

Dr P Oza and Dr R Nam

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced focused inspection of this practice on 7 October 2015.

This inspection was undertaken to follow up a warning notice we issued to the provider as they had failed to comply with the law in respect of providing safe care and treatment for patients.

The overall rating for this practice remains as 'requires improvement'. The practice will receive a further inspection within six months of the publication date of the initial report at which ratings will be reviewed as part of a comprehensive inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr P Oza and Dr R Nam on our website at www.cqc.org.uk

Our key findings across the areas we inspected on 7 October 2015 were as follows:

Summary of findings

- There had been improvements in respect of addressing some of the issues raised by the comprehensive inspection
- However, the arrangements for cleaning the practice remain inadequate. This poses a potential infection control risk to patients.
- There was a need for greater leadership from the partners in response to the actions required following the issue of the warning notice to ensure compliance with the regulations.

The areas where the provider must make improvements are;

- Implement robust systems to ensure effective infection control management. This should include provision of an adequate cleaning schedule for the practice with robust monitoring and oversight from the designated infection control lead.

In addition, the provider should;

- Review requirement for a data logger in the vaccine refrigerator, and undertake a risk assessment if this is not to be provided

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Implement robust systems to ensure effective infection control management. This should include provision of an adequate cleaning schedule for the practice with robust monitoring and oversight from the designated infection control lead.

Action the service **SHOULD** take to improve

- Review requirement for a data logger in the vaccine refrigerator, and undertake a risk assessment if this is not to be provided

Dr P Oza and Dr R Nam

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a Specialist Advisor nurse

Background to Dr P Oza and Dr R Nam

Dr P Oza and Dr R Nam provide primary medical services to approximately 4121 patients through a personal medical services (PMS) contract. The practice is situated in a former mining community. The practice population lives in one of the more deprived areas of the country and the number of children affected by income deprivation is higher than the national average.

The practice team comprises two GP partners providing 20 clinical sessions per week. They are supported by a full time practice nurse and a part time healthcare assistant. The practice employs a part-time practice manager and five reception staff. The practice opens between 8.30am

and 6.00pm Monday to Friday. Appointments with a doctor are available between 8.30am and 11.30am every morning and from 3.40pm to 5.40pm every afternoon. The practice offers pre-bookable appointments for extended hours surgeries. These appointments are available on one Wednesday evening and one Saturday morning per month

Why we carried out this inspection

We undertook an unannounced focused inspection of Dr P Oza and Dr R Nam on 7 October 2015. This inspection was carried out to check that improvements had been made to meet legal requirements in respect of compliance with Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014, following our comprehensive inspection on 7 July 2015. The practice had received a warning notice to ensure their compliance with this regulation by 30 September 2015.

We inspected the practice against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements at our last inspection.

Are services safe?

Our findings

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

Systems to manage infection control were inadequate. At the previous comprehensive inspection in July 2015, we were told that the last infection control audit was carried out by the practice in February 2015 and not all actions arising from the audit had been completed. We subsequently discovered that this audit had actually been undertaken in February 2014.

The practice manager had formulated an action plan based on the February 2014 audit and had completed the actions required. A further infection control audit had been done in August 2015, but this self-assessment had deemed the practice to be compliant in all areas, and therefore did not require any actions. The audit was not specific to individual clinical rooms and therefore was not a true reflection of the practice's actual position. We noted that this audit highlighted that there was no back-up system in place should the vaccine refrigerator fail. This had been discussed with the senior partner who had advised that a data logger was not required. A data logger is independent of mains power and used so temperatures can be measured in the event of electricity loss, or act as a means of verifying the standards refrigerator recordings. No risk assessment had been completed to consider how the practice would respond to a vaccine refrigerator malfunction.

Our comprehensive inspection in July 2015 highlighted that the practice cleaner only attended the practice on two days each week. At our inspection on 7 October, we found the situation had not changed. However, the practice manager had developed a practice cleaning policy which had not been formally implemented. The practice planned to discuss this at the next staff meeting to raise staff awareness and responsibilities with regards to the policy. The revised policy indicated each room had a cleaning specification.

The practice informed us one of their patients had been employed to do the cleaning at the practice. The practice told us the cleaner was only in attendance during opening hours. This meant access to some areas was restricted

whilst staff were working. During our inspection we found the majority of areas in the practice were not cleaned to an acceptable standard and dust was noted in most areas. High standards of cleanliness are important to keep patients safe from the risk of infection, for example when having minor surgical procedures.

We saw a bowl containing liquid in one doctor's treatment room and were informed this was for the sterilisation of ear pieces. There was no label on the bowl to identify the liquid or the date it was changed. We were informed this was changed on a weekly basis but the provider could not provide evidence to confirm this.

Our inspection on 7 July 2015 highlighted that screening curtains posed a potential infection control risk as there was no evidence of cleaning schedules. We were told that a member of staff took the curtains home and cleaned them approximately every six months. At our most recent inspection, there was still no written evidence of cleaning. However, the practice manager informed us that she would order some disposable curtains immediately. We noticed that a screening curtain in one of the GP consulting rooms was ripped.

The practice nurse was the designated infection control lead but there was little evidence to demonstrate that effective management of infection control systems were in place during our visit.

Equipment

Our inspection in July 2015 found a significant number of out-of-date medical consumables in the treatment room including syringes, dressing packs and airways. Some equipment was in packages which were torn meaning they were no longer sterile. It was evident that work had been undertaken to address this issue when we re-inspected the practice on 7 October. With the exception of some expired lancet needles from 2012 (used for diabetic patients), medical consumables were found to be in date, well-organised and stocked in accordance with inventory sheets that had been developed for each cupboard.

Both GP consulting rooms had cupboards which contained a lot of old equipment requiring disposal. The GPs were unaware of what was in their cupboards and stated that nothing was used from them. They said it was somewhere to store old equipment which was no longer used. We

Are services safe?

found an old hoover with no evidence of PAT testing and split wiring which had been taped together. This did not have a notice on it to say do not use. However, the practice told us this was not in use and was awaiting disposal.

Arrangements to deal with emergencies and major incidents

Inadequate processes were identified for dealing with medical emergencies at the comprehensive inspection in July 2015. For example no oxygen was kept on site and there was no risk assessment in relation to this. At our inspection on 7 October, there was still no oxygen in the practice, and no risk assessment had been completed to cover the risk of this situation in the three months following the initial inspection. We saw evidence that oxygen was due for delivery the following day and were told that the delay had been due to sourcing an appropriate supplier and then a further delay in the oxygen being delivered. We have received confirmation since our inspection that the oxygen was delivered to the practice on 8 October 2015.

Monitoring safety and responding to risk

The practice manager had produced an updated Health & Safety Policy and a Fire Policy since the July 2015 comprehensive inspection. The practice had purchased an online web-tool to assist in the development of practice policies and the practice manager was finding this a great asset. The practice manager had also begun to start the

process of doing risk assessments, although this was in the early stages of development. The practice manager informed us that she had accessed support from other practice managers in the area.

Since our previous inspection, the practice had undertaken its own fire risk assessment. When we arrived at the practice we found that an external fire assessor was in attendance completing a full fire risk assessment of the practice premises. A fire evacuation was planned for the end of October 2015.

Improvements in the clinical leadership provided since our inspection on 7 July 2015 were not apparent. The practice manager had taken on most of the responsibility to address the concerns. There was no evidence of any directives being given to staff further to the inspection. The only evidence we found was a copy of staff meeting minutes from 22 July 2015. This explained some of the findings from the inspection and included a brief summary of actions that were required. There was reference in a post meeting note that all staff met with the practice manager to discuss actions and timescales following the inspection – however, these discussions were not recorded. The next staff meeting was scheduled for 28 October 2015

Management capacity was limited as the practice manager was part-time, although one of the administration team had been promoted to provide some managerial support on one afternoon/week.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not have adequate arrangements in place for assessing the risk of, and preventing, detecting and controlling the spread of infections. For example, the cleaner only attended the practice twice each week; screening curtains were ripped and records did not demonstrate that the cleaning schedule for these was sufficient; the designated infection control lead provided limited oversight to the management of infection prevention and control within the practice.</p> <p>Regulation 12 (2) (a) (b) (h)</p>