

Dr Surinder Sennik

Inspection report

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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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Dr Surinder Sennik, also known as Briset Corner Surgery on 22 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, following concerns raised. This report covers our findings in relation to those requirements. The practice was rated as requires improvement overall and for the safe, effective and caring key questions. The responsive key question was rated as good and the well-led key question was rated as inadequate.

Breaches of legal requirements were found, a requirement notice, and warning notice were issued in relation to patient safety, staffing and governance.

The reports of all the previous inspections can be found by selecting the 'all reports' link for Dr Surinder Sennik on our website at www.cqc.org.uk.

We have rated this practice as requires improvement overall and requires improvement for all population groups due to significant issues affecting all these groups.

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 and the public.

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

- There was a lack of governance arrangements to ensure that quality assurance processes were in place which led to improvements in patient outcomes.
- The practice culture did not effectively support high-quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and processes for managing risks, issues and performance.

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

- At the time of inspection, the practice did not stock the full list of suggested emergency medicines.
- The practice did not have clear and effective processes for managing risks, issues and performance.

- Not all staff had training in safeguarding, fire safety and infection control.
- The provider had not ensured appropriate recruitment checks had been carried for all staff.
- Not all staff had evidence of their immunisation status on file.

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

- The provider had not taken steps to ensure all staff had the knowledge to carry out their roles.
- There was no evidence of the practice reviewing processes in place to ensure activities resulted in quality improvements other than activities directed by the clinical commissioning group.

We rated the practice as **requires improvement** for providing a caring service because:

- Data from the GP Patient survey showed that the practice was below local and national averages in areas such as feeling treated with care and concern.
- The practice had identified less than 1% of the patients as being a carer.

We rated the practice as **good** for providing a responsive service because:

- Data from the national GP patient survey showed patients rated the practice in-line with other practices for all aspects of making an appointment at the practice.
- People's needs, and preferences were considered and acted on to ensure that services are delivered in a way that was convenient.

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.

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 adviser and Practice Manager specialist advisor.

Background to Dr Surinder Sennik

Dr Surinder Sennik, also known as Briset Corner Surgery is located at 591 Westhorne Avenue, London, SE9 6JX. The provider registered with the Care Quality Commission (CQC) in 2013 to provide the regulated activities of: diagnostic and screening procedures, treatment disease, disorder or injury, maternity and midwifery services, and surgical procedures.

The practice list size is 2355 patients. The staff team comprises one male GP partner (the provider), three part-time receptionists, a full-time practice nurse and a full-time acting practice manager. The practice also has a regular locum GP.

The practice is open from 8am to 7pm between Monday and Wednesday, and on Friday and from 8am to 8pm on Thursday. The practice has opted out of providing out-of-hours services; these services are provided by the locally agreed out-of-hours provider for the CCG.

The practice is a member of Greenwich Clinical Commissioning Group (CCG) and is one of 37-member practices. The National General Practice Profile states that of patients registered at the practice 8% are from an Asian background, 75% are white, 11% are black and a further 6% originate from mixed or other non-white ethnic groups. 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.

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 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>During the inspection we found that the practice was failing to provide safe care in accordance with the relevant regulations. In particular:</p> <p>The practice did not have a full supply of recommended emergency medicines. The following medicines were missing:</p> <p>benzylpenicillin (suspected bacterial meningitis); antiemetic (nausea and vomiting); dexamethasone (croup); furosemide or bumetanide (left ventricular failure).</p> <p>Three members of staff did not have evidence of safeguarding training in their training record.</p> <p>One member of staff did not have a record of a DBS check in their file.</p> <p>No record of immunisation for five members of staff.</p>

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	WARNING NOTICE
Surgical procedures	There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:
Treatment of disease, disorder or injury	Only one of the six staff files reviewed contained a record of staff immunisation.
	Three of the six staff files reviewed did not contained an appraisal. Of the two files that contained an appraisal one was completed in May 2016.
	A review of staff files revealed gaps in staff training and recruitment requirements.
	The practice's policies had not been maintained appropriately.
	The practice did not have an effective means of communicating with staff.
	Staff did not demonstrate knowledge of the roles and responsibilities of team members.
	Staff were not clear on the processes in place to manage safety alerts.
	The practice did not have a comprehensive programme of quality improvement. There was no evidence of the practice carrying out two cycle clinical audits or any other form of quality improvement work other than that directed by the CGG.