

# Dr Vishwambhar Sinha

## Inspection 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 location

Good



Are services well-led?

Good



# Overall summary

**This practice is rated as Good overall.** (Previous rating January 2018 – Good overall with Requires Improvement for well led)

The key questions at this inspection are rated as:

Are services safe? – Not inspected

Are services effective? – Not inspected

Are services caring? – Not inspected

Are services responsive? – Not inspected

Are services well-led? - Good

We carried out an announced comprehensive inspection at Dr Vishwambhar Sinha (also known as Crane Park Surgery) on 9 January 2018. During that inspection we found a breach of regulation in respect of Regulation 17 (Good Governance) of the Health and Social Care Act 2014. Following that inspection the practice submitted an action plan, outlining how they intended to address the issues identified. We returned to the practice on 9 August 2018 to carry-out an announced focused inspection, looking at the Well Led key question, in order to check that the practice's action plan had been implemented and that the issues identified at the previous inspection had been addressed.

At this inspection we found:

- Following the previous inspection in January 2018 the practice had begun to keep minutes of staff meetings, which were made available to all staff. However, the practice's arrangements in respect of recording discussions about patient care in weekly meetings between the principal GP and long-term locum GPs had not changed. Notes of these discussions were still not comprehensive and were not made available to all participants of the meeting; details of these discussions were not routinely saved in the relevant patient's records.
- The practice was able to demonstrate that they used available information to assess their performance against other practice's locally, and clinical audits were completed as required by the CCG medicines team; however, there remained no culture of two-cycle clinical audit as a tool for quality improvement at the practice.

- The practice had up to date policies in place, which were available to all staff.
- Comprehensive records were maintained of activities such as the cleaning of clinical equipment, the monitoring of stocks of equipment and medicines, and the receipt and allocation of prescription stationery.
- The practice had identified 34 patients who had caring responsibilities (compared to 33 patients identified at the time of the previous inspection), this represented approximately 1% of the patients registered at the practice.
- The practice had stocks of all recommended emergency medicines, and there were processes in place to ensure that adequate stocks were maintained and all medicines were in date.
- During the previous inspection we reviewed examples of complaint responses from the practice and noted that these did not contain contact information for the Parliamentary and Health Service Ombudsman (PHSO). At the time of the re-inspection the practice had not received any further complaints; however, following a discussion during the follow-up inspection about the availability of information for patients on how to make a complaint, we saw evidence that the practice had produced a complaints leaflet, which contained contact details for PHSO.

The areas where the provider **should** make improvements are:

- Introduce a process for recording and sharing with all participants, details of informal discussions about patient care, and where appropriate, record these discussions directly into patient's medical records.
- Introduce a formal programme of clinical quality improvement activity.

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

<b>Older people</b>	<b>Good</b> 
<b>People with long-term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

## Our inspection team

This inspection was carried-out by a CQC lead inspector.

## Background to Dr Vishwambhar Sinha

Dr Vishwambhar Sinha (also known as Crane Park Surgery) provides primary medical services in Whitton to approximately 3210 patients and is one of 23 practices in Richmond Clinical Commissioning Group (CCG). The practice is registered as an individual.

The practice population is in the fifth least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 20%, which is higher than the CCG average of 9%, and for older people the practice value is 17%, which is higher than the CCG average of 11%. The practice has a greater than average proportion of patients aged between 0-44 years and a smaller than average proportion of patients aged 55 years and older.

The practice operates from the first floor of a large purpose-built health centre, which also accommodates another GP practice and other health provision such as a physiotherapy service, district nurses and health visitors. A lift is available to take patients from street level to each floor in the building. A small amount of car parking is available at the practice, and there is space to park in the surrounding streets. The practice consists of a reception desk area and adjoining waiting area, administrative offices, two GP consultation rooms and one nurse consultation rooms.

The practice team at the surgery is made up of one full time male GP principal, one male and one female part

time long-term locum GPs. In total 12 GP sessions are available per week. The practice also employs a part time female nurse. The clinical team are supported by a practice manager, and two reception/administrative staff.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception is open from 8:30am and 1pm and from 3pm to 6:30pm every weekday apart from Wednesdays when the practice is closed during the afternoon. Appointments are available on weekday mornings from 8:30am until 11:30am and on weekday afternoons (apart from Wednesdays) from 3:30pm until 6:00pm. Extended hours appointments are available on Thursdays from 6:30pm until 8:15pm. When the practice is closed patients are directed to contact the local out of hours service. Patients at the practice can also book appointments to see a doctor between 8am and 8pm at the CCG's seven day opening hub.

The practice is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury, surgical procedures and family planning.

# Are services well-led?

**Following the previous inspection in January 2018 we rated the practice as Requires Improvement for the Well Led domain, as the practice did not always have clear, documented governance arrangements in place.**

**We issued a requirement notice in respect of this issue and the practice submitted an action plan, outlining the action they would take to comply with regulations. We found arrangements had improved when we undertook the follow-up inspection of the service in August 2018; however, there were some areas which remained unaddressed. The practice is now rated as Good for being Well Led, but they should make further improvements to address the remaining issues relating to the recording of discussions about patient care and the introduction of formal quality improvement activities.**

## Governance arrangements

Overall, there were clear responsibilities, roles and systems of accountability to support good governance and management; however, the arrangements in place for maintaining records of meetings did not include informal meetings between the principal GP and long-term locum GPs.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The practice had appointed a practice management consultant, who had reviewed all the practice's policies and procedures in order to ensure that they were up to date and relevant.
- Practice procedures were saved to the practice's computer system, and were available to staff via a link on their computer desktop. The practice had also placed a folder at reception containing documents that reception staff were more likely to need, such as copies of minutes of practice meetings, significant event recording forms, and a copy of the business continuity plan.
- The practice had reviewed their record-keeping processes to ensure that records of activities and discussions were kept and made available to relevant staff. For example, they had begun keeping electronic records of cleaning and monitoring of emergency medicines, which were available on their shared computer system.

- During the previous inspection we found that the practice was not keeping comprehensive records of internal meetings. When we returned to inspect, we found that minutes were being taken for monthly whole-practice meetings, which were made available to staff both in hard copy and via the computer system.
- During the previous inspection we were told that the principal GP met regularly with the long-term locum GPs in order to discuss specific patients, and that brief notes of these meetings were saved as a calendar entry on the GP's computer; however, this meant that the notes were not made available to the other participants of the meeting. When we returned to the practice we found that this arrangement had not changed. We asked the principal GP how details of discussions about patients' care were recorded in the patient's notes, particularly in cases where discussions had led to a change to their treatment. We were told that where a change is made, a note would be entered directly into the patient's medical records, and we saw an example of this; however, we also saw an example where a discussion had not been recorded in the patient's record. The principal GP acknowledged that it would be good practice for patient's records to be updated directly during clinical meetings, and undertook to adopt this approach in future.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- During the previous inspection in January 2018 we found that there were some processes for managing risks, including risks to patient safety; however, in some areas these were not well implemented and recorded. For example, the practice did not have a formal checklist of their monthly infection control audit. When we returned to the practice in August 2018 we found that records of monthly cleanliness and stock checks were being kept; we also saw evidence that the practice conducted annual comprehensive infection prevention and control audits.
- During the previous inspection we found that the practice had carried-out some clinical audits which were required by the Clinical Commissioning Group (CCG) and for the principal GP's appraisal; however, there was no culture within the practice of using two-cycle audits to drive quality. When we returned to

## Are services well-led?

the practice we found that this was still the case. Staff were able to give examples of how the practice ensured that it was performing in line with local averages (for example by reviewing A&E attendances by patients at the practice compared to patients of other practices in the area); however, there was no evidence that the practice had taken action to ensure that care was being delivered in line with guidance, other than when this was required by the CCG.

- During the previous inspection we found that, whilst the practice stored prescription stationery securely and in

line with good practice guidance, they did not formally record or monitor the receipt and use of stocks of prescription stationery. When we returned to the practice we found that a log had been put in place to record the serial numbers of stocks of prescription stationery received by the practice and to monitor the serial numbers of stocks allocated to staff members.

**Please refer to the evidence tables for further information.**