

Dr Paramjit Wasu

Inspection report

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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

Are services safe?

Are services well-led?

Overall summary

We did not review the ratings awarded to this practice at this inspection. (Previous inspection December 2017 – *Inadequate*).

We carried out an announced focused inspection at Dr Paramjit Wasu's practice on 3 May 2018. The purpose of the inspection was to follow up on breaches of regulations identified at our previous inspection on 7 December 2017. Following the December inspection, the practice was placed in special measures and we issued warning notices for breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). The practice was required to address these concerns by 28 February 2018.

At this inspection we found:

- The practice had improved its systems for managing controlled drugs in line with the relevant regulations.
- The practice was not however managing all medicines and supplies such as masks and tubing safely.
- The practice did not have adequate systems in place to ensure that prescribing materials were kept securely.

- The practice did not have adequate arrangements to respond to emergencies.
- All staff had received mandatory training including training on safeguarding vulnerable adults and children; health and safety training and fire safety training.
- The practice logged relevant safety alerts. However it did not yet have a system in place to demonstrate how these had been acted on.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- 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.

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

Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to Dr Paramjit Wasu

The practice is a single location surgery which provides a primary medical service through a General Medical Services (GMS) contract. The practice is based in a residential area within Harrow, in north west London, part of Harrow CCG.

The practice is based in a house that has been modified and is accessible to people with mobility needs on the ground floor. Consultation and treatments are provided across the ground and first floor, which is only accessible by stairs.

The practice population includes a cross-section of socio-economic and ethnic groups. A relatively low proportion of patients (4.8% of the practice population) are aged over 75. There are also below average numbers of children under 4 (3.9% of the practice population). The practice provides primary care services to patients living in four nursing homes in the local area.

The practice is registered to carry on the following regulated activities: diagnostic and screening procedures; family planning; treatment of disease, disorder or injury; and surgical procedures. The principal GP (male) provides nine sessions per week. The practice also employs one locum GP (female) who does four sessions per week and a practice manager. There is also an assistant practice manager, a locum practice nurse, a health care assistant/phlebotomist and three reception staff in post.

The practice is open between 8.30am and 6.30pm Monday to Friday apart from Wednesday when the practice closes from 1.30pm. Appointments are available from 9am to 12pm every morning and 4pm to 6pm daily. Extended hours surgeries are offered on Monday and Friday from 6.30pm to 7.30pm and on Saturday morning.

We have previously inspected Dr Paramjit Wasu's practice. We carried out an announced comprehensive inspection on 7 October 2015. We found breaches of the legal requirements and as a result we issued requirement notices in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We carried out a follow up comprehensive inspection on 7 December 2017. We found continued and further breaches of the legal requirements and as a result we issued warning notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. The practice was rated as inadequate for providing safe and well-led services; requires improvement for providing effective services and good for providing caring and responsive services. Overall the practice was rated as inadequate and placed in special measures following the December 2017 inspection.

We carried out an announced focused inspection at Dr Paramjit Wasu's practice on 3 May 2018. The purpose of the inspection was to follow up on the breaches of regulations identified at our previous inspection on 7 December 2017. We did not rate the practice at this inspection.

The full comprehensive reports on the October 2015 and December 2017 inspections can be found by selecting the 'all reports' link for Dr Paramjit Wasu on our website at .

Are services safe?

At our previous inspection on 7 December 2017, we rated the practice as inadequate for providing safe care as the practice was not managing medicines, supplies or controlled drugs safely and could not demonstrate how it ensured patient safety alerts were acted upon.

We did not rate this key question at this inspection. We found that the practice had improved its management of controlled drugs but had not addressed other concerns identified at the previous inspection.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The practice had implemented new procedures for storing controlled medicines in line with legal requirements and national guidelines. The principal GP had recently decided not to keep a stock of controlled drugs. The practice had obtained a denaturing kit and was in the process of arranging the destruction of their existing stock.
- However, the practice did not have effective systems for managing and storing other medicines safely.
- The practice did not maintain a comprehensive list of the medicines it held on the premises or their locations. We found one medicine where the quantity held did not tally with the practice's recorded stock level. The practice manager could not tell us if a quantity of medicine was missing or if the stock record was incorrect.
- The emergency medicines were not well organised. The emergency medicines had been organised into labelled bags. For example there were separate bags for anaphylaxis and cardiac emergencies. One of the medicines placed in the cardiac bag was the wrong dose and inappropriate for use in this situation.
- The anaphylaxis bag did not include all recommended medicines to handle this type of emergency. Other relevant medicines were located elsewhere in the practice. We were not assured that staff had clear directions on where to locate these in an emergency.
- We found that one of the emergency medicines (antibiotic) was out of date and had been stored

incorrectly. This particular antibiotic was not appropriate for use in an emergency. The practice had not carried out any formal assessment showing why it was required.

- Other supplies were not being stored or monitored safely. Emergency masks and tubing had been removed from their original packing and were being stored in open bags. We found cotton wool and blood sample tubes that were out of date but had not been removed.
- Most but not all medicines were kept securely, for example in locked cupboards. However, the practice had a nebuliser as part of its emergency equipment. The medicines (nebules) for this were located alongside the equipment and were unsecured.
- Security of prescription materials remained a concern. The practice had introduced protocols to log prescription stationery but this was not applied consistently to all prescription materials. For example, the staff noted some prescription serial numbers when stationery was issued but did not keep a record when these were returned. We were not assured that the staff would be able to detect breaches in security.
- The practice had a policy and procedure to maintain medicines such as vaccines that needed to be refrigerated at the correct temperature. The practice kept a log of the fridge temperatures in line with national guidance. However, we found a two-week gap in April 2018 when no temperatures had been recorded for both of the fridges. The practice staff told us they did not know why this had occurred.
- The practice was keeping several patient-returned medicines without removing the original dispensing labels which posed a risk to patient confidentiality. It was also unclear why the practice had accepted these medicines and had not directed patients to take them to a community pharmacist for appropriate disposal.

Lessons learned and improvements made

- The practice could not demonstrate that it had effective systems in place to act on safety alerts to keep patients safe.
- The practice manager saved all alerts on a computer drive and forwarded any relevant to the clinical team. They had also added the practice's generic email list to the alert circulation list so that these would be still be picked up by staff when the practice manager was away.
- However, there was no documentation showing which alerts had been assessed as relevant and the action that

Are services safe?

had been taken. The principal GP was able to recall and discuss action taken in response to a recent alert relating to the prescribing of sodium valproate to women of childbearing age. We asked how the practice

had responded to another recent alert about a specific emergency medicine. The principal GP told us they could not recall this alert and there was no record on file to show the alert had been reviewed for relevance.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our previous inspection on 7 December 2017, we rated the practice as inadequate for providing well-led care. The practice was not managing controlled drugs and other medicines safely. We also found the practice had not ensured that staff were up to date with mandatory training and it was not carrying out clinical audit to monitor and improve clinical quality.

We did not rate this key question at this inspection. The practice had made some improvements since our previous inspection including its oversight of staff training and clinical audit work. However, we found continued some failings of governance, particularly in relation to medicines management.

Leadership capacity and capability

Leaders could not fully demonstrate they had the capacity and skills to deliver safe care.

- Leaders were knowledgeable about most issues and priorities relating to the quality and future of services. They understood the challenges facing the practice.
- The practice had experienced a turnover of administrative staff and had recently recruited a new assistant manager with appropriate experience and skills. The practice manager and the assistant manager confirmed that the assistant's role included reviewing and improving governance systems.
- However, we were concerned at the lack of progress in relation to previously identified concerns about medicines and supplies management and prescribing security. Medicines were still not being stored safely. Monitoring systems to ensure medicines and supplies were in date were not fully effective.

Governance arrangements

The practice was in the process of reviewing its governance systems and had recently invested in an electronic document management system.

- The managers were in the process of transferring training and recruitment records to the new system at the time of our inspection.

- The practice was also in the process of systematically reviewing policies and procedures. For example, we were told that the practice had implemented a revised security policy procedure for prescription materials. We found that the practice had not fully tested the new protocols and staff understanding of how these should work however.
- The practice had improved its arrangements for managing and monitoring mandatory staff training. All staff were up to date with the mandatory training programme including annual basic life support training; safeguarding adults and vulnerable children training and fire safety. The GPs were trained to child safeguarding level 3. The practice manager checked the qualifications and training of temporary staff before they started work at the practice.
- However, while the practice had implemented new systems, for example to monitor prescribing security, these were not always well monitored or embedded. Staff gave us conflicting accounts of the new prescribing security arrangements.
- The practice had not fully acted on the findings from our previous inspection despite this being a regulatory requirement.

Continuous improvement and innovation

There was evidence of improved systems and processes for learning and continuous improvement.

- Since our previous inspection, the principal GP had carried out the first cycle of a clinical audit to review the practice's management of 'two-week wait' referrals. This had been appropriately designed and recorded with clear standards against which to benchmark the practice's performance. A second cycle of this audit was planned to check that practice performance was sustained.
- The principal GP had also identified several other topics for clinical audits later in the year.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for users. The provider was not ensuring the proper and safe management of medicines. The provider was not ensuring that all equipment used and the premises were safe for their intended purpose. We have issued a warning notice requiring the provider to take action to address these concerns.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not established effective systems or processes to ensure safe care. The provider had not adequately improved the quality and safety of the service and had not acted on feedback from relevant persons including previous inspection findings. We have issued a warning notice requiring the provider to take action to address these concerns.