

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

Date of Inspection: 02 December 2013

Date of Publication:
December 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✗ Action needed

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 surgeries, the Trinity Medical Centre and the Cavendish Road Surgery. Both surgeries serve a diverse community. 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

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
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Management of medicines	12
Supporting workers	13
Assessing and monitoring the quality of service provision	15
Information primarily for the provider:	
Action we have told the provider to take	17
About CQC Inspections	19
How we define our judgements	20
Glossary of terms we use in this report	22
Contact us	24

Summary of this inspection

Why we carried out this inspection

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.

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 2 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We visited the Trinity Medical Centre; we did not visit the Cavendish Road surgery. We spoke with seven people who used the service. They felt that the General Practitioner (GP) spent time listening to their concerns and explained any treatment needed. Comments we received included, "everything is fine, the only issue is getting through on the telephone", "they do a good job here", "no problems", "you sometimes wait a long time to see the doctor" and "it's changed over the years, all for the better".

We spoke with the Patient Participation Group (PPG) who were involved in reviewing patient feedback questionnaires. There were systems in place to monitor the quality of service people received although audits were not carried out.

People were involved in making decisions about their care. If they needed to be referred to a specialist this was explained and they were able to express a preference of where they were referred to.

People were treated by suitably qualified and skilled staff that received appropriate professional development although staff did not receive regular supervision.

There was equipment to deal with medical emergencies.

There were procedures in place to ensure that staff were able to identify and respond appropriately to safeguarding children and vulnerable adults.

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

What we have told the provider to do

We have asked the provider to send us a report by 15 January 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.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. People expressed their views and were involved in making decisions about their care and treatment. People who use the service were given appropriate information and support regarding their care or treatment.

To meet the needs of the local community the practice was open Monday to Friday 8.30 am to 19.00 and until 20.00 Monday to Thursday. Between 16.00 and 18.00 the surgery operated a walk in emergency only service and patients did not need to book. Telephone consultations also took place after the morning surgery.

We noted that the surgery was wheelchair-accessible. Access to the ground floor was via automated doors and a lift was available to the first floor treatment rooms. There was an accessible toilet.

The reception area had an electronic log in, although people could register with reception staff if they preferred. Most people we spoke with said "no issues with privacy", "they respect my privacy" and "they speak to me respectfully".

People could book appointments via the telephone, on line or in person. People could choose which GP they wanted to see, if they requested an emergency appointment they would be seen by the next available GP. Appointments with a GP lasted 10 to 15 minutes and double appointments could be booked. People we spoke with said "I like the emergency surgery in the afternoons; it means I can get an appointment", and "they have evening appointments which are good". The provider had a website which included information on the services offered, opening times and practice staff.

There were notices regarding chaperones, travel vaccines, shingles, flu, and the emergency surgery in the waiting room. Leaflets about pregnancy, and common medical conditions were provided in the waiting room and outside the lift. A corner of the waiting room had a small table and chairs, books, crayons and paper for children.

We spoke with seven people who used the service. They told us that they felt able to openly discuss the reason for their visit with the GP or nurse and that they were given sufficient information on any treatment required. One person told us "the GPs are thorough and they explain the diagnosis" whilst another person told us that their GP had been "very supportive".

People's diversity, values and human rights were respected. At the Trinity Medical Centre there was one female and three male GP's, both nurses were female and people could choose who they saw. One person we spoke with said they would prefer more female doctors, while this was not an issue for other patients we spoke with. There was also a chaperone policy in place. One doctor said they used a nurse to chaperone when doing examinations of female patients. The nurses confirmed that they had time to chaperone in these instances

Staff spoke a variety of languages and an interpretation service was available, if required. The practice manager gave examples of where they had supplied interpreters for people to enable them to communicate with the doctor. Patients were able to bring their own person to interpret if they preferred.

The provider had a Patient Participation Group (PPG), of which two members were on the Clinical Commissioning Group (CCG). At the time of the inspection there were eight members and they met four times a year. We looked at the minutes for the meetings that took place in March and September 2013. We saw that the group had fed back their views on the service and some items noted for action in March were not mentioned in the September minutes. The group also analysed the results of the annual survey and provided feedback.

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

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.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. There were arrangements in place to deal with foreseeable emergencies.

People we spoke with gave positive comments about the care and treatment they had received. People told us, "the doctor gives me time, information and support I need and expect", "the GPs listen and are helpful", "they tell me about the medicines I take and how to take them", "I usually get an appointment when I need one", and "sometimes you have to wait to see the doctor, but I don't mind if they run a bit late". One person felt that they could be given more information on the medication they were prescribed. Another said "I get sent reminder letters for vaccinations and regular appointments".

People were always examined and treated by a qualified clinician. If people required medication, this was prescribed by a GP. The provider operated an electronic prescribing system, where prescriptions could be sent directly to a patient's nominated pharmacy for collecting at their convenience. People said the repeat prescription process "worked well" and were satisfied with the arrangements. People told us they could send in a request with a stamped addressed envelope and would receive the prescription back in 5 days.

If people were referred to a specialist or alternative service, this was arranged through the practice. The majority of referrals, including urgent referrals that required a person to be seen within two weeks could be booked via the 'Choose and Book' on line system. This meant that a person had a date and time for their appointment before they left the practice. Not all referrals could be booked on line.

A leaflet outlining the pattern of antenatal care that a person could expect was given to pregnant women. This detailed the type of appointment needed, where and with who the appointment would be with.

There were sufficient arrangements to deal with foreseeable emergencies. There was emergency equipment available, which included medication, oxygen and a defibrillator. There were systems in place to ensure that the equipment was checked regularly and fit for purpose. The nurses kept a list of medication expiry dates and ensured supplies were

ordered before these important medicines had gone out of date.

Records we were shown indicated that fire extinguishers were checked in October 2013 and the fire alarm system was serviced in 2010. We were told that there had not been any fire drills; the provider might like to note that practice fire drills are important to ensure people's safety. Since the inspection the provider has told us that the fire alarm system will be inspected on the 23rd December 2013.

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

Our judgement

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.

Reasons for our judgement

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.

One of the doctors was designated as the lead person for safeguarding (although they were not available during our visit).

The electronic recording system had a 'flag' to identify if a child was on a child protection plan and this was used to identify some vulnerable adults. Staff said they followed up missed appointments for these people.

The doctor said they were invited to child protection conferences although they were not usually able to attend due to the times they were held. They did say that they sent reports for these meetings, received minutes and were updated with changes to levels of concern.

The GPs and the nurses had completed level three child protection training and other staff level one. Staff said they were aware of their responsibilities to report issues and concerns.

The provider may like to note that while child protection policies were in place, copies of the local authorities most recent procedures were not seen on the day of inspection.

There was a policy for safeguarding vulnerable adults however staff had not received training. Staff told us that patients with a learning disability were seen with a carer but a nurse could chaperone if more appropriate.

Staff spoken with told us they would liaise with the manager if they were concerned about a patient.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

People we spoke with said 'all areas of the practice looked clean when they visited'.

The provider was registered for surgical procedures, and carried out minor procedures such as, cryogenics (freezing of warts) biopsies; ear, nose and throat treatments and joint injections. The provider used only disposable supplies and instruments; personal protective equipment (PPE) was available for use during examinations. Sharps bins were available in all treatment rooms.

Reception staff demonstrated the process when patients brought in bodily samples for analysis. They gave the person a sealable bag to put the sample in and then asked them to place it in a plastic box. Protective gloves were available if needed.

We reviewed the policies and procedures for infection control including needle stick injury and fluid spills. There was a policy for hand washing and decontamination of surfaces. The provider may like to note that the policy for needle stick injuries was not displayed for staff to read.

Nurses told us that they completed training in infection control every two years. They told us they cleaned the examination bed between patients when it was used. But didn't keep records of this process or how often it was carried out.

The last infection control audit was carried out in 2008 by Wandsworth Primary Care Trust. The flooring in the nurse's rooms and the theatre was impervious and washable. Some of the consultation rooms had carpet which was not washable.

There were sinks in the treatment rooms; this meant clinical staff could wash their hands between patients.

The premises were cleaned under contract every day.

We saw that clinical waste was collected under contract once a week. The practice had been tested for Legionella in May 2013 and passed.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were kept safely.

Medication was kept in a locked fridge in a locked room. A second fridge was available but no longer in use. Fridge temperatures were checked daily.

Staff told us they put new medication at the back of the fridge and old medication to the front to ensure older ones were used first. They did check expiry dates and ensured injections were used before they reached their use by date.

Notes were kept on patient records when an injection was administered. The nurses told us that they audited some injections although not all. We saw that medication was in date.

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were trained to deliver care and treatment to an appropriate standard, although systems were not in place to provide staff supervision.

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.

Reasons for our judgement

Staff received appropriate professional development.

People we spoke with said, "reception staff are friendly", "reception staff are polite" and "they do their best".

At the time of our inspection there were 11,250 patients registered with the practice. There were three GP's and two practice nurses employed at the Trinity Medical Centre and two GP and one nurse at the Cavendish Road surgery. They were supported by an administrative team, which included a practice manager.

Policies and procedures that were seen were not dated and there was no evidence that staff had read the policies.

We spoke to reception staff who told us about the training they had completed including a two hour child protection course, first aid and cardiovascular resuscitation (CPR) but they stated they had not attended safeguarding vulnerable adult training.

GP's had completed their re validations as required by the General Medical Council.

Some staff we spoke with said that they had completed an induction when they started work at the practice and they had the training they needed to carry out their role. They told us that 'patients make positive comments about the building' and 'patients like the extended hours for appointments'. Staff said one of the things they did well was making sure appointments generally 'run to time'.

Although the provider had an induction procedure this had not been completed for a new member of staff. This person had also not received first aid, CPR or child protection training. We were told that training takes place once a year and this person would receive the training at the next scheduled opportunity. We asked if a risk assessment had been conducted to ensure the safety of the staff member, the public and other staff. We were

told it had not been done but that the staff member would not be working unsupervised.

The doctor told us that the practice manager supervised staff although staff told us they did not receive one to one supervision but had received an appraisal in 2012. The manager told us that they had an open door policy and staff could come to speak to them at any time and this was noted in a diary, we could not find any entries of these meetings in the current 2013 diary.

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 not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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.

Reasons for our judgement

We saw that notices were displayed in the reception area and waiting room telling people about the Care Quality Commission inspection.

The provider had developed a feedback questionnaire with the support of their Patient Participation Group (PPG). The provider conducted an annual survey by giving out 50 questionnaires for each GP. Patients could comment on the GP's, nurses and staff. We saw from the 2012/13 survey that 23% of patients rated the practice as excellent, 26% as very good and 28% as good.

Two people we spoke with said they had filled in the survey although they had not heard or seen the results. People could also leave comments on the NHS Choices website. We saw that people had completed feedback on the site.

People told us they had not needed to make a complaint and most were not aware of the procedure but said "I would speak with the doctor", "I would ask at reception" and "I would find out". The provider took account of complaints and comments. We looked at three recent complaints and saw that the practice had replied appropriately.

A portable electrical appliance (PAT) testing had taken place in September 2012 and we saw that other equipment used at the surgery was calibrated and checked periodically.

We were told that there was a weekly clinical meeting for GP's and the nurses attended when appropriate. We saw the minutes of the last three meetings held and information contained in them was minimal.

Practice meetings were held every six months. We reviewed the minutes for the last three meetings in December 2012, March and October 2013. One meeting was given over to a training session on Confidentiality and Patient Care. The minutes of the other two meetings contained little information and did not detail what was discussed.

During our inspection we asked staff about the audits they carried out to ensure that people or staff were protected against harm. They told us they did not carry out cleaning, hand washing, infection control or medication audits.

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 Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers How the regulation was not being met: Staff were not adequately supported, induction procedures were not followed, staff did not have access to policies or training. Regulation 23,(1)(a).
Regulated activities	Regulation
Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The provider did not conduct audits for cleaning of the premises, hand washing, infection control or medication. Minutes of practice meetings were inadequate and did not include all clinical staff. Staff meetings were infrequent and minutes inadequate. Regulation 10,(1)(a)(b).

This section is primarily information for the provider

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 15 January 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.

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
