

# Dr Shabir Bhatti

### **Quality Report**

Bermondsey Spa Medical Practice 50 Old Jamaica Road London SE16 4BN Tel: 0203 0498910

Website: www.drsabhatti.co.uk

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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 service	Good	
Are services safe?	Good	

# Summary of findings

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## Overall summary

#### **Letter from the Chief Inspector of General Practice**

Dr Shabir Bhatti received a comprehensive inspection on 15 October 2015. The overall rating for the practice was inadequate. The practice was placed in special measures and was found to be in breach of seven regulations. Requirement notices were set for regulations 12, 13, 15, 16, 17, 18 and 19 of the Health and Social Care Act 2008. Since the October 2015 inspection the registered provider of the practice changed from Dr Shabir Bhatti to a partnership of Dr Shabir Bhatti and Dr Bilal Bhatti.

We carried out an announced comprehensive inspection of Dr Shabir Bhatti on 3 November 2016. Significant improvements were found and the overall rating for the practice was good. However, the practice was rated as requires improvement for providing safe services. This was because the provider did not have a defibrillator available at the practice or an appropriate risk assessment to indicate how they would deal with a medical emergency that required one. We also found that procedures for checking medicines and equipment taking on home visits, identifying carers and recording multidisciplinary team meeting discussions required a review.

The full comprehensive report can be found by selecting the 'all reports' link for Dr Shabir Bhatti on our website at www.cqc.org.uk.

This inspection was an announced desk-based follow up inspection carried out on 25 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation 12 that we identified in our previous inspection on 3 November 2016. This report covers our findings in relation to those requirements and also where additional improvements have been made since our last inspection.

Overall the practice is rated as good. Specifically the practice was now found to be good for providing safe services.

Our key findings were as follows:

- The practice had access to an automated external defibrillator (AED) for use in medical emergencies.
- The practice had implemented formal procedures for checking equipment and medicines taken on home visits, to ensure they were safe for use and accessible.
- Minutes of multi-disciplinary meetings were kept, however they did not contain sufficient contents of the discussions or resulting action points. The practice had reviewed this after the inspection.

# Summary of findings

• The practice had implemented a new system for identifying carers which was laid out in their carers' identification protocol. A carers' notice board had been provided in the waiting area. The practice had currently identified 70 carers which was 0.65% of the practice population.

However, there were areas of practice where the provider needs to make improvements.

The provider should:

- Ensure that minutes of multi-disciplinary meetings contain sufficient detail to capture contents of discussions and resulting action points.
- Ensure ongoing identification of carers so that the needs of carers can be met.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

#### Are services safe?

The practice is rated as good for providing safe services.

The practice had provided an automated external defibrillator (AED) for use in medical emergencies. The practice had implemented formal procedures for checking equipment and medicines taken on home visits, to ensure they were safe for use and accessible.

Good





# Dr Shabir Bhatti

**Detailed findings** 

## Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

## Background to Dr Shabir **Bhatti**

The practice operates from a single location in Bermondsey, south east London. It is one of 49 GP practices in the Southwark Clinical Commissioning Group (CCG) area. There are approximately 10,800 patients registered at the practice.

The building is a purpose built health centre, managed by NHS Property Services Ltd. The practice has a contract to provide personal medical services (PMS) with NHS England and Southwark CCG and provides a number of enhanced services. Enhanced services require an increased level of service provision above what is normally required under the core GP contract. These enhanced services include childhood vaccination and immunisation, flu and pneumococcal immunisations, extended hours and minor surgery. The practice offers a private service for the circumcision of male babies under the age of 13 weeks.

The practice has a larger than average population of patients aged between 20 and 40 years, and a higher than national and CCG average representation of income deprived children and older people. Life expectancy is 78 for males and 84 for females, which are similar to the national average life expectancies of 79 for males and 83 for females. The population consists of a range of different ethnicities, around 30% white British; 60% African or mixed African Caribbean and Mexican, Chinese, Japanese and South American patients.

The practice clinical team is made up of a two male GP partners, one male and one female salaried GP, a female practice nurse, a female health care assistant (HCA), a phlebotomist, osteopath and a counsellor. The clinical team is supported by a practice manager, nine reception/ administrative staff members and a medical secretary. The practice is a teaching practice, and has medical students attached to the practice for short periods.

The practice is open between 8.00am and 6.30pm Monday to Friday. It offers extended hours from 7.00am to 8.00am Monday and from 6.30pm to 7.30pm on Tuesday for patients who are not able to access appointments at the practice during normal opening hours. Routine and urgent appointments are available throughout the day. The practice is closed at weekends and on bank holidays. When the practice is closed, patients are directed to South East London Doctors On Call (SELDOC) or NHS 111.

The partnership is registered to carry on the regulated activities of diagnostic and screening procedures, surgical procedures and treatment of disease disorder or injury.

# Why we carried out this inspection

We undertook a comprehensive inspection of Dr Shabir Bhatti on 3 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice had previously been in special measures, so the inspection was carried out to consider if all regulatory breaches in the previous inspections had been addressed, and to consider whether sufficient improvements had been made to bring the practice out of special measures.

At the inspection on 3 November 2016 we found significant improvements had been made. The practice was rated as

## **Detailed findings**

good overall and they were rated as requires improvement for providing safe services. A requirement notice was issued in relation to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The full comprehensive report following the inspection on 3 November 2016 can be found by selecting the 'all reports' link for Dr Shabir Bhatti on our website at www.cqc.org.uk.

We undertook this follow up desk-based inspection of Dr Shabir Bhatti on 25 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# How we carried out this inspection

We carried out a desk-based focused follow- up inspection of Dr Shabir Bhatti on 25 October 2017.

This involved reviewing evidence that:

- The practice could demonstrate that they were able to adequately respond to a medical emergency that required defibrillator.
- The practice had robust systems in place for use of equipment and medicines taken on home visits.
- Minutes were being kept to evidence frequency and content of multi-disciplinary meetings.
- Carers were being identified and recorded to ensure their needs are known and were met.



## Are services safe?

# **Our findings**

At our previous inspection on 3 November 2016, we rated the practice as requires improvement for providing safe services as the practice did not have adequate assurances that they could respond to a medical emergency that required a defibrillator. The practice told us that as emergency services could arrive within 8 minutes they did not consider that a defibrillator was required. We also found that the practice did not have clear systems in place for checking equipment and medicines taken on home visits.

During the inspection on 25 October 2017, we found that the practice had acted on previous concerns. As a result, the practice is now rated as good for providing safe services.

### Overview of safety systems and process

The practice had implemented formal procedures for checking equipment and medicines taken on home visits, to ensure they were safe for use and accessible. The practice had developed a 'home visits bag' to take on home visits with agreed equipment, medicines and stationary that may be required. They shared their 'home visits bag protocol' which detailed the contents of the bag and planned to do daily checks on the bag contents so that it was fully stocked. Equipment and medicines in the home visits bag were formally checked in line with the practice's equipment maintenance and portable appliance testing policies.

### Arrangements to deal with emergencies and major incidents

Since the previous inspection, the GPs had conducted a verbal risk assessment to review whether a defibrillator was required. Following this, arrangements were made so that the practice had access to an automated external defibrillator (AED) for use in medical emergencies.