

Dr Anita Sharma

Inspection report


Chadderton South Health Centre
Eaves Lane, Chadderton
Oldham
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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced inspection at Dr Anita Sharma on 22 April 2021. Overall, the practice is rated as inadequate with the following key question ratings:

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive – Requires improvement

Well-led - Inadequate

Previously, an inspection was carried out on 14 June 2019. The practice was rated inadequate and placed into special measures. Two warning notices and a requirement notice were issued. We re-inspected the practice on 7 February 2020 and found the required improvements had been made. The practice was rated good overall and in all key questions, and it was removed from special measures.

On 20 January 2021 we carried out an unrated focused inspection. This was following a Transitional Monitoring Approach (TMA) assessment where possible risks to patient safety had been identified. We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued warning notices in respect of Regulation 12 (safe care and treatment) and 17 (good governance) and a requirement notice in respect of Regulation 19 (fit and proper persons employed).

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

Why we carried out this inspection

This inspection was a comprehensive inspection of all five key questions. We followed up on the breaches of regulations we found in our previous inspection and also looked at areas of risk highlighted to us

How we carried out the inspection/review

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 and telephone calls
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records remotely to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider

Overall summary

- A site visit.

Our findings

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 Inadequate for all population groups.

At this inspection, on 22 April 2021, we found the required improvements had not been made following the inspection on 20 January 2021. In addition, we identified further areas of concern.

We rated the provider as **inadequate** for providing safe services. Clinical staff were not correctly authorised to administer certain medicines. Some patients prescribed high risk medicines were not being appropriately monitored. Checks on the competence, training and experience of clinical staff were not routinely undertaken prior to them working at the practice. Not all pre-recruitment checks were carried out. Some significant event forms had been misplaced and full investigations had not been carried out.

We rated the provider **inadequate** for providing effective services. The on-going clinical needs of patients were not managed consistently due to required monitoring not always taking place. Patients with poor mental health had consultations with a pharmacist who had not provided evidence of being sufficiently trained. Patients with potentially missed diagnoses were found. No formal checks were carried out on the competence of clinicians.

We rated the provider **good** for providing caring services. Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the provider **requires improvement** for providing responsive services. Complaints were not handled in a satisfactory manner.

We rated the provider **inadequate** for providing well-led services. The practice had not made the improvements required following the inspection of 20 January 2021. Significant event and complaints information was missing so the practice could not confirm appropriate action had been taken. There was no Freedom to Speak Up Guardian and some staff had not heard of one. Some policies were inaccurate, lacked sufficient detail, or were not being followed. There was no system to identify staffing risks. The required training of clinical staff was not monitored. There was no system of quality assurance within the practice, and the governance systems in place were not effective in that safety risks had not been identified.

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

- 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.

Overall summary

- Ensure persons employed by the service provider are of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them and have all the information required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to the breaches of regulation identified we will be carrying out further enforcement action against the provider.

I am again placing this service in special measures. The Care Quality Commission will refer to and follow its enforcement processes in taking action reflecting these circumstances.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted.

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	Inadequate	
People with long-term conditions	Inadequate	
Families, children and young people	Inadequate	
Working age people (including those recently retired and students)	Inadequate	
People whose circumstances may make them vulnerable	Inadequate	
People experiencing poor mental health (including people with dementia)	Inadequate	

Our inspection team

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

Background to Dr Anita Sharma

Dr Anita Sharma is located in Oldham at:

South Chadderton Health Centre

Eaves Lane

Chadderton

Oldham

OL9 8RG

We visited this address as part of the inspection activity.

The provider is registered with the 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.

The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). It delivers commissioned services under a Primary Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. At the time of our inspection there were 3,386 patients registered with the practice.

The provider is registered as an individual. The provider is a female GP assisted by two long-term male locum GPs. There is a regular locum practice nurse who works two sessions a week and a healthcare assistant who works six hours a week. A pharmacist had worked at the practice two days a week, and they had consultations with patients for a variety of mental and physical health needs. Following the inspection the pharmacist told us they had left the practice. There is a practice manager who had started at the practice in February 2021. There are currently four administrative and reception staff; one staff member is on maternity leave.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments are telephone consultations. If the GP needs to see a patient face-to-face an appointment is made.

The National General Practice Profile states that 87% of the practice population are of white ethnicity, and 9% are Asian.

Information published by Public Health England rates the level of deprivation within the practice population group as level four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.

Extended access is provided locally by a separate provider. Late evening and weekend appointments are available.

The practice is a training practice.

Enforcement actions

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 Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of service users receiving care or treatment and had not done all that is reasonably practicable to mitigate any such risks. In particular:</p> <ul style="list-style-type: none">• Not all relevant Medicines and Healthcare Products Regulatory Agency (MHRA) alerts had been sufficiently actioned.• Patients prescribed high risk medicines did not always receive the required monitoring.• Not all patients were correctly coded which meant patients with long term conditions such as diabetes were not always invited for routine checks.• An investigation had not taken place to ensure a delivery of unsafe vaccines had not been administered to patients.• Relevant information was not included in the infection control policy.• A clinician who worked unsupervised with patients did not have an enhanced Disclosure and Barring Service (DBS) check in place. <p>The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. In particular:</p> <ul style="list-style-type: none">• Although NHS Property Services had responsibility for some aspects of building safety the provider did not hold any health and safety risk assessments for their specific area of the building.• The fire warden did not work full-time. <p>The provider had failed to ensure the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• The provider did not have effective arrangements in place for authorising the practice nurse or pharmacist to administer medicines.

Enforcement actions

The provider had failed to ensure persons providing care or treatment to patients have the qualifications, competence, skills and experience to do so safely. In particular:

- No checks had been sought or were available to confirm the pharmacist had the required training, skills or experience to carry out their role.
- Not all staff had completed training in fire safety or infection prevention and control.

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

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:

The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:

- Inaccurate information was included in policies such as the safeguarding and infection control policies.
- Policies such as the recruitment policy and complaints policy were not being followed.
- The system to ensure all staff received appropriate training was not effective.
- The system for authorising practitioners to administer certain medicines was not effective.
- There was no Freedom to Speak Up Guardian to provide support and advice to staff who want to raise concerns.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying out of the regulated activity. In particular:

Enforcement actions

- The system for making improvements following significant events and complaints was not effective. We found missing documentation and no record of appropriate action being taken.
- Previous breaches of regulation identified had not been monitored so the required improvements had not been made.

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

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had failed to have systems and processes in place to ensure staff were of good character or had the required qualifications, skills or experience required for their role. In particular:

- Not all information required under Schedule 3 was requested or held for staff.

The provider had failed ensure all clinicians were registered with the relevant professional body. In particular:

- The practice did not hold and had not sought evidence that the pharmacist, who had consultations with patients, was registered with the relevant professional body.

The provider had failed ensure staff had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. In particular:

- The practice had not requested confirmation of the training, experience and competence of all clinicians.

This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.