

# Dr Chidambaram Balachander

## 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

### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

## **This practice is rated as Requires Improvement overall.**

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Dr Chidambaram Balachander on 4 December 2018 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- There was an effective system for reporting and recording significant events.
- The practice's systems, processes and practices did not always help to keep people safe.
- Risks to patients, staff and visitors were not always assessed, monitored and managed in an effective manner.
- Staff did not always have the information they needed to deliver safe care and treatment to patients.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- The practice learned and made improvements when things went wrong.
- Performance for diabetes and hypertension related indicators for 2017 / 2018 was significantly below local and national averages. However, the practice was taking action to make improvements.
- Published results showed the childhood immunisation uptake rates for the vaccines given exceeded World Health Organisation targets of 95%.
- Published QOF data from 2017 / 2018 showed that the practice's exception reporting for some indicators was higher than local and national averages, significantly so in some cases.

- Staff had the skills, knowledge and experience to carry out their roles. However, not all staff were up to date with essential training.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages, significantly so in some cases.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Governance arrangements were not always effective.
- Some processes to manage current and future performance were not yet sufficiently effective.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The areas where the provider **must** make improvements 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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The areas where the provider **should** make improvements are:

- Continue with plans to set up a patient participation group.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

Older people	Good	
People with long-term conditions	Requires improvement	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

## Background to Dr Chidambaram Balachander

- The registered provider is Dr Chidambaram Balachander and Dr Nickila Balachander.
- Dr Chidambaram Balachander is located at 25 Wouldham Road, Rochester, Kent, ME1 3JY. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice website address is .
- As part of our inspection we visited Dr Chidambaram Balachander, 25 Wouldham Road, Rochester, Kent, ME1 3JY only, where the provider delivers registered activities.
- Dr Chidambaram Balachander has a registered patient population of approximately 4,400 patients. The practice is located in an area with a higher than average deprivation score.
- There are arrangements with other providers (MedOCC) to deliver services to patients outside of the practice's working hours.
- The practice staff consists of two GP partners (one male and one female), one salaried GP (female), one Foundation Year Two Doctor (male) one practice manager, two practice administrators, one advanced nurse practitioner (female), two practice nurses (both female), one healthcare assistant (female) as well as reception and administration staff.
- Dr Chidambaram Balachander is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; treatment of disease, disorder or injury.

This section is primarily information for the provider

## Requirement notices

### 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 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> <p>Care and treatment was not always provided in a safe way for service users. The service provider was not: Doing all that was reasonably practicable to mitigate any such risks. In particular: the practice was unable to demonstrate they had an effective system for the routine management of legionella. Ensuring the proper and safe management of medicines. In particular: clinical staff did not always have the appropriate authorisation to administer medicines; blank prescription forms were not always stored securely; the system to monitor the serial numbers of blank prescription forms and pads did not monitor them through the practice. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to; Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular: Performance for diabetes and hypertension related QOF indicators for 2017 / 2018 was below local and national averages. Exception reporting for some QOF indicators was much higher than local and national averages. Two clinical audits had not been repeated to complete the cycle of clinical audit and demonstrate improvement to the quality of patient care. Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise</p>

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## Requirement notices

from the carrying on of the regulated activity. In particular: Patients and visitors were able to access areas of the practice that were designated for staff only. The practice was unable to demonstrate they had taken into consideration risks from: security risks in some areas of the practice; medicines management risks; risks associated with some staff not being up to date with essential training; risks associated with the practice's computer system not alerting staff to family members of children who were on the child protection register. Management of risks that were not yet sufficiently effective: risks from the records of some patients who were resident in a local nursing home not being available to staff working in the practice. Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. In particular: Individual care records of patients with dementia who were resident in a local nursing home were not available in the practice. The practice's computerised records system did not alert staff to family members of child patients who were on the child protection register. Maintain securely such other records as are necessary to be kept in relation to – (ii) the management of the regulated activity. In particular; Not all risk assessment action plans contained timeframes by which action would be taken to reduce the identified risk. The practice did not keep records of if no action was necessary in response to receipt of national patient safety alerts. Documentation of complaints management was not always complete. Not all governance documents were dated nor contained a planned review date. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was

This section is primarily information for the provider

## Requirement notices

necessary to enable them to carry out the duties they were employed to perform. In particular; not all staff were up to date with basic life support training, fire safety training and chaperone training. This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

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

The provider did not have established recruitment procedures that were operated effectively to ensure that persons employed met the conditions in – (a) paragraph (1). In particular: the practice had not carried out a Disclosure and Barring service check for one member of staff who acted as a chaperone. This was in breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.