

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Dr Pushpa Chopra

75 Sunnyside Gardens, Upminster, RM14 3DP

Tel: 01708223156

Date of Inspection: 24 September 2014

Date of Publication: October 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Care and welfare of people who use services**

✘ Action needed

## Details about this location

Registered Provider	Dr Pushpa Chopra
Overview of the service	Dr Pushpa Chopra provides primary medical services to over 1500 patients in London Borough of Havering.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Dr Pushpa Chopra had taken action to meet the following essential standards:

- Care and welfare of people who use services

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 September 2014, observed how people were being cared for and talked with staff. We were accompanied by a specialist advisor.

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### What people told us and what we found

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On the day of our visit we did not speak to patients due to the nature of the visit and the time we visited. We found that improvements had been made since our last visit on 15 July 2014. At our last visit, we were concerned that the provider had not ensured that adequate systems were in place to deal with medical emergencies. During this visit we found that the expired oxygen cylinder had been replaced, the defibrillator pads had been replaced and emergency medication was in date.

On 15 July 2014 we identified concerns relating to the management of patients on disease-modifying anti-rheumatic drugs (DMARDs) and communication processes between clinical staff were unclear and could not be evidenced. During this visit, we could track patients who had been referred for different procedures including two week wait. as well as check on whether patients on DMARDs had regular blood tests.

Although progress had been made there were shortfalls. These related to the management of patients on warfarin. It was not always noted in the medical records that the patient was still on warfarin as this was managed by a pharmacy commissioned by the Clinical Commissioning Group (CCG). This posed a potential risk for patients especially if they were a doctor who did not know their history as there was no record of warfarin prescriptions on the patient record.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 05 November 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✘ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was not meeting this standard.

The registered person did not always take proper steps to ensure that each patient is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of the planning and delivery of care and, where appropriate, treatment in such a way as to ensure the welfare and safety of the patient. Regulation 9.(1) (b)(ii).

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

On the day of our visit we did not speak to patients due to the nature of the visit and the time we visited. We found that improvements had been made since our last visit on the 15 July 2014. At our last visit we were concerned that the provider had not ensured that adequate systems were in place to deal with medical emergencies. During this visit we found that the expired oxygen cylinder had been replaced with a new oxygen cylinder which had a mask for adults attached and a mask for children kept within the oxygen bag. The oxygen was kept securely in the nurses room and easily accessible in an emergency. The defibrillator pads had been replaced. There was a procedure in place to check the expiry date of emergency medicines and equipment.

On 15 July 2014 visit we had identified concerns relating to the management of patients on disease-modifying anti-rheumatic drugs (DMARDs) and patients on warfarin. Communication processes between clinical staff were unclear and could not be evidenced. During this visit on 24 September 2014, we could pathway track patients who had been referred as well as check on whether patients on methotrexate had regular blood tests before repeat prescriptions were issued. This was in line with best practice which recommended regular blood test to avoid toxicity. We could also see a communication book and handover book for reception staff but this was yet to be implemented for clinical staff. Communication was important for clinical staff as they never worked together on the same shift, therefore communication was vital to enable continuity of care and cascade any changes especially when team meeting were irregular.

Although progress had been made there were shortfalls. These related to the management of patients on warfarin. Some patients on warfarin were managed by the

local pharmacy. However, this was not always noted in the four medical records or on repeat prescriptions for the four records. This posed a patient safety risk as there was no way of knowing that a patient was on warfarin without asking them and there were no blood results available on the practice system.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b> <b>How the regulation was not being met:</b> Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.
Maternity and midwifery services	
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 November 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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