Shanti Medical Centre

Quality Report

160 St Helens Road
Bolton
BL3 3BH
Tel: 01204 665354
Website : www.shantimedicalcentre.nhs.uk

Date of inspection visit: 28 March 2018
Date of publication: 16/05/2018

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.

Contents

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shanti Medical Centre on 8 November 2017. The overall rating for the practice was Inadequate and the practice was put into special measures. Three warning notices were served against regulations 12 (Safe Care and Treatment), 13 (Safeguarding) and 19 (Fit and Proper Persons). In addition, a Notice of Decision was served with a condition on the providers' registration relating to regulation 17 (Good Governance). The full comprehensive report on the November 2017 inspection can be found by selecting the 'all reports' link for Shanti Medical Practice on our website at www.cqc.org.uk.

This was an announced, focused inspection carried out on 28 March 2018. We went back to inspect whether the practice had carried out their plan to meet the legal requirements in relation to the breaches that were identified at our previous inspection in November 2017. At this inspection we reviewed only the concerns contained in the three warning notices and relevant to regulations 12, 13 and 19. This report covers our findings in relation to those requirements. This focused follow up inspection does not result in any ratings being changed; these will be fully reviewed at a future full comprehensive inspection. However we found that on this focused inspection little or no improvements had been made since our last inspection and the warning notices had not been met.

Key findings

The practice was not rated at this inspection and the ratings remain the same.

Our key findings were as follows:

- There was no evidence of improvement or action to address a number of the concerns contained in the three warning notices.
- There was still no clear system to manage risk so that safety incidents were less likely to happen. When something went wrong, people were not always told. Safety was still not a sufficient priority and there was no monitoring of significant incidents.
- There was very limited monitoring of the effectiveness and appropriateness of the care provided at the practice. There was minimal evidence to support that care and treatment was being delivered according to evidence-based guidelines.
- Learning needs of staff remained an issue and they were not being fully supported.As at the previous inspection reception staff still did not have the right qualifications, skills, knowledge and experience to do their job effectively.This was particularly relevant in relation to Regulation 13 (Safeguarding).
- Staff files we looked at did not contain appropriate information to meet the requirements of Regulation 19 (Fit and Proper Persons).
- Leaders were still not working together for the benefit of the service and that affected the requirements of the regulations pertaining to the three warning notices.

This service was placed in special measures in November 2017. Insufficient improvements have been made such that the warning notices have not been met. Practices placed in special measures are fully re-inspected within six months and if improvements are not made we may take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This could lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will be kept under review and if needed could be escalated to urgent enforcement action.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Shanti Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team for this focused inspection consisted of a CQC lead inspector and a GP specialist adviser.

Background to Shanti Medical Centre

Shanti Medical Centre was previously inspected on 8 November 2017 when the overall rating for the practice was Inadequate and they were placed into special measures. At that time we served three warning notices against the provider relating to Regulation 12 (Safe Care and Treatment), Regulation 13 (Safeguarding) and Regulation 19 (Fit and Proper Persons). In addition we served a notice of condition against the provider's registration relating to Regulation 17 (Good Governance). The full comprehensive report on the November 2017 inspection can be found by selecting the 'all reports' link for Shanti Medical Practice on our website at www.cqc.org.uk.

Shanti Medical Centre is a purpose built location that delivers regulated services at 130 St Helens Road Bolton BL3 3PH. The practice provides primary medical services under a General Medical Services contract to approximately 6,700 people in the immediate and surrounding areas of Bolton. More than 30% of the population are under the age of 18 years and less than 20% are over the age of 50 years. A large percentage of patients (approximately 76%) are from black and minority ethnic groups and the practice is located in an area that is number two on the scale of deprivation. People living in more deprived areas tend to have greater need for health services.

The practice is open Monday to Friday from 8am until 7.15pm. Since the previous inspection the practice has been opening on time at 8am. On-the-day appointments can be booked over the telephone and at reception and advance appointments can also be booked by telephone and on-line. There are two male and one female GPs providing 23 appointment sessions each week with six sessions on Mondays to meet demand. The practice also provides telephone appointments and triage appointments each day. When the practice is closed patients are directed to the Out of Hours Service.

Other services include chronic disease management, immunisation, vaccination, well person and new patient checks. There is a practice nurse and health care assistant and a number of reception staff to support the GPs but there is no practice manager.

Full details about the practice can be found on their website www.shantimedicalcentre.nhs.uk

Why we carried out this inspection

We undertook a comprehensive inspection of Shanti Medical Centre on 8 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Inadequate. The full comprehensive report following the inspection in November 2017 can be found by selecting the 'all reports' link for Shanti Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Shanti Medical Centre on 28 March 2018. This inspection was

Detailed findings

carried out to review in detail what actions had been taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 8 November 2017, we rated the practice as Inadequate for providing safe services because care and treatment was not being provided in a safe way or in line with current guidance. Specifically we found concerns around incident reporting, monitoring and managing risks, appropriate use and management of medicines and infection control.

There was no significant improvement when we undertook this follow up inspection on 28 March 2018. We did not rate the practice at this inspection and they remain in special measures.

Practice managers had been brought in on a part time basis but there continued to be a lack of managerial oversight. Since our inspection in November 2017 there had been no clinical audit, limited assessment of the service provided and a poor governance structure that meant concerns and issues were not routinely identified and services did not improve as a result.

Lessons learned and improvements made

At this inspection we found that lessons were not learned, improvements were not made and requirements of the warning notices were not met.

- No incident reporting was taking place.We spoke to clinical and medical staff who told us they understood their role and responsibility in this regard.However, a number of incidents were described that had not been reported.One member of medical staff told us there was no point in documenting and reporting incidents because there was no one to discuss them with.
- A member of clinical staff did not understand what should be reported but then gave an example of an incident when directed to the Care Quality Commission (CQC) myth busters.
- Non clinical staff did not understand the process or what should be reported or to whom.
- We could not find a policy/procedure although we were told there was one in place.
- There had been no evidential change or improvement since the last inspection and emphasis appeared to be on blame rather than learning.The shared drive did not contain any reported incidents since our previous inspection.

Safety systems and processes

- There continued to be a lack of systems in place to keep patients safe and safeguarded from abuse. There continued to be no incident reporting or learning from errors taking place.
- There continued to be a lack of understanding about policies and procedures. Reception staff had signed to say they had read and understood policies such as chaperoning, safeguarding, induction and repeat prescribing.When they were asked about safeguarding and chaperoning their understanding was limited despite the fact that they had undergone on-line training.All members of staff we spoke with said they knew where to access policies and procedures but they could not show us
- With regards to training staff had been told to work their way through on-line training but there was no checking of competencies. The certificates on their personnel files evidenced that they were working their way through A-Z rather than doing training in order of importance. For example, we saw certificates for training done by non-clinical staff such as anaphylaxis, bullying, conflict resolution, display equipment, equality and diversity, fraud and information governance. Most had completed training up to Equality and Diversity but none had yet reached safeguarding. Because of this the system to safeguard children and vulnerable adults from abuse was still not satisfactory and reception staff had still not undertaken safeguarding training, despite the practice being issued with a warning notice in this regard.
- There was still no evidence of appropriate recruitment checks despite the fact that a warning notice was issued following the previous inspection.A new member of staff had been temporarily employed into a reception role from an agency.There was a personnel file for this member of staff but no evidence of appropriate recruitment checks such as a CV, photographic ID, or Disclosure and Barring Service (DBS) Check (DBS

Are services safe?

- Staff who acted as chaperones were still not appropriately trained for the role.When we spoke to the most recently employed member of staff they did not understand the responsibility of the role, despite having completed on-line training.
- The system to manage infection prevention and control remained unsatisfactory.No one was responsible in this area.There was no regular infection control audits, no infection control lead and neither clinical nor administration staff had undertaken infection control training.The system to safely manage healthcare waste was not effective and bins for clinical waste contained non-clinical waste. In one of the rooms an old nail brush was seen as being used at the sink alongside an old, half used tube of lubricant with no lid on it.

Risks to patients

Risks to patients and staff were not assessed and due processes were either not in place or were not being followed.

- Gas and electrical safety checks had taken place since the previous inspection. Equipment and facilities had also been checked since the previous inspection but we found plugs that had been missed during the process.
- At the previous inspection we found that legionella checks had not taken place even though there was a shower within the premises.A legionella check had still not been undertaken at the time of this inspection.
- We found additional risks to patients that were not being managed.Clinical rooms were not locked and unidentified people entering or leaving the building were not being monitored.In unlocked clinical rooms, and unlocked drawers we found patient identifiable information, printed patient histories, a written, signed, but uncollected prescription and blank prescriptions within printers. Clinical rooms remained unlocked at all times, even when the practice was closed.
- No safety risk assessments had been undertaken with regard to health and safety or fire safety since the previous inspection and no actions had been taken to mitigate the previously identified risks. There was still no one with overall responsibility to identify any risk or ensure that action was taken.
- There was still no in-house fire safety or health and safety training.There were no regular checks of the fire and smoke alarms.

Safe and appropriate use of medicines

- There had been some improvement regarding the safe and appropriate use of medicines.Non clinical staff no longer authorised acute prescriptions and repeat prescribing was mostly undertaken by an incoming pharmacist.
- The member of staff working outside their competencies at the previous inspection had prescribing removed from their duties and was providing treatment in accordance with patient specific directions.However, their job description had still not been personalised and there was no evidence of medical indemnity for that employee.
- Each clinician was responsible for whatever they received with regards to patient safety alerts or medical alerts from the MHRA.There were no meetings, discussions or checking processes to ensure that appropriate guidance was being followed.
- There was no evidence that guidelines were being followed for the management of Sepsis.There was no guidance for non-clinical staff on red flags, or dangers to be aware of, when patients presented their symptoms at reception or over the telephone.

Are services effective?

(for example, treatment is effective)

Our findings

This was a focused inspection and we did not inspect this domain.

Are services caring?

Our findings

This was a focused inspection and we did not inspect this domain.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

This was a focused inspection and we did not inspect this domain.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

This was a focused inspection and we did not inspect this domain.