

Dr R Khanchandani's Practice

Inspection report


The Blenheim Medical Centre
9 Blenheim Crescent
Luton
Bedfordshire
LU3 1HA
Tel: 01582404012
www.biscotgrouppractice.co.uk






Date of inspection visit: 12 March 2020
Date of publication: 25/05/2020

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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced focussed inspection at Dr R Khanchandani's Practice on 12 March 2020 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions

- Safe
- Effective
- Well led

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 inadequate overall and requires improvement for all population groups.

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

- The practice did not have clear systems, practices and processes to keep people safe
- Appropriate standards of cleanliness and hygiene were not met.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The practice did not have systems for the appropriate and safe use of medicines.
- The practice did not have a system to learn and make improvements when things went wrong.

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

- Care was not delivered and reviewed in a coordinated way. There were no formal care plans in place for patients.
- The uptake for cervical screening and baby immunisations was below the national targets.
- There was no overview of training completed. Some essential training had not been completed.
- There was no formal clinical overview for non-medical prescribers.

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

- There were concerns related to good governance within the practice.
- The practice did not always have clear and effective processes for managing risks, issues and performance.
- There was little evidence of systems and processes for learning, continuous improvement and innovation.
- The areas where the provider **must** make improvements are:
- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Improve the uptake for cervical screening, cancer screening and baby immunisations.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service as required to keep people safe and to hold the provider to account where it is necessary for us to do so.

Overall summary

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 included a GP specialist advisor, a practice manager specialist advisor.

Background to Dr R Khanchandani's Practice

Dr R Khanchandani's Practice provides a range of primary medical services to the residents of Luton from its location of The Blenheim Medical Centre, 9 Blenheim Crescent, Luton, Bedfordshire, LU3 1HA. Services are also provided from the branch site of The Link Surgery, 10 Wetherne Link, Hockwell Ring, Luton, Bedfordshire, LU4 9PE. The branch site was not visited as part of the inspection.

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. These are delivered from both sites.

Dr R Khanchandani's Practice is situated within the Luton Clinical Commissioning Group (CCG) and provides services to approximately 14,570 patients under the terms of a general medical services (GMS) contract. A GMS contract is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice has four male GP partners and employs a female salaried GP. The nursing team consists of three practice nurses and two health care assistants all female. The practice has a paramedic employed as an emergency care practitioner. There is a team of reception and

administrative staff all led by a practice manager. The practice is a training practice and currently has four GP registrars (GP registrars are qualified doctors training in general practice).

The practice population is one of mixed ethnicity with a higher than average number of patients aged under 44 years and a lower than average number over 65 years of age. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is open at The Blenheim Medical Centre from 8am to 6.30pm Monday to Friday. The Link Surgery is open from 8am to 6.30pm Monday to Thursday and from 8am to 6pm on Fridays.

Routine appointments with a GP, practice nurse or health care assistant can also be booked through the practice for the Luton Extended Access Service. This service operates on Monday to Friday evenings from 6pm to 9pm and on Saturdays and Sundays from 8.30am to 2.30pm at two local GP Practices.

When the practice is closed out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice had not undertaken DBS checks for reception staff who were carrying out chaperoning duties. There were no risk assessments in place to determine if a DBS check was needed dependent on their specific duties as a chaperone and the contact they had with patients, particularly children and vulnerable adults.• Recruitment checks were not carried out in accordance with regulations. We reviewed five staff files and found the practice had not obtained references to demonstrate satisfactory evidence of conduct in previous employment for two members of staff.• There was no system in place to check the ongoing professional registrations for clinicians. Professional registration was checked on employment. It was not checked annually when renewed by clinicians.• There were some gaps in essential training for staff. For example, there had been no fire safety training, basic life support training and no formal sepsis training for non-clinical staff.• The practice was not receiving or acting on MHRA patient safety updates.• There was no clinical oversight procedures in place to review the consultations and prescribing of the clinical staff including locums and non-medical prescribers. There were no prescribing audits or consultation records reviews.• There was no failsafe system in place for the monitoring of two-week wait referral requests to

Requirement notices

secondary care for an urgent appointment. No checks were made to ensure patients with a potential cancer diagnosis had received an appointment within the recommended timeframe.

- There were no formal care plans in place for patients. Patient records showed that care plans had been completed but there were none evident when we checked the patient computer system for them.
- There was no system in place for monitoring patients' health in relation to the use of medicines including high risk medicines. Some patients were overdue a review.
- Mitigating actions to reduce risk in the practice were not evident. For example,
 - For fire safety there were no fire alarm checks or emergency lighting checks. Fire doors were propped open with door wedges.
 - For the risk of transmission of legionella there were no water temperature checks and the risk assessment had not taken into consideration things like the condition of pipework and build-up of limescale on taps.
- Infection prevention and control concerns were found. For example,
 - There were cluttered surfaces in the treatment room that did not allow for the removal of dust.
 - There was no readily available information for sharps injuries to direct staff of the correct procedure to follow.
 - Soap and hand gels were not wall mounted.
- Significant events were not being identified. There were only three events recorded for the past 15 months, one of these was not directly related to the practice. We were aware the practice had to close for 24 hours for a deep clean following a potential contamination. This was not recorded this as a significant event.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

- There were concerns related to good governance within the practice.
- The leaders in the practice did not recognise that significant events should be logged, investigated and learnt from to improve patient safety.
- The policies and procedures in place were not sufficient to govern activity in the practice. For example,
 - The practice training policy had not identified what was considered mandatory training. This led to staff not receiving essential training for their roles.
 - There was no policy for monitoring patients' health in relation to the use of medicines including high risk medicines.
 - Recruitment procedures were not followed to ensure staff were safe to work in the practice.
- Risk assessments were not completed by people who had the necessary experience to do them. The risk assessments completed for fire safety and legionella did not identify necessary mitigating actions to reduce risk. There were no control of substances hazardous to health (COSHH) risk assessments for cleaning equipment kept in the practice or for practice consumables.
- An infection prevention and control (IPC) audit had not been completed for the branch site, The Link Surgery. The completed IPC audit for the main site, Blenheim Medical Centre, did not identify mitigating actions needed to improve IPC.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.