

Dr K Anantha-Reddy's Practice

Inspection report

1-2 Yeading Court
Masfield Lane
Hayes
UB4 9AJ
Tel: 02088451515

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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?

Inadequate



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced focused inspection at Dr K Anantha-Reddy's Practice on 19 October 2022, with the remote clinical review on 17 October 2022. Overall, the practice is rated as requires improvement.

Safe – Inadequate

Effective – Requires improvement

Caring – Not inspected, rating of good carried forward from previous inspection

Responsive – Not inspected, rating of good carried forward from previous inspection

Well-led – Requires improvement

Following our previous inspection on 21 November 2019, the practice was rated good overall and for the safe, caring, responsive and well-led key questions and requires improvement for the effective key question.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr K Anantha-Reddy's practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection and in response to risk identified.

This was a focused inspection focusing on whether:

- Care and treatment was being provided in a safe way to patients.
- There were effective systems and processes in place to ensure good governance in accordance with the fundamental standards of care.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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 overall.

We have rated this practice as Inadequate for providing safe services because:

- We found issues with the monitoring of patients prescribed some high risk medicines.
- We found that the system for managing and acting on Medicines and Healthcare Products Regulatory Agency (MHRA) alerts was not always effective.
- We identified issues with the monitoring and management of over-usage of medicines.
- We identified some gaps in relation to staff member immunisations. We found that the staff immunisation programme was not implemented as per UK Health Security Agency guidance.
- We found gaps in staff training records in relation to safeguarding, infection prevention and control and information governance training. We did not see evidence that the practice nurse had completed safeguarding adults and children training. We found that non-clinical staff had not completed safeguarding children training to the appropriate level.
- We found that the system for the storage of vaccinations was not consistent with Public Health England guidance.
- We found that the practice did not have an effective system for the monitoring of fridge temperatures.
- We found that the process for monitoring emergency medicines was not sufficient as we found out of date medicines and supplies.
- We identified that the system for monitoring two week wait referrals was not effective.

We have rated this practice as Requires improvement for providing effective services because:

- We identified issues with the monitoring and management of long-term conditions, in particular in relation to patients with chronic kidney disease (CKD) stages four or five, patients with hypothyroidism, patients with acute exacerbation of asthma and potential missed diagnosis of diabetes.
- The practice had worked towards providing effective care for patients during the Covid-19 pandemic.
- The practice had not met the minimum 90% uptake for all of the childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity).
- The practice uptake for cervical screening was below the 80% coverage target for the national screening programme.
- The practice was working towards improving uptake and reducing barriers to childhood immunisations and cervical screening.

We have rated this practice as Requires improvement for providing well-led services because:

- The practice had a governance framework, however it was not always effectively managing risks. These included the risks associated with the monitoring of patients on high risk medicines, actioning of patient safety alerts, ensuring that staff training was up to date and to the correct level, ensuring staff immunisations were in line with guidance, having an effective system for monitoring of two week wait referrals, monitoring of emergency medicines and vaccinations, ensuring an effective system for storage of vaccinations and management of long-term conditions.
- The practice was not always keeping comprehensive clinical records, with medication reviews not always completed in detail in the medical records, including not displaying that all monitoring was up to date or requested and that any relevant safety information or advice had been addressed.
- Actions were taken to support the maintenance of the service during the Covid-19 pandemic.
- Staff spoke positively about their employment at the practice and felt supported.

Overall summary

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

In addition to the above, the provider **should**:

- Continue to conduct routine fire, health and safety and legionella risk assessments and follow up on actions identified in the reports.
- Continue with plans to improve uptake of childhood immunisations and cervical screening.
- Review infection control processes, in particular in relation to storage of cleaning products and assembly of sharps bins.
- Continue to arrange training for an additional member of staff in the summarising of notes to allow for appropriate cover.
- Review the internal data logger and ensure that it was functional.
- Review the process for the reporting and recording of significant events.
- Review the process for the recording and coding of do not attempt resuscitation (DNACPR) decisions and review decisions on an annual basis.
- Improve engagement with the patient participation group (PPG).

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

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 adviser who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr K Anantha-Reddy's Practice

Dr K Anantha-Reddy's Practice, also known as Yeading Court Surgery, is located in the Hillingdon Local Authority. The premises are located in a residential area with transport links. The practice is registered with the CQC to provide the regulated activities: diagnostic and screening services, maternity and midwifery services, and treatment of disease, disorder or injury. The practice is situated in the North West London Clinical Commissioning Group (CCG) and provides services to approximately 5,335 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. There are two GP partners, a nurse practitioner, a phlebotomist, a practice manager and a team of administrative and reception staff. The practice utilises the services of a Primary Care Network (PCN) clinical pharmacist and PCN pharmacy technician. According to the latest data available, the ethnic make-up of the practice is 40.3% White, 34.5% Black, 16.3% Asian, 4.8% Mixed and 4.2% Other ethnic groups. Information published by the UK Health Security Agency (UKHSA) rates the deprivation within the practice population groups as four, on a scale of one to ten. Level one represents the highest level of deprivation and 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 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 Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Not all systems and processes were established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>How the regulation was not being met:</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice was not always keeping accurate or comprehensive clinical records. In particular, medication reviews were not always completed in detail, including not identifying that monitoring was up to date or requested and that any relevant safety information or advice had been addressed.• The practice systems for ensuring that staff training was kept up to date and to the right level were not always effective. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>In particular we found:</p> <ul style="list-style-type: none">• We found issues with the monitoring of patients prescribed some high risk medicines.• The practice did not always have effective systems and processes in place for the management of patients with long-term conditions, in particular patients with chronic kidney disease (CKD) stages four of five, patients with hypothyroidism and patients with acute exacerbation of asthma.• We found that the system for managing and acting on Medicines and Healthcare Products Regulatory Agency (MHRA) alerts was not always effective to ensure that patients' healthcare needs were met.• We identified issues with the monitoring and management of over-usage of medicines, in particular benzodiazepines and Z-drugs.• We found that the system for the storage of vaccinations was not consistent with Public Health England guidance.• The practice recruitment systems were not always effective, in particular in relation to staff immunisations. We were not assured that staff immunisations were implemented as per UKHSA guidance.• We found that the practice did not have an effective process for the monitoring of fridge temperatures.• We found that the practice had not ensured that there were appropriate systems in place to ensure that medicines and supplies kept in the emergency medicines box on site were in date.• We identified that the system for monitoring two week wait referrals was not effective.

This section is primarily information for the provider

Enforcement actions

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