

# Dr Veena Sharma

## Quality Report

240 Wexham Road  
Slough  
Berkshire  
SL2 5JP

Tel: 01753 517360

Website: [www.drveenasharma.co.uk](http://www.drveenasharma.co.uk)

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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 

Are services caring?

Good 

Are services well-led?

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 Veena Sharma on 30 August 2016. Dr Veena Sharma was rated requires improvement for providing safe, caring and well-led services and good for the provision of effective and responsive services. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr Veena Sharma on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 19 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 30 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had effective governance systems and processes in place to identify and mitigate risks. For example, clinical meetings were held monthly to discuss safety alerts, significant events and complaints.
- Practice policies, including the business continuity plan, had been reviewed and updated with appropriate information.
- Emergency equipment and medicines had been relocated to a central, secure area in the practice and all staff were aware of its location.
- Recruitment files contained all necessary employment checks for new staff.
- Nursing staff had received appropriate child safeguarding training and were trained to level two.
- Prescription stationery was tracked to individual practitioners in line with current guidance.
- The practice had improved their processes for identifying carers and were working with the local Healthwatch to engage with and support carers.
- The patient participation group had conducted a patient survey which showed high satisfaction with nurse care and treatment.

# Summary of findings

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.

- Emergency equipment and medicines had been relocated to a central, secure area in the practice and all staff were aware of their location.
- Recruitment files contained all necessary employment checks for new staff.
- Nursing staff had received child safeguarding training to level two.
- Prescription stationery was tracked to individual practitioners in line with current guidance.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- The practice had improved their processes for identifying carers and were working with the local Healthwatch to engage with and support carers.
- The patient participation group had conducted a patient survey which showed high satisfaction with nurse care and treatment.

Good



### Are services well-led?

The practice is rated as good for providing well led services.

- The practice had effective governance systems and processes in place to identify and mitigate risks.
- Practice policies, including the business continuity plan, had been updated with appropriate information.

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, caring and well-led identified at our inspection on 19 April 2017 which 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, caring and well-led identified at our inspection on 19 April 2017 which 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, caring and well-led identified at our inspection on 19 April 2017 which 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, caring and well-led identified at our inspection on 19 April 2017 which 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, caring and well-led identified at our inspection on 19 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice had improved the identification of carers and had 55 patients on the carers register. They were working with the local Healthwatch to support carers.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, caring and well-led identified at our inspection on 19 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Dr Veena Sharma

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This focussed inspection was undertaken by a CQC inspector.

## Background to Dr Veena Sharma

Dr Veena Sharma provides primary medical services to approximately 4800 patients from a two storey converted house in Slough, Berkshire. The local population has a high number of ethnic minority groups with a high proportion of these being non-English speakers. Overall, the combined localities score medium on the deprivation scale, indicating that many patients registered are affected by social deprivation. There are known areas of high deprivation locally within the practice boundary.

The practice is registered as a single GP provider (female). There are four locum GPs (one male, three female) who undertake regular sessions (whole time equivalent (WTE) of 1.7) and a further locum (female) who provides ad hoc sessions to the practice. Other staff include two female practice nurses (WTE 1.2), a small number of reception staff, a medical secretary and a practice manager. The practice has also recently been assigned a clinical pharmacist by Buckinghamshire Healthcare who works one day per week at the practice. The practice has recently appointed another member of the administration team who is due to start working in May 2017. The practice currently has a vacancy for a healthcare assistant.

The practice is open between 8am and 7pm Mondays, Wednesdays and Thursdays and 8am to 6.30pm on Tuesdays and Fridays. The practice also participates in a

scheme across Slough that provides evening and weekend GP appointments. These are available until 8pm each evening and from 9am to 1pm on Saturdays and Sundays. Most of these consultations are with Dr Sharma. Patients may also see a doctor who is not from the practice but who has access (with consent) to the medical records. These additional slots can be booked through the practice reception in the usual way but appointments are delivered at:

Crosby House Surgery, 91 Stoke Poges Lane, Slough SL1 3NY.

The practice has opted out of providing out of hours GP services. This is offered to patients of the surgery via the NHS 111 service. Details are provided on the practice website.

When we carried out an inspection in November 2015 and August 2016 the practice was found to be in breach of regulations of the Health and Care Social Act 2008. Enforcement action was taken in respect of these breaches in regulation.

Regulated activities are carried out at:

Dr Veena Sharma  
240 Wexham Road  
Slough  
Berkshire  
SL2 5JP

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Veena Sharma on 30 August 2016 under Section 60 of the Health

# Detailed findings

and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on August 2016 can be found by selecting the 'all reports' link for Dr Veena Sharma on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Veena Sharma on 19 April 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

During our visit we:

- Spoke with the practice manager and viewed documents pertaining to underlying governance systems.
- Spoke with patients who used the service and one member of the patient participation group.
- Viewed a sample of staff recruitment files and practice policies.
- Reviewed in-house patient surveys and patient satisfaction data.
- Observed prescription security arrangements and location of the emergency medicines and equipment.

# Are services safe?

## Our findings

At our previous inspection on 30 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment checks, emergency medicines and equipment, business continuity plan and other policies and risk assessments and planning were not effective.

These arrangements had significantly improved when we undertook a follow up inspection on 19 April 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- The practice had a system for ensuring all patient safety and medicines alerts were disseminated to staff and acted upon. The practice manager was responsible for distributing the alerts to all GPs and relevant staff. These were then discussed at clinical meetings if there were any actions required. We saw minutes of meetings which demonstrated the process was embedded in practice. There had been no actions required from any recent alerts to demonstrate how these were documented, however, the practice manager advised he would follow up on actions, where necessary, and log it accordingly. The findings would then be discussed at a clinical meeting.

### Overview of safety systems and process

- The practice nurses had received child safeguarding training to level two. This was appropriate to their role.

- Prescription pads were securely stored and appropriately logged to individual practitioners. The practice had reviewed the prescription stationery policy to ensure systems were in line with current guidance.
- We viewed two personnel files for newly recruited staff and found they contained all the necessary employment checks. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, contractual information and appropriate checks through the Disclosure and Barring Service.

### Arrangements to deal with emergencies and major incidents

- The business continuity plan had been reviewed and updated to include potential major incidents such as power failure or building damage. It also included a list of staff contact numbers. The policy was accessible to staff on the practice computer system and hard copies were kept off site by the lead GP and practice manager.
- We saw the practice had discussed and reviewed the emergency policy which included a risk assessment of the location of emergency medicines and equipment. The practice had relocated the emergency medicines and equipment to a secure and accessible central area of the practice. All staff knew of its new location.

These actions were now ensuring that requirements relating to staffing, good governance and fit and proper persons employed were now being met.



# Are services caring?

## Our findings

At our previous inspection on 30 August 2016, we rated the practice as requires improvement for providing caring services as patient access to appointments was restricted and results from the GP national survey was below local and national averages. The practice also had a low number of registered carers and improvements were required to support them.

We found that improvements had been made when we undertook a follow up inspection on 19 April 2017. The practice is rated as good for providing caring services.

### Care planning and involvement in decisions about care and treatment

The practice had reflected on the national GP patient survey results published in July 2016 and had discussed them at staff and patient participation group (PPG) meetings. They had asked the PPG to undertake a patient survey in February 2017. The practice received 54 responses to the survey. Satisfaction scores for nurses were comparable to local and national averages calculated from the national GP patient survey;

- 85% of patients thought the nurses were good or very good at giving them enough time.
- 89% of patients thought the nurses were good or very good at listening to them.
- 85% of patients thought the nurses were good or very good or at treating them with care and concern.

- 85% of patients thought the nurses were good or very good at explaining tests and treatments.
- 85% of patients thought the nurses were good or very good at involving them in decisions about their care.

On the day of the inspection we spoke with seven patients, including one member of the PPG. All seven patients agreed the nurses were caring, compassionate and took the time to listen to them. They felt they had tests and treatments explained in a way easy to understand and were fully involved in decisions about their care and treatment.

### Patient and carer support to cope emotionally with care and treatment

- The practice maintained a register of carers and had 55 patients currently identified as a carer (1%). The practice was aware of the need to continue to identify carers and had discussed this at a practice meeting. Changes made as a result included reception staff proactively asking patients if they were a carer when new patients registered and promotional posters in the waiting room. They were also looking to include a question about carers in the practice registration pack.
- The practice had engaged with the local Healthwatch to assist the practice in identifying and supporting carers locally. A Healthwatch representative had attended practice meeting and had helped the practice to prepare for carers week in June 2017.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 30 August 2016, we rated the practice as requires improvement for providing well-led services as there were concerns with the governance structure. For example, some practice policies were overdue a review or required additional information. There were also concerns that processes were not well enough established to identify and mitigate risks such as incomplete documentation in staff recruitment files, incorrect procedures for prescription pad logs, gaps in staff training and separate location of emergency medicines and equipment.

We issued requirement notices in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 19 April 2017. The practice is now rated as good for being well-led.

### Governance arrangements

- The practice had effective systems in place to identify and manage risks. The practice regularly discussed and reviewed governance arrangements and policies in clinical meetings with GPs and nurses. A rolling agenda of items included significant events, complaints and patient safety and medicines alerts.
- Practice policies had been reviewed and updated to reflect current guidelines. We reviewed seven policies which had been localised, included a review date and contained information about external stakeholders (where necessary).