

Dr SM Bhate and Dr H El-Shakankery

Quality Report

Riverview Health Centre
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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 well-led?

Requires improvement



Summary of findings

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Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr SM Bhate and Dr H El-Shakankery on 12 December 2016. The overall rating for the practice was good, although the practice was rated as requires improvement for providing well-led services. We issued a requirement notice with respect to Regulation 17 on Good Governance because we found that processes were not in place to assess, monitor and improve the quality of service provided in carrying out the regulated activities for which the practice is registered. The full comprehensive report for the December 2016 inspection can be found by selecting the 'all reports' link for Dr SM Bhate and Dr H El-Shakankery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 February 2018 to review in detail the actions taken by the practice to improve the quality of care. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

The practice is rated as requires improvement for providing well-led services, and overall the practice is rated as good.

Our key findings at this inspection were as follows:

- Although the practice had implemented an action plan to address the issues identified during the previous inspection not all of the required improvements had been made.

- The practice identified low numbers of internal significant events and the practice may not have always recognised events that had occurred that should be recorded and managed as significant events. This limited potential learning for the practice.
- The practice approach to the management of complaints had not improved. The practice did not record or manage verbal complaints and they failed to ensure patients were aware of the next steps they could take if they were unhappy with the outcome of a complaint.

At our previous inspection on 12 December 2016, we also told the provider that they should make improvements so that they followed their own policies and procedures when they recruited staff. In addition, we told the provider they should undertake regular checks to ensure that clinical staff were appropriately registered with the relevant clinical body. We saw at this inspection that improvements had been made:

- The practice had a process in place to ensure relevant recruitment checks were carried out and recorded. Records we checked confirmed that improvements had been made.
- The practice now had a process in place to undertake regular checks to ensure that clinical staff were appropriately registered. Records we checked confirmed this.

Summary of findings

At this inspection, we found that there were some areas of practice where the provider still needed to make improvements. We also found that the practice's registration with CQC was not up to date.

Importantly the provider must:

- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity. For details, please refer to the requirement notice at the end of the report.

The areas where the provider should make improvements are:

- Complete the process for the registration of the partnership with the Care Quality Commission.
- Take steps to establish effective systems and processes of good governance in accordance with the fundamental standards of care in relation to the governance and management of significant events.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Dr SM Bhate and Dr H El-Shakankery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Inspector.

Background to Dr SM Bhate and Dr H El-Shakankery

The Care Quality Commission has registered Dr SM Bhate and Dr H El-Shakankery to provide primary care services. The practice provides services to just under 3,300 patients from one location. We visited this location on the day of our inspection.

- Riverview Health Centre, Borough Rd, Sunderland, Tyne and Wear, SR1 2HJ.

The practice is part of Sunderland clinical commissioning group (CCG) and provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. The practice population broadly reflects national averages for age distribution. There are, however, fewer than average patients under the age of 18.

The practice is located in a purpose-built surgery shared with one other GP practice and with other local services such as podiatry, district nurses and health visitors. The building is owned and managed by NHS Property Services Ltd and has entry level access and a car park for patients to use. All the services provided by Dr Bhate and Dr El-Shakankery are on the ground floor.

Information taken from Public Health England placed the area in which the practice was located in the most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 75 years, which is five years lower than the England average and the average female life expectancy is 80 years, which is three years lower than the England average. The percentage of patients reporting with a long-standing health condition is much higher than the national average (practice population 63%, national average 54%).

The catchment area of the practice also includes five homeless refuges (one of which is especially for residents with psychotic conditions), two assisted living homes and the European Centre For Autism, which offers residential care for young people with Autism up to the age of 21.

The practice has two GP partners (both male). There is one nurse practitioner (female), two practice nurses (both female), a practice manager and a team of six administrative and reception staff.

The surgery is open from 8.30am until 6pm from Monday to Friday. The telephone lines operate at all times during these opening hours. Outside of these times, a message on the surgery phone line directs patients to out of hours care, NHS 111 or 999 emergency services as appropriate.

Appointments with a GP are available as follows:

- Monday to Friday: 9am to 11am, 4pm to 5.30pm

The NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited (NDUC), provide the service for patients requiring urgent medical attention out of hours.

Detailed findings

Additional out of hours provision is available in the practice building and three other health centres in the CCG area from 6pm to 8pm Monday to Friday and 9am to 2pm on Saturday and Sunday. This is available to all patients in the locality.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr SM Bhate and Dr H El-Shakankery on 12 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of

our regulatory functions. The practice was rated as requires improvement for providing well-led care and good overall. The full comprehensive report following the inspection on 12 December 2016 can be found by selecting the 'all reports' link for Dr SM Bhate and Dr H El-Shakankery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection Dr SM Bhate and Dr H El-Shakankery on 7 February 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 16 December 2016, we rated the practice as requires improvement for providing well-led services as the governance arrangements in relation to significant events and complaints was not effective. We found that complaints were not always recognised and that low numbers of significant events were identified which limited the potential for learning. We also found that the practice did not always demonstrate an open and honest approach to significant events by providing patients with a written response in line with the duty of candour.

When we inspected the practice in February 2018, we identified continuing concerns in relation to these areas.

Governance arrangements

When we inspected the practice in December 2016, we found that the systems in the practice did not always support good governance and were not effective.

- When we inspected the practice in December 2016, the practice had not improved their approach to significant events since a previous inspection in January 2016. There were still low numbers of significant events identified; the practice set a high bar for taking incidents through this process. This limited the learning potential for the practice. In February 2018, we saw that the practice still identified low numbers of internal significant events. The practice had recorded two internal significant events at the practice since the last inspection. The GP's and the practice manager had met to review these events to see if any changes need to be made, following this they were discussed at staff meetings that were held every two months. For one of the events we saw that the practice manager and the GP had decided to change the referrals process used to ensure the issue did not reoccur. The practice had reported six external events on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS). The practice had reported six external events on the local SIRMS system. Minutes of the meetings we reviewed included very little detail of any discussion of these external events, and for most of these, no detail of any action taken by the practice. On

the day of the inspection, we discussed an issue that was noted in the minutes of a practice meeting that had not been recorded or managed as a significant event as it had the potential to impact on patient care.

- In December 2016, we found that the practice did not make a written response to patients detailing the outcome of incidents and complaints, to demonstrate an open and transparent approach to accounting for the care and treatment provided, in line with the duty of candour. In February 2018, we saw that the practice had not changed its approach to providing a written response to patients detailing the outcomes of significant events. The practice told us they updated patients verbally, however, they did not produce a written response that detailed the actions taken and the lessons learned by the practice in line with the duty of candour.
- Since we last inspected the practice, only one written complaint had been recorded. We reviewed the practice complaints policy; it was very brief and was not in line with recognised guidance. For example, the policy stated the practice only accepted written complaints and it did not include details of the next steps that patients could take if they were dissatisfied with the outcome of the complaint. We reviewed the practices' response to the written complaint they had reviewed. The practice had responded promptly but the letter had not included details of the next steps that patient could have taken if they were dissatisfied with the outcome of the complaint. This complaint had been discussed with the whole team at a practice meeting.
- The practice had introduced a protocol for verbal expressions of displeasure or complaints by patients in April 2017. A copy of the protocol was kept on the reception desk with a dedicated notebook for recording any such issues. We reviewed this book; no verbal complaints or comments had been recorded since the policy was introduced. The practice did not have a set procedure for monitoring the use of this book. The practice complaints leaflet was available if requested from reception staff, the information in the leaflet was difficult for patients to read due as it had been poorly copied.
- When we inspected the practice in December 2016, they did not make regular checks to ensure nursing staff were appropriately registered with the Nursing and Midwifery Council (NMC). In February 2018, the practice had

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introduced a system to carry out regular checks that clinical staff were appropriately registered with the relevant clinical organisations, records we saw confirmed this.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are 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	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular: • The practices complaints policy was not in line with national guidance. • The practice did not record verbal complaints. • The practice failed to advice people who complained of the next steps that they could take if they were unhappy with the practices response to a complaint. This was in breach of Regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.