

# Dr PD Gupta

## Quality Report

Links Medical Practice  
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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

Are services safe?

**Good**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously inspected Dr PD Gupta's practice, also known as Links Medical Practice on 20 September 2016. As a result of our inspection visit the practice was rated as good overall, with a good rating for providing effective, caring, responsive and well-led services. However, the practice was rated as requires improvement for providing safe services and therefore a requirement notice was issued to the provider. This was because we identified a regulatory breach in relation to regulation 17, Good governance and we identified areas where the provider must make improvements in relation to this.

We carried out a focussed desk based inspection of Dr PD Gupta's practice on 29 September 2017. This desk based inspection was conducted to see if improvements had been made following the previous inspection in 2016. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr PD Gupta on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- We noted sustained improvements to governance and record keeping across areas such as patient group directives (PGDs) and emergency medicine monitoring records during our desk top follow up inspection.
- We saw evidence to demonstrate that the nurses administered vaccines, including travel vaccinations, using patient group directives (PGDs). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw that PGD records reflected guidelines.
- We found that the practice had strengthened their process for monitoring their emergency medicines. We saw records to demonstrate that emergency medicines and equipment was checked every month, with an additional check every six months. Evidence provided as part of our desk top inspection demonstrated that the practices improved process for monitoring emergency medicines was well embedded.

**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 inspection on 20 September 2016, we rated the practice as requires improvement for providing safe services. We noted improvements during our desk top follow up inspection and therefore the practice is now rated as good for providing safe services.

- As part of our desk top inspection we saw evidence to demonstrate that the nurses administered vaccines using patient group directives (PGDs). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We found that the practice had strengthened their process for monitoring their emergency medicines. We saw records to demonstrate that emergency medicines and emergency equipment was checked every month, with an additional check every six months.

**Good**



# Dr PD Gupta

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

### Background to Dr PD Gupta

Dr PD Gupta's practice is a long established practice based at the Links Medical Practice (formerly Netherton Surgery) located in the area of Dudley, in the West Midlands. There are two practice locations that form the practice; this consists of the main practice at the Links Medical Practice in Dudley and a branch practice at Hazel Road surgery also situated in Dudley. There are approximately 3,295 patients of various ages registered and cared for across both practice sites and the practice has one patient list. Patients can be seen by staff at both surgery sites and systems and processes are shared across the two sites.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes three GP partners (two male and one female) and a practice nurse (female). The GP partners and practice manager form the management team and they are supported by a team of six support staff who cover reception, secretarial and administration roles. The practice is also an approved training practice and became one of the first training practices in the Dudley area, providing training to medical students from Birmingham University.

The Links Medical Practice is open for appointments between 8am and 6pm during weekdays, except for Thursdays when the practice is open until 6:30pm. The Links Medical Practice is also open for appointments on Saturdays from 9am to 11am.

Hazel Road branch practice is open for appointments between 9am and 11am and then from 5pm until 7pm for extended hours during weekdays, except for Thursday afternoons when the practice closes. On Thursday afternoons patients can be seen at the Links Medical Centre.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed during the out-of-hours period.

### Why we carried out this inspection

We carried out a focussed desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had made improvements identified during the comprehensive inspection carried out in September 2016.

### How we carried out this inspection

We undertook a focussed desk based inspection on 29 September 2017. This involved a review of relevant documentation we had asked the practice to submit to ensure improvements were made.

# Are services safe?

## Our findings

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing safe services. This was because at the point of our inspection we found that some of the practices emergency medicines had expired and that the system for monitoring them was not always effectively managed. In addition, on the day of our last inspection visit we found that some of the patient group directives (PGDs) had not been signed in line with guidance and there was no evidence of PGDs in place for travel vaccinations administered by the practice nurses. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

The practice acted in response to these areas on the day of our last inspection and shortly after our inspection. We noted sustained improvements during our desk top follow up inspection and therefore the practice is now rated as good for providing safe services.

### What we found as part of our desk top inspection in September 2017

#### Overview of safety systems and processes

As part of our desk top inspection the practice provided evidence to demonstrate that the nurses administered

vaccines using patient group directives (PGDs). We saw copies of five PGDs, including the practices most recent PGD for a specific travel vaccination, the PGDs were signed in line with the appropriate guidelines.

#### Arrangements to deal with emergencies and major incidents

As part of our desk top inspection we saw evidence to demonstrate that the practice had strengthened their process for monitoring their emergency medicines. In addition, records of emergency medicine checks highlighted that the practice had sustained these improvements since we last inspected in September 2016. For example:

- The practices emergency medicines and equipment checking protocol indicated that the practice nurses conducted a monthly check of emergency items and the practice GPs completed a secondary check every six months. The protocol contained named leads and deputy leads so that staff were aware of their responsibilities.
- We saw records to demonstrate that emergency medicines and emergency equipment was checked on a monthly basis, with additional records in place to support that the GPs completed a second check every six months.
- Evidence provided by the practice demonstrated that the practice kept stock of emergency medicines and equipment which was appropriate for the services provided by the practice.