

# Dr Nagendra Kumar Gupta

## Quality Report

206 Mawney Road  
Romford  
Essex  
RM7 8BU  
Tel: 01708 739379  
Website:

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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 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 Nagendra Kumar Gupta's practice on 26 February 2016. The practice was rated as good for providing caring and responsive services, requires improvement for providing safe and effective services and inadequate for providing well-led services. The overall rating for the practice was requires improvement. We issued three requirement notices to the provider in respect of good governance, safe care and treatment and fit and proper persons employed.

The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Dr Nagendra Kumar Gupta on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced comprehensive follow up inspection on 21 December 2016 to check that action had been taken to comply with legal requirements and assess what improvements had been made. We found some improvements had been made however further improvement was necessary. Specifically the practice must:

- Ensure risks associated with fire safety are assessed and staff receive fire awareness training.

It should also :

- Implement a system to monitor the use of prescription pads.
- Ensure Patient Group Directions are signed by a GP.

- Ensure all emergency medicines are in date.
- Identify and support more patients who are also carers.
- Consider providing access to a hearing loop to aid communication with those patients with a hearing impairment.
- Formalise the strategy to deliver the practice vision.
- Ensure all key policies are in place.

Overall the practice was rated as requires improvement.

This inspection was an announced focused inspection carried out on 5 December 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 21 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Risks associated with fire safety have been assessed and staff have received fire awareness training.
- A system to monitor the use of prescription pads has been implemented.
- Patient Group Directions had been signed by a GP.
- All emergency medicines are in date.
- 32 carers have been identified and support offered.

# Summary of findings

- A hearing loop had been installed to aid communication with those patients who have a hearing impairment.
- There was a strategy to deliver the practice vision.
- All key policies are in place, were accessible and were in date.

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

# Dr Nagendra Kumar Gupta

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and also included a GP specialist advisor.

## Background to Dr Nagendra Kumar Gupta

Dr Nagendra Kumar Gupta's practice is a single handed GP practice and is part of the NHS Havering Clinical Commissioning Group (CCG) providing care to approximately 3,000 people. Services are provided under a Personal Medical Service (PMS) contract with NHS England. The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and surgical procedures.

The practice has one male lead GP and one male salaried GP, who provide a total of 11 GP sessions every week. The practice employs two part time female locum nurses who provide 5 sessions per week. There is a practice manager and four reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 9am to 12pm every morning and 4pm to 6.30pm every evening. Extended surgery hours are on Wednesday between 6.30pm and 8pm. Appointments can be booked over the phone, in person or online. The out of hour's service is provided by alternative providers and can be accessed by calling the practice telephone number. The details of this service are on the practice leaflet and on posters in the practice waiting area.

The practice has a higher than average population of patients aged 60 to 70 years when compared to CCG and national average (as reported by Public Health England 2014). Twenty-one percent of the practice population is aged under 18 years of age and 19% of the practice population is aged 65 years and over. The average male life expectancy is 78 years, which is one year less than the CCG and national averages. The average female life expectancy is 84 years which is the same as CCG average and one year more than the national average.

## Why we carried out this inspection

We carried out an announced comprehensive inspection at Dr Nagendra Kumar Gupta's practice on 26 February 2016. The practice was rated as good for providing caring and responsive services, requires improvement for providing safe and effective services and inadequate for providing well-led services. The overall rating for the practice was requires improvement. We issued three requirement notices to the provider in respect of good governance, safe care and treatment and fit and proper persons employed.

The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Dr Nagendra Kumar Gupta on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced comprehensive follow up inspection on 21 December 2016 to check that action had been taken to comply with legal requirements and assess what improvements had been made. We found some improvements had been made however further improvement was necessary. Overall the practice was rated as requires improvement.

# Detailed findings

This inspection was an announced focused inspection carried out on 5 December 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 21 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

# Are services safe?

## Our findings

**At our previous inspection on 21 December 2016, we rated the practice as requires improvement for providing safe services as:**

- Risks associated with fire had not been assessed.
- There was no system in place to monitor the use of prescription pads.
- Patient Group Directions (PGDs) had not been signed by a GP.
- Not all emergency medicines were in date.

**These arrangements had significantly improved when we undertook a follow up inspection on 5 December 2017. The practice is now rated as good for providing safe services.**

### **Safety systems and processes**

The practice had implemented a system which monitored the usage of prescription pads and their location within the practice. Serial numbers were recorded when the pads arrived at the practice and when they were removed from secure storage and used.

Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The PGDs we reviewed were all correctly signed by both the nurse and by a GP.

### **Risks to patients**

A fire risk assessment had been carried out in October 2017 and items noted for action had been completed. A fire drill was carried out in November 2017 and documented by the practice.

Staff had received fire safety training and we saw training certificates to confirm this.

### **Safe and appropriate use of medicines**

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All medicines we checked were in date and stored securely.

# 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 21 December 2016, we rated the practice as requires improvement for providing well-led services as:**

- The practice strategy had not been formalised and there were no supporting business plans which reflected the vision and values that were regularly monitored.
- The practice had a number of policies and procedures to govern activity, but some key policies were missing. For example a safeguarding adults policy and an incident reporting policy.
- Fire safety risks had not been assessed

**These arrangements had significantly improved when we undertook a follow up inspection on 5 December 2017. The practice is now rated as good for providing well-led services.**

### **Vision and strategy**

The practice had a clear vision to deliver high quality care and promote good outcomes for patients and there was

now a strategy to deliver the vision. Staff understood their responsibilities in relation to it and the strategy was detailed within business plans which reflected the vision and values, all of which were now being regularly monitored.

### **Governance arrangements**

The practice had developed a whole range of policies, procedures and activities to ensure safety. Previously missing policies had now implemented including safeguarding adults and incident reporting policies. These were now being regularly reviewed and updated as legislation or operational needs dictated.

### **Managing risks, issues and performance**

A fire risk assessment had been carried out in October 2017 and items noted for action had been completed. A fire drill was carried out in November 2017 and documented by the practice.

Staff had received fire safety training and we saw training certificates to confirm this.