on past and current achievements and plan more effectively the future direction of the GP service.
- Review the access and availability of clinical polices to support clinical staff practice.
- Continue to promote, develop and facilitate a patient participation group to provide feedback about the service provided by the practice.
- Pursue with the CCG the funding for the development and refurbishment of the GP practice.

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. The practice had implemented systems to ensure that all staff recruited and employed by the practice had been subject to thorough recruitment processes as required by regulation.

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 provider had resolved the concerns for safety at our desk-based focused inspection on 23 February 2017. The concerns identified previously applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety at our desk-based focused inspection on 23 February 2017. The concerns identified previously applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety at our desk-based focused inspection on 23 February 2017. The concerns identified previously applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety at our desk-based focused inspection on 23 February 2017. The concerns identified previously applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety at our desk-based focused inspection on 23 February 2017. The concerns identified previously applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety at our desk-based focused inspection on 23 February 2017. The concerns identified previously applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

At our previous inspection on 2 November 2016 we identified the following areas that the provider should take action on:

- Develop and strengthen governance arrangements by ensuring written records of all informal meetings, audits and checks carried out are maintained.
- Review the practice management arrangements to provide opportunities to reflect on past and current achievements and plan more effectively the future direction of the GP service.
- Review the access and availability of clinical polices to support clinical staff practice.
- Continue to promote, develop and facilitate a patient participation group to provide feedback about the service provided by the practice.
- Pursue with the CCG the funding for the development and refurbishment of the GP practice.

Dr Suvajit Chatterjee

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentation submitted to us by the practice.

Background to Dr Suvajit Chatterjee

Dr Suvajit Chatterjee, Vernon Park Surgery, 32 Brinnington Road, Stockport, SK1 2EX is part of the NHS Stockport Clinical Commissioning Group (CCG). The GP practice is registered to a single handed provider Dr Suvajit Chatterjee. Services are provided under a general medical services (GMS) contract with NHS England. The practice has 1554 patients on their register.

The registered provider Dr Chatterjee provides GP cover at the practice and employs a part time practice manager, a practice nurse, a health care assistant and three receptionists. The practice is an undergraduate training practice for medical students.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 74 years and female life expectancy is 78 years in the practice geographical area, which is significantly below the England and CCG averages of 79 years and 83 years respectively.

The practice building is a converted Victorian terraced property that provides one GP consultation room on the ground floor and one consultation room on the first floor. The practice nurse uses this room, one day per week for six

hours, and the health care assistant one afternoon each week for two hours. A passenger lift is not available but staff confirmed that arrangements are made to ensure patients with mobility problems or parents who struggle with young children could use the ground floor consultation room as required.

Plans to provide additional adaptations to the building to allow patients with disabilities better access to the GP practice have been submitted to NHS England and agreed in principle. However, the practice stated that they were waiting on the CCG to release funding to support these improvements. There is on street parking available.

The practice reception is open from 8.00am until 6.30pm Monday to Friday. The practice provides open surgeries each day Monday to Friday between 9.30 and 10.30am followed by booked appointments. In the afternoon open surgeries are provided from 4.30 until 6pm each day, except Thursday when GP cover is provided by the neighbouring GP practice by telephone appointment only. Later evening appointments are provided Mondays until 7.30pm and on one Saturday morning each month.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book and cancel appointments and order prescriptions.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Suvajit Chatterjee, Vernon Park Surgery on 2 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, although the key question safe was rated as

Detailed findings

requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Dr Suvajit Chatterjee on our website at www.cqc.org.uk.

We undertook a follow up desk based focused inspection of Dr Suvajit Chatterjee, Vernon Park Surgery on 23 February 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.

How we carried out this inspection

We carried out a desk-based focused inspection of Dr Suvajit Chatterjee, Vernon Park Surgery on 23 February 2017. This involved reviewing the following evidence:

- DBS checks for staff employed by the practice
- A risk assessment in response to identified by a DBS check
- An updated policy on the recruitment of staff
- A staff recruitment check list of documentation held or seen by the practice.

Are services safe?

Our findings

At our previous inspection on 2 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of staff recruitment and the checks carried out to ensure the suitability of staff for their roles were not good enough. We found there were significant gaps in the recruitment records of some staff. The practice did not maintain appropriate records to demonstrate that all recruited staff including some clinical staff had been appropriately vetted to ensure they were suitable and safe to work with potentially vulnerable adults and children.

These arrangements had significantly improved when we undertook a follow up desk top review 23 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice submitted an action plan with timescales detailing how they intended to improve their staff recruitment and vetting procedures. They supplied us with evidence to confirm that all staff employed at the practice had been appropriately vetted, that disclosure and barring checks (DBS) were available for all staff, including locum clinical staff.

In addition the practice updated their recruitment policy and developed and implemented a risk assessment in response to concerns identified following a DBS check.