

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

## Dr Satnam Sodhi

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Tel: 02087956152

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Dr Satnam Sodhi
Registered Manager	Dr. Satnam Sodhi
Overview of the service	SMS Medical Practice Dr Sodhi is a NHS general practice offering a range of family medical services. The practice is located in Wembley Centre for Health & Care.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Surgical procedures 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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
<b>About CQC Inspections</b>	12
<hr/>	
<b>How we define our judgements</b>	13
<hr/>	
<b>Glossary of terms we use in this report</b>	15
<hr/>	
<b>Contact us</b>	17

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 7 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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Staff within the practice consisted of the service provider, a locum GP, a practice manager, practice nurse and reception/administration staff.

Patients had access to a wide range of information and health promotion leaflets. We noted some information on how to access emergency treatment was displayed in other languages. Patients were given appropriate information and support regarding their care or treatment.

When we spoke with patients, all comments were positive and included: "The GP always has time to listen and you never feel rushed", "This practice is much better than my previous GP", "I have never had a problem getting an appointment, the staff are very helpful and the doctor has been very good" and "The doctor explains everything and if I ask anything he makes sure I understand".

We found staff had an appropriate understanding of safeguarding referrals and the requirement to share sensitive information to safeguard patients. Policy guidance was in place.

The environment was clean and maintained to a good standard. Cleaning schedules were in place and were undertaken by an external company. These were monitored by the practice manager.

The practice had a range of policies, procedures and guidance in place for staff to access, which supported the safe management of the service.

We found that the provider had taken steps to ensure staff were appropriately qualified, skilled and experienced for their jobs.

We saw evidence that the provider had an effective system in place to monitor quality and

safety.

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

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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

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

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### Reasons for our judgement

The practice was located in a large building, which provided various consultation, treatment and interview rooms. The environment was clean and maintained to a satisfactory standard.

Staff within the practice consisted of the service provider, a female locum GP, a practice manager, practice nurse and reception/administration staff.

We sampled three electronic patient records. We found these were comprehensive, recording consultations, tests and test results. We also were able to track the actions taken to provide appropriate care and treatment.

Patient electronic records were available to staff in consulting and treatment rooms. This meant staff had as much information as possible to assess people's needs and provide appropriate care. Historic paper records were archived and stored securely within the reception area.

We saw individual sensitive information alerts were able to be flagged on the electronic system. We also noted recalls for test results, along with check ups for chronic illness management, were also recorded.

We saw consent was obtained by the practice nurse from parents or carers for immunisations administered to children, along with the record of batch numbers used.

We noted the electronic system had records of consent from patients for immunisation or for subsequent treatments or examinations.

Emergency equipment was available, with oxygen and a defibrillator, and emergency drugs were available in the GP's consultation room. We noted staff had been trained in basic life support.

The GPs made home visits to people who were unable to attend the surgery. Emergency appointments were offered daily and children were always seen on the same day regardless of capacity.

When we spoke with patients, all comments were positive and included: "The GP always has time to listen and you never feel rushed", "This practice is much better than my previous GP", "I have never had a problem getting an appointment, the staff are very helpful and the doctor has been very good" and "The doctor explains everything and if I ask anything he makes sure I understand".

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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We found the service provider (principle GP) was the lead for safeguarding within the practice. Training had been undertaken by the principle GP and partner GP to level 3 in child protection, as recommended by the intercollegiate guidance from the Royal College of GP's and other health professional bodies.

The practice had guidance for staff on the requirements of consent of patients under 16 years of age which included the 'Fraser Guidelines'. This provided guidance for staff in determining if patients under 16 years of age fully understood the treatment or medication prescribed and were able to give fully informed consent.

We found staff had an appropriate understanding of safeguarding referrals and the requirement to share sensitive information to safeguard patients. Policy guidance was in place.

Staff had appropriate policy and procedure guidance for the protection of vulnerable adults and children.

When we spoke with the practice manager she had a good understanding of what constituted a safeguarding concern and was fully aware of how to escalate concerns. We saw safeguarding training had been completed.

The practice had policy guidance on information sharing. This ensured that only authorised staff had access to confidential information.

All staff including the GPs had a current criminal records bureau check (CRB), now replaced by the disclosure and barring service (DBS).

When we spoke with patients no concerns were raised about this standard.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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The environment was clean and maintained to a good standard. Cleaning schedules were in place and were undertaken by an external company. These were monitored by the practice manager.

We found the practice had access to an infection control and prevention policy. Staff had received basic training in infection control and prevention.

Guidance was available for clinical waste management and other infection control procedures. We saw waste was handled as required and stored for disposal in a separate room, which had signage and was locked.

New sinks had recently been installed in the consultation and treatment rooms. Wall mounted soap dispensers were at all sinks to enable the correct hand washing procedure to be undertaken. We saw soap and paper hand towels were well stocked in all rooms and toilets. Hand washing instructions were displayed.

We noted that the area for storage of clinical waste met the guidelines. We noted that the sharps containers used in the service had rigid sides and were located where they couldn't be knocked over. This reduced the risk of cross-infection to patients, staff and visitors of the service.

During our visit we saw that the practice had appropriate personal protective equipment (PPE) available, and we observed staff using it properly. We also saw that information about correct hand washing technique was available above sinks in each clinical room and that soap dispensers and hand towels were available. Hand sanitiser was available in the practice.

Patients we spoke with did not raise any concerns about the cleanliness of the practice.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People benefitted from staff who were skilled, qualified and experienced in their roles.

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### Reasons for our judgement

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The provider had taken steps to ensure staff had the skills and qualifications they needed to perform their roles. We viewed the staff files for two clinical members of staff and three non-clinical members of staff.

We found that the staff file for the clinical members of staff contained the appropriate background checks for safer recruitment which included criminal record checks to ensure clinical staff were not barred from working with children and vulnerable adults. We also saw that these files included confirmation that clinical staff were registered with the appropriate professional body - the General Medical Council for doctors and the Nursing and Midwifery Council for nurses.

We looked at the documentation for three non-clinical members of staff. We found that there was a contract, a job description for the specific role and proof of eligibility to work in the UK for all these staff. We also found that the practice had obtained two professional references for each member of staff and that criminal record checks had been carried out to ensure that these members of staff were not barred from working with children and vulnerable adults.

People we spoke with were positive about the staff and said that they were friendly and professional.

Regular staff meetings were being held which GPs also attended. This gave staff an opportunity to share good practice and any concerns they had. All staff we spoke with told us that they felt supported by the provider and were able to raise concerns to the doctors and practice manager.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The practice had a range of policies, procedures and guidance in place for staff to access, which supported the safe management of the service. Systems had been implemented to identify, assess and manage risks related to the service.

There were appropriate arrangements in place in case of any emergency or incident within the practice.

It was clear feedback from patients was sought to improve the service and to provide feedback about the GPs, which was used towards appraisal processes. Satisfaction surveys had been completed and all comments collated were very positive.

The service provider attended meetings with the local Clinical Commissioning Group (CCG) and submitted quality data as part of the Quality Outcomes Framework (QOF), which is a range of financial incentives to encourage and monitor a high standard of quality care. This includes data on access to appointments, referral patterns to secondary care, chronic disease management, medicines management and patient experience.

The practice had appropriate systems in place to record and investigate accidents and incidents. We were told there had been no accidents or incidents for a number of years.

There was a complaints policy and information was displayed to inform patients how to make comments or make a complaint. We were told the practice had received three complaints in the past year and we looked at the records, which showed us that all complaints had been investigated and resolved.

When we spoke with patients no negative comments were made. Comments included: "I think the GP's here are very good", "I have no complaints, the doctor always listens and explains everything to me", "I have no problem at all" and "All the staff here are great, they are friendly, they try to help you and they are always nice".

## 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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