

Dr Aarron Patel

Inspection report

Ashton Gardens,
Chadwell Heath,
Romford
RM6 6RT
Tel: 02089180580

Date of inspection visit: Remote interviews 7 – 9
December 2021, Clinical interviews 13 December
2021, site visit 10 February 2022
Date of publication: 11/03/2022

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Dr Aaron Patel. A remote clinical records review was undertaken on 13 December 2021 and interviews with staff were held remotely on 7, 8 & 9 December 2021. Due to risks associated with the Covid-19 pandemic our visit to the practice premises was delayed until 10 February 2022. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Good

Caring – Good

Responsive – Good

Well-led - Requires Improvement

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

Why we carried out this inspection

We undertook an announced inspection to follow up on issues of concern that had been raised with us. We previously carried out announced inspections at Dr Aaron Patel in 2016 and 2017 and the practice was rated good overall and in safe, effective, well-led and caring key questions and requires improvement in responsive. Following our previous inspection on 25 September 2018, the practice was rated Good overall and for all key questions.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Requesting staff feedback using surveys.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

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

Overall summary

- 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

We found:

- Appropriate recruitment and monitoring checks had not been undertaken for all staff.
- Systems in place to monitor emergency equipment needed to be improved.
- There was not sufficient oversight of risk management activities related to the practice premises undertaken by the building managers, particularly fire risks and the fire policy contained out of date information.
- There was limited evidence of improvement to patient care stemming from quality improvement activity.
- Treatment of patients that had an acute exacerbation of asthma and were provided with rescue packs needed to be reviewed and improved.
- The practice supplied information which indicated that appointment availability had increased in recent months but acknowledged that the phone system generated difficulty for patients trying to access appointments.
- Rates of childhood immunisations and cervical screening were below target although the practice outlined plans in progress to improve uptake.

However, we also found that:

- There were appropriate safeguarding systems in place.
- The practice took appropriate action in response to significant events and patient safety alerts.
- Quality of care provided to most patients whose records we reviewed was of a good standard.
- Patient feedback available indicated that the practice respected patients' dignity and treated them with respect.
- There were systems in place to act on patient feedback and respond to complaints.
- Staff reported marked improvement in patient care and governance since new clinical leadership had been employed at the practice. Yet staff were not confident that this improvement would be sustained unless these members of staff became partners in the practice. We were told that an application to change the practice from a single handed GP to a partnership was in progress.

We found breaches of regulations. The provider **must:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should:**

- Increase quality improvement activity which aims to improve the quality of clinical care being delivered to patients.
- Arrange for regular all staff meetings.
- Maintain additional leadership capacity to ensure that improvements made to care and treatment outlined by staff are sustained.
- Act on the findings of staff and patient feedback on the limitations of the current telephone system, following through on its planned replacement and monitor the impact on patient care
- Continue with work to improve uptake of childhood immunisations and cervical screening.

Overall summary

- Review the systems for following up patients who have an acute exacerbation of asthma and for administering rescue packs .

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr Aarron Patel

Dr Aaron Patel is located at Chadwell Heath Health Centre, Ashton Gardens, Chadwell Heath, Romford, RM6 6RT. The practice is well served by local buses and is within easy reach of multiple railway stations providing direct access into Central London. Parking is available on site as well as on surrounding streets. At the time of our inspection we were told that the organisation, currently a single-handed practice, intended to become a partnership in the near future.

Other staff working at the practice include a practice manager; a locum GP, a locum pharmacist, a practice nurse, a health care assistant and reception/administration staff. The practice also had support of staff from the local Primary Care Network (Network two) including a clinical pharmacist, a social prescriber, a physiotherapist, a health and wellbeing coach, a care co-ordinator and a mental health practitioner.

The practice provides NHS primary care services to approximately 3300 patients and operates under a Primary Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice is part of the Barking and Dagenham GP Federation and the NHS North East London Clinical Commissioning Group (CCG). The practice was registered with the Care Quality Commission in October 2013 to carry out the following regulated activities: diagnostic and screening procedures and treatment of disease, disorder or injury.

The practice reception is open Monday-Friday between 8:00am-6:30pm and appointments are available between these times. Patients may book appointments by telephone or in person. When the practice is closed, patients are directed to contact the local out of hours service and NHS 111. Out of hours services, after hours and at weekends are provided by Havering GP Access Hub and the Hub may be contacted via a dedicated appointment booking telephone line or by calling NHS 111.

Information published by Public Health England shows that deprivation within the practice population group is in the fifth decile (five of 10). The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 55.8% Asian, 22.3% White, 15.5% Black, 4.3% Mixed, and 2.1% Other.

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 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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The practice did not have effective oversight of risks managed by the building owners; particularly those associated with fire.• Systems to ensure that emergency equipment was in working order and in date were not effective as we found the oxygen cylinder had expired and the defibrillator battery needed to be changed.• Systems for recruitment and monitoring of staff were not effective as checks on staff immunity had not been completed or adequately risk assessed, there was no system to monitor professional registrations and one member of staff had no references on file. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>