

Kapur Family Care

Inspection report

Werneth Primary Care Centre
Featherstall Road South
Oldham
Lancashire
OL9 7AY
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Date of inspection visit: 23 August 2019
Date of publication: 16/10/2019

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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced inspection of Kapur Family Care on 23 August 2019 due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the key questions safe, effective and well-led. Because of the assurance received from our review of information we carried forward the ratings for the caring and responsive key questions.

The previous inspection was 19 March 2015 and the practice was rated good overall and good in each of the key questions.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall and for all population groups.

We rated the practice as **requires improvement** for providing safe services because:

- Not all staff had been trained in safeguarding adults or children.
- Not all staff had received mandatory training in fire safety or infection control. This included staff involved in carrying out relevant safety audits.
- There was no record of the immunisation or immunity status of non-clinical staff for conditions such as tetanus and measles, mumps and rubella (MMR).
- The infection control audit had not identified gaps such as immunisation status and training not being completed.

We rated the practice as **requires improvement** for providing effective services because:

- Mandatory training was not well-monitored. Several staff had not received training identified by the practice as being required, and training was not routinely updated in line with the practice's policies.

We rated the practice as **requires improvement** for providing well-led services because:

- Policies were not well-managed and not always followed with regard to staff training.
- The practice's objectives in their development plan for 2018-20 were not being adequately monitored. For example, one objective stated that staff should be up to date with safeguarding training. Several staff had either not been trained or had not repeated the training at the required intervals.
- Audits were not always effective. For example, the infection control audit did not identify issues found during the inspection.
- Training was not a priority. Staff carried out audits without receiving relevant training.
- The practice had not acted on areas identified as needing improvement at our inspection in March 2015. For example, we had reported that the practice should have arrangements for patients with hearing problems in keeping with current guidance and good practice. This had not been actioned and there was no hearing loop in the reception area. The lead GP told us the building managers would not allow them to install one without their consent.

The area where the provider **must** make improvements is:

- The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvement are:

- The provider should have a protocol to follow if a Disclosure and Barring Service (DBS) check identifies previous convictions.
- The provider should invite relevant parties to multi-disciplinary team meetings.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor and a practice manager specialist advisor.

Background to Kapur Family Care

Kapur Family Care is located at Werneth Primary Care Centre, Featherstall Road South, Oldham, OL9 7AY. The practice has a large car park and there is a pharmacy in the same building.

The provider is registered with CQC to deliver the Regulated Activities diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Kapur Family Care is a member of Oldham Clinical Commissioning Group (CCG) and provides services to approximately 11,125 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice population approximately doubled in size when it merged with another practice in the same building in August 2018.

There are four GP partners, two female and two male, and a female salaried GP. There is a senior practice nurse prescriber, two practice nurses, an assistant practitioner and two phlebotomists. The practice has a business manager, a practice manager and administrative and reception staff.

The National General Practice Profile states that 57% of the practice population is from an Asian background with 40% from White backgrounds. Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• Although there was a practice development plan 2018-20 this was not being adequately monitored. An objective was for staff to be up to date with safeguarding training but several staff had not been trained.• Policies were not well-managed. For example, the safeguarding policy contained gaps and not all staff could locate the most up to date infection control policy.• Staff training was not well-managed. The frequency of training on training records was not in-line with the frequency stated in policies. Several staff had not received training identified by the practice as mandatory and training was not refreshed at the relevant timescales.• The provider did not request details of relevant immunity and vaccination status for non-clinical staff. <p>The registered provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). In particular:</p> <ul style="list-style-type: none">• The provider did not ensure staff taking part in assessing the service, for example those carrying out infection control audits had not received relevant infection control training. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>