

# Dr Jaswant Rathore

## Quality Report

Castle Meadows 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

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 visit of Dr Jaswant Rathore's practice, at Castle Meadows Surgery, in July 2015. While no breaches of legal requirements were found, the practice was rated as requires improvements for providing safe services. This was because we identified some areas where the provider should make improvements.

We carried out a focussed desk based inspection of Dr Jaswant Rathore's practice, at Castle Meadows Surgery on 4 October 2016 to check that the provider had made improvements in line with our recommendations. 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 Jaswant Rathore 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:

- Since our comprehensive inspection in July 2015, the practice had reviewed risk applied for disclosure and barring (DBS) checks as required, for some non-clinical staff members including those who chaperoned.
- The practice had adequate arrangements in place to manage in the event of a medical emergency. Following our inspection, the practice ensured they were equipped to respond to medical emergencies.

**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.

- There were disclosure and barring (DBS) checks in place for clinicians and some non-clinical staff members including those who chaperoned.
- There were arrangements in place for continually assessing and monitoring risks. Risk was effectively mitigated as previously the practice did not have specific emergency medical equipment, such as oxygen. Following our inspection records confirmed that oxygen had been purchased.

**Good**



# Summary of findings

## Areas for improvement

# Dr Jaswant Rathore

## 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 Jaswant Rathore

Dr Jaswant Rathore's practice at Castle Meadows Surgery is a long established practice located in the Dudley area of the West Midlands. There are approximately 5650 patients of various ages registered and cared for at the practice. 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 five female GPs and a male GP who is the principal GP at the practice; the practice also employs a nurse. The principal GP and the practice manager forms the practice management team and they are supported by a team of seven staff members who cover secretarial, administration, reception and practice management support duties.

The practice is open between 8am and 6:30pm during weekdays. There are arrangements to ensure patients receive urgent medical assistance when the practice is closed, there is a GP on call between 11:30am and 4pm when appointments are closed during weekdays and there are arrangements to ensure patients receive medical assistance 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 August 2015.

## How we carried out this inspection

We undertook a focussed desk based inspection on 4 October 2016. This involved the review of relevant documentation we had asked the practice to submit to ensure improvements were made.

# Are services safe?

## Our findings

### Overview of safety systems and processes

When we inspected the practice in July 2015 we found that the practice had not formally assessed the risk in the absence of disclosure and barring (DBS) checks for staff that chaperoned. 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. Our observation of records supported that clinical staff members had received a DBS check.

Shortly after our inspection in July 2015 the practice had shared records of completed risk assessments for staff members who chaperoned. The formal risk assessments highlighted actions to manage risks, for example, the practice ensured that staff were never left alone with patients when chaperoning. Furthermore, the practice had plans in place to apply for DBS checks for specific non-clinical members of staff, including those who chaperoned.

As part of our focussed desk based inspection the practice shared records to demonstrate that DBS checks had since been completed for specific non-clinical members of staff, including those who chaperoned.

### Arrangements to deal with emergencies and major incidents

When we inspected the practice in July 2015, we identified that they did not have oxygen on site for use in the event of a medical emergency. Shortly after our inspection the practice shared records to demonstrate that they had formally assessed risk in the absence of this specific medical equipment. The risk assessment highlighted that the practice had plans to approach their Clinical Commissioning Group (CCG) to request a local contract with an oxygen provider.

As part of our focussed desk based inspection the practice shared records to support that risk had continually been assessed in the absence of oxygen. Records of risk assessments noted that the practice was 1.5 miles from the local ambulance service and ambulance response times were on average, two to five minutes. The practice continued to assess the need for oxygen on a three monthly basis and we saw records to support this.

During our desk based inspection process the provider demonstrated that risk was effectively mitigated by purchasing oxygen; to ensure that the practice was equipped to deal with emergencies (such as acute exacerbation of asthma and other oxygen deficiencies). Records of order confirmations confirmed this and we saw that oxygen was due to be delivered by 1 November 2016.