

# Dr Pritpal Bath

## Inspection report

49 Ashcroft Road  
Stopsley  
Luton  
LU2 9AU  
Tel: 01582391831

Date of inspection visit: 21 July 2022  
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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?

Requires Improvement



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inadequate



# Overall summary

We carried out an announced inspection at Dr Pritpal Bath on 21 July 2022. Overall, the practice is rated as inadequate.

We rated each key question as follows:

Safe - Inadequate

Effective – Requires improvement

Well-led – Inadequate

Following our previous inspection on 18 May 2016, the practice was rated Good overall and good for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Pritpal Bath on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was part of our inspection sampling programme for locations currently rated good. We carried out a focused inspection and this included a site visit. We inspected the safe, effective and well-led key questions.

## How we carried out the inspection

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 conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- 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:

- 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

# Overall summary

We found that:

- The practice systems and processes to keep people safe were not effective.
- Appropriate monitoring of standards of cleanliness and hygiene were not in place.
- There were insufficient systems to assess, monitor and manage risks to patient safety.
- Systems for the appropriate and safe use of medicines, including medicines optimisation were not effective.
- There was no consistent approach towards managing and learning from incidents or responding to safety alerts.
- Patients' needs were not always assessed, and care and treatment was not consistently delivered in line with care pathways.
- There was limited evidence of monitoring the outcomes of care and treatment.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- The practice did not always organise and deliver services to meet patients' needs.
- Staff were consistent and proactive in helping patients to live healthier lives.
- People were able to access care and treatment in a timely way.
- Leaders did not have sufficient risk management and governance arrangements to ensure safe, high quality and sustainable care was delivered.
- The practice did not always involve the public, staff and external partners to sustain high quality and sustainable care.

We found 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.

The provider **should**:

- Continue to develop and embed the online practice portal.
- Continue to improve the accurate recording of childhood immunisation uptake.
- Include information about the Parliamentary and Health Services Ombudsman in all complaint final response letters.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

## Background to Dr Pritpal Bath

Dr Pritpal Bath provides a range of primary medical services from its location at 49 Ashcroft Road, Luton, LU2 9AU. The telephone number is 01582 391831 and the practice website address is [www.ashcroftpractice.gpsurgery.net](http://www.ashcroftpractice.gpsurgery.net)

Dr Pritpal Bath, is also known as The Ashcroft Practice, and is part of the Bedfordshire, Luton and Milton Keynes Integrated Care System. The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities. The practice is a member of a local Primary Care Network and is one of three GP practices within this network.

The GP practice is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Midwifery and maternity services
- Treatment of disease, disorder or injury.

The practice serves a population of 4,649 patients. Information published by Public Health England shows that deprivation within the practice population group is in the sixth lowest decile (six 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 78% White, 11% Asian, 7% Black, 3% Mixed and 1% Other.

The clinical team consists of one male Principal GP, one female regular locum GP, a prescribing nurse and a healthcare assistant. The team is led by a business manager and a practice manager and they are supported by one medical secretary and six reception/administration staff members.

Dr Pritpal Bath is open between 8am and 6.30pm Monday to Friday. Extended hours are provided by the practice each weekday between 6.30pm and 7pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

## 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      | Regulation 17 HSCA (RA) Regulations 2014 Good governance                                                                                                                                                                                           |
| Family planning services                 | There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:                          |
| Maternity and midwifery services         | There were no systems or processes that enabled the registered person to ensure that the service was operating in accordance with their DBS, chaperoning, recruitment, significant events, training and staff immunisation policies.               |
| Treatment of disease, disorder or injury | There were no systems or processes that enabled the registered person to ensure that the looked after children register had been audited or checked for accuracy.                                                                                  |
|                                          | There were no systems or processes that enabled the registered person to ensure that all clinical and non-clinical staff members had completed mandatory training relevant to their role.                                                          |
|                                          | The practice did not have records of employment history and references for all clinical and non-clinical staff in place.                                                                                                                           |
|                                          | The practice did not have risk assessments for the storage of hazardous substances for example, liquid nitrogen and the storage of chemicals.                                                                                                      |
|                                          | Not all of the actions identified following the latest infection prevention and control audit had been completed. The practice did not have designated cleaning equipment or a specific cleaning log in place for clinical and non-clinical areas. |
|                                          | Blank prescription paper and pads held at the practice were not being appropriately managed in line with national guidance.                                                                                                                        |
|                                          | The practice did not have risk assessments in place to determine the range of emergency medicines held.                                                                                                                                            |
|                                          | The defibrillator had not been serviced in accordance with manufacturer guidelines.                                                                                                                                                                |

## Requirement notices

The practice did not always follow their significant events policy when an incident or near miss had occurred.

Some patients with long-term conditions had not received a review within the recommended timeframes. There were 14 patients on the dementia register and only one of these patients had a documented care plan within the record.

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

There were no systems or processes that enabled the registered person to ensure that all policies were practice specific or sufficient.

The practice was unable to demonstrate how staff inductions were role specific.

The practice was unable to demonstrate how they undertook competency checks or periodic reviews for new or temporary staff.

Medication reviews had been coded as completed by non-medical staff.

There was limited evidence of clinical audits and quality improvement activity. There was no formal process in place for receiving and reviewing evidence-based guidelines.

The practice did not have an effective process in place to monitor improve performance in relation to prescribing indicators.

The practice did not have a programme of regular appraisals and formal one to ones in place.

There was no formal clinical supervision in place for the nurse prescriber.

There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

There was no formal process in place for staff members to attend meetings and review staff roles and responsibilities.

This section is primarily information for the provider

## Requirement notices

Staff did not have access to a Freedom to Speak Up Guardian.

The practice did not have an active Patient Participation Group (PPG).

## 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      | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment                                                                                                                   |
| Family planning services                 | The systems and processes in place did not support safe prescribing of medicines.                                                                                                  |
| Maternity and midwifery services         | Patients receiving high risk medicines and medicines which require monitoring were not being assessed or managed in accordance with national guidelines.                           |
| Treatment of disease, disorder or injury | The practice did not operate a safe system for managing medicine safety alerts.                                                                                                    |
|                                          | The practice did not have an adequate system in place to reduce the risk of missed diagnosis.                                                                                      |
|                                          | The practice did not follow their staff immunisation policy and did not have records of offering both clinical and non-clinical staff vaccinations in line with national guidance. |
|                                          | Significant actions which were recommended following the fire risk assessment in October 2019 had not been completed.                                                              |
|                                          | The practice did not have a safe system in place to ensure the recommended use by date for medical products and consumables was appropriately managed.                             |