

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

Drs Shah and Partners

The Trinity Medical Centre, 278-280 Balham High Road, London, SW17 7AL

Tel: 02086723331

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

Supporting workers

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Drs Shah and Partners
Registered Manager	Dr Prakash Shah
Overview of the service	Dr Shah and Partners operate from two locations, the Trinity Medical Centre and the Cavendish Road Surgery. We inspected Trinity Medical Centre where they provide General Practitioner services, family planning and maternity services. Minor surgical procedures also take place at the Trinity Medical Centre.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Drs Shah and Partners had taken action to meet the following essential standards:

- Supporting workers
- Assessing and monitoring the quality of service provision

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 April 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

At our last inspection in December 2013 we identified areas where the provider was not meeting the essential standards of quality and safety. We found some staff were not adequately supported through formal induction procedures and there was lack of evidence to indicate they had read the practices policies and procedures and received the appropriate training.

We found the provider did not conduct audits for cleaning of the premises, hand washing, infection control or medication. Staff meetings were infrequent and minutes inadequate.

We requested from the provider to send us an action plan to tell us how the service would become compliant with the regulations. We reviewed the action plan and carried out this inspection to review improvements.

We found the service had made improvements and was meeting the essential standards of quality and safety.

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

More information about the provider

Please see our website 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

Supporting workers

✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At our last inspection in December 2013 we found some staff were not adequately supported through formal induction procedures and there was lack of evidence to indicate they had read the practices policies and procedures and received the appropriate training.

Staff received appropriate professional development. We talked with five members of staff about the support and training they received. One member of staff said "I feel I have received all the training and support I need to do my role and if I needed anymore then I am sure this would be provided." Another member of staff said "I have done some shadowing as part of my training and if I need to know anything there is always someone available to help."

All the staff felt they had enough training to support their current roles. We saw from the training records that all staff had received recent training in first aid and cardiovascular resuscitation (CPR), safeguarding of vulnerable adults, electronic prescribing system (EPS) and confidentiality. We saw some staff had received further training in conflict resolution and others were signed up to attend this in the coming months. One member of staff confirmed they had received one to one training on the medical IT system as part of their induction programme and said they found this very helpful.

We noted that the practice policies and procedures were kept in a folder in the reception area. All staff confirmed they had read and understood these and continually referred to them for updates. One member of staff said "The practice manager tells us when a new update has been added and I will look at this and read it to make sure I know what it is. Sometimes, I will ask someone if I don't understand something." All the staff we spoke with confirmed they were informed when an update was included and they would take time to read this.

We noted there were no completed induction forms. We were informed this was because no new people had been recruited since the new induction checklist had been

implemented, in December 2013. We will continue to review this in future inspections.

All the staff we spoke with confirmed they had received an appraisal in the last year or they were scheduled to receive one in the next two months. The manager showed us the diary where they had scheduled two appraisal meetings and the template they used in the meetings. We saw that information was completed on performance, key achievements, areas for improvements, training and development and any actions agreed. Staff told us they felt well supported by the manager and that the open door policy was very effective. They did not feel the need for more formal one to one meetings because they were able to raise any concerns or issues as and when they occurred. They used the appraisal system as a formal way to raise any key issues and they would approach the manager at any time to discuss any developmental needs.

The practice had several staff members that had been working there for many years. Three members of staff that we spoke with informed us that they were trained and developed into promotional roles. This indicated that staff were supported to develop their careers.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At our last inspection in December 2013 we found the provider did not conduct audits for cleaning of the premises, hand washing, infection control or medication. Staff meetings were infrequent and minutes inadequate.

During our inspection visit we were unable to review a cleaning audit as this had not been completed. The manager provided us with evidence that showed a cleaning audit was scheduled the following day. We were provided with a cleaning audit two days after our visit. We noted there were a number of improvements required with the general quality of the cleaning around the staff room and the toilets in the building. There was an action plan agreed by the contracted company to improve this and a further review had been scheduled for the 19th May 2014. The manager told us they would continue to review the cleaning on a monthly basis and request formal checklists from the contracted company to keep for their records.

We were provided with an infection control audit that had been completed by the infection control lead dated February 2014. The audit covered checks for policies and procedures in place for the different ways to handle the prevention of spread of infection in different parts of the building. This included instructions about hand hygiene and cleaning equipment and materials. The manager told us the NHS commissioning body had been in touch to inform them of upcoming infection control audits that will be arranged.

The manager informed us that the staff nurse was responsible for checking the medications in the emergency drugs kit and these were checked regularly. We saw an audit was kept of the list of medications and the expiry dates. We noted these were all in date and available for use.

The practice held two separate staff meetings, one for the GP partners and the second for all members of staff that were clinical and nonclinical. We saw minutes recorded from both meetings. The last staff meeting open to everyone was held in February 2014. There were short notes recorded from the meeting and a list of all the attendees. Some recommendations were noted, for example, 'suggestion to doctors running late to come

out and apologise to patients.' There was a note informing there would be a follow up meeting in three months. This indicated more regular meetings were planned. Staff we spoke with said they were all informed there would be staff meetings every three months.

We reviewed some of the minutes from the GP partner meetings. These included discussions around any clinical related issues and any general management. For example we looked at the minutes for April 2014, January 2014, December 2013 and November 2013 and we noted there were some discussions around patient's attendance rates, medications and prescribing, the last CQC inspection and some patient complaints that had been escalated. There were clear records for next steps and actions to take.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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