

Dr Kumudini Khare

Inspection report

Stoneydelph Health Centre
Ellerbeck, Stoneydelph
Tamworth
B77 4JA
Tel: 01827892809

Date of inspection visit: 31 October 2023
Date of publication: 07/12/2023

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?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at Dr Kumudini Khare on 31 October 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring- good

Responsive - requires improvement

Well-led - requires improvement

Our last inspection took place on 21 December 2015 and the practice was rated good overall and for all key questions. The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Kumudini Khare on our website at www.cqc.org.uk.

Why we carried out this inspection.

We carried out this inspection in line with our inspection priorities.

The focus of inspection included:

- The safe, effective, caring, responsive and well led domains.
- Areas followed up on the 'shoulds' identified in previous inspection.

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 site visit.
- Staff questionnaires.
- Information provided to the Care Quality Commission by other stakeholders, such as patient feedback, Healthwatch and the local Integrated Care Board.

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

Overall summary

- information from the provider, patients, the public and other organisations.

We found that:

- Safeguarding systems were in place and staff demonstrated a clear understanding of the reporting and recording processes. However, not all staff had completed training at the appropriate level for their role.
- Not all staff recruitment checks, in particular locums, had been carried out in accordance with regulations.
- Most health and safety risk assessments had been carried out and appropriate actions taken to mitigate identified safety risks for patients and staff.
- Not all staff were up to date with essential training requirements according to the staff training matrix.
- The practice had a good uptake rate for most child immunisations with the exception of those aged 5 for measles mumps and rubella.
- Staff dealt with patients with kindness and respect and communicated in a way that helped patients to understand their care, treatment and condition.
- Four of the national GP patient survey finding indicators were below the England averages in respect of; ease to get through to the practice by phone, overall experience of making an appointment, satisfaction with the appointment times and by the appointment offered by the practice.
- Staff felt valued and supported in their work and found leaders approachable, supportive and visible.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure care and treatment is provided in a safe way to patients.

The provider **should**:

- Implement a strategy to improve childhood immunisations for those aged 5 years.
- Consider a strategy to improve the uptake of cervical screening.
- Evaluate the National GP patient survey results for the practice and implement an improvement strategy.
- Implement measures to encourage a patient participation group.

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 Health 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 Kumudini Khare

Dr Kumudini Khare is located in Tamworth, Staffordshire:

Stoneydelph Health Centre

Tamworth

Staffordshire

B77 4JA

The provider is registered with CQC to deliver the Regulated Activities: diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice offers services from within a purpose-built health centre that is shared with two other GP practices, a dental practice and various community nurse services. The property is owned and serviced by NHS Properties.

The practice is situated within the Staffordshire and Stoke On Trent Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of around 2,400. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fourth lowest decile (4 out 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 1% Asian, 0.8% Black, 1.4% Mixed, 0.2% Other and 96.7% White.

The practice clinical team consists of a lead GP, a nurse practitioner and advanced nurse practitioner. The clinical team are supported at the practice by a small team of a GP assistant/receptionist a senior receptionist and care co-ordinator and 2 reception/administration staff. The practice manager provides managerial oversight.

The practice is open between 8am to 6pm Monday to Friday and enhanced hours held on Tuesday mornings between 7am to 8am. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Out of hours services are provided via NHS 111.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• Not all staff had completed the level of safeguarding adults and children required for their role.• The practice safeguarding register was not verified with the local safeguarding social workers to ensure safeguarding information was accurate and up to date.• Not all staff were up to date with their training which included fire safety training, online basic life support training, infection prevention and control or learning disability training.• There were some deficiencies in the system of responding to patient medicine safety alerts and in the detailing of patient medicine reviews within the consultation records.• A lack of blood test monitoring and patient recall systems were seen for a small number of patients.• There was a lack of a formal system to document and review competency in all staff with enhanced or extended roles.• No formal improvement plan was in place for cervical screening and for the 5-year-old childhood immunisations uptake strategy.• Four of the national GP patient survey finding indicators were below the England averages in respect of; ease to get through to the practice by phone, overall experience of making an appointment, satisfaction with the appointment times and by the appointment offered by the practice.• There was no evidence seen that progress against delivery of a practice strategy was monitored. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

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

The registered person had not ensured that all the information specified in Schedule 3 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed in

particular:

- We saw gaps in the recruitment records for locum GP staff and in records of staff vaccination and immunity histories or a relevant risk assessment.

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