

Dr Shabir Bhatti

Inspection report

Bermondsey Spa Medical Centre
50 Old Jamaica Rd
London
SE16 4BN
Tel: 0203 474 6000
www.b-spa.co.uk

Date of inspection visit: 01 October 2018
Date of publication: 19/11/2018

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 summary

We carried out an announced comprehensive inspection at Bermondsey Spa Medical Practice on 10 July 2018. We rated the practice inadequate and they were placed into special measures. Because of the concerns found at the inspection, we served the provider with a notice to impose an urgent suspension of the regulated activity of Surgical Procedures from the location for a period of three months from 17 July 2018 to 12 October 2018 under Section 31 of the Health and Social Care Act 2008 ("the Act").

We carried out this announced focussed follow up inspection on 1 October 2018 to check if the provider had made sufficient improvements to allow the period of suspension to end, or if further enforcement action is required. The practice was not rated on this occasion.

Following this focused inspection, we found the provider had not implemented sufficient improvements.

Our key findings were as follows:

- Infection prevention and control risks associated with the practice's proposed minor surgery room were not addressed.
- The provider had not made suitable preparations to undertake quality improvement activities in relation to surgical procedures.

We have imposed an urgent condition that the provider must not carry out surgical procedures from its location.

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.
- Ensure systems and processes are established and operated effectively to ensure compliance with the requirements of good governance.

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

- To review their processes so they have assurance that equipment needed for minor surgery procedures is available and in place when procedures are carried out.
- To review their processes to ensure patient information leaflets are made available as part of their arrangements to seek consent

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

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

Background to Dr Shabir Bhatti

The registered provider, Dr S. Bhatti and Dr B. Bhatti, provides NHS general practice services at its location, Dr Shabir Bhatti (also known as Bermondsey Spa Medical Practice) at Spa Medical Centre, 50 Old Jamaica Rd, London, SE16 4BN. The practice website is www.b-spa.co.uk.

Bermondsey Spa Medical Practice is CQC registered to provide the regulated activities of Treatment of disease, disorder or injury, Surgical Procedures, and Diagnostic and screening procedures. At the time of this inspection, we had imposed an urgent suspension of the regulated activity of Surgical Procedures from the location for a period of three months from 17 July 2018 to 12 October 2018.

At the time of our inspection, the practice patient population was 10846. Its deprivation decile is three according to the Index of multiple deprivation score, with one being most deprived and 10 being least deprived.

The clinical staff team include three GP partners and two salaried GPs providing a combined total of 4.75 whole time equivalent, WTE. The nursing team consists of a practice nurse (providing 0.8WTE) and a healthcare assistant (providing 0.7 WTE).

The non-clinical staff are a practice manager, a senior receptionist, a secretary, two administrators, and seven reception staff.

Patients can book appointments on the same day or up to four weeks in advance. When the practice is closed, patients are directed to contact SELDOC (South East London Doctors On Call) or NHS 111.

Are services safe?

At our previous inspection on 10 July 2018, we found the following areas of concerns in relation to the provision of safe services that contributed to our decision to issue an urgent notice of suspension of the regulated activity of surgical procedures:

- Infection prevention and control risks in the approved minor surgery room were not addressed.
- Clinicians had not completed update training in how to identify and manage patients with severe infections including sepsis.

At our inspection on 1 October 2018, we found the following:

- The premises' estates management team had repaired the damaged ceiling in the room designated for minor surgery when we carried out our inspection on 10 July 2018. However, the repairs had not fully addressed the leak problem, and new damage was being caused to the replaced ceiling tiles. Further repairs were still required to the ceiling area.
- The provider had allocated another consultation room (room 2) as their proposed minor surgery room. We found that room 2 was not in good decorative order: there was visible dirt marks on the walls, and scratched areas in the walls exposing plasterwork underneath. The examination couch in room 2 was not fit for use: it had a tear approximately two inches in length in the bottom left hand side, and paint marks to the right side in the middle and the foot of the couch. The examination lamp in room 2 was visibly dirty. There was high level dust on the shelf in the right side of the room, and in the electrical cable conduit seal behind the printer.
- The practice manager presented us with an infection prevention and control (IPC) audit report and action plan, conducted in February 2018. The report did not assess any aspect of the premises' suitability for minor surgery. We made the provider aware that this should be reported to the local clinical commissioning group (CCG) infection prevention and control team, and the practice manager said he would contact the CCG IPC team to attend for an assessment of their proposed minor surgery operations room.
- We asked about the arrangements for cleaning the practice premises, which the practice manager informed us was carried out by cleaners employed by the premises landlords, and who worked to their own cleaning schedules. The practice manager told us they

were not able to influence the cleaning schedule or regime of the cleaning staff, and that any additional cleaning that was required they would carry out themselves.

- The practice had no stock of surface disinfection and cleaning products. The lead GP stated that the hand sanitiser could be used for cleaning surfaces, such as that of the examination couch between patients. There were no procedures or agreed processes in place for cleaning patient contact areas between patients.
- Personal protective equipment was available in the practice. Disposable aprons were kept in the nurse's room, and gloves were included in the disposable minor surgery equipment packs in the clean utility room.
- Emergency medicines and equipment were available in the practice for minor surgery procedures. An anaphylaxis kit containing medicines for treating some medical emergencies was available in room 2, and oxygen was available in the clean utility room. However, a recommended medicine used for treating symptoms caused by allergies, cold or flu (chlorphenamine), was not available in the anaphylaxis kit.
- The lead GP informed us that the medicines and equipment needed for minor surgery procedures were not stored in room 2, because of the lack of storage space; and that items needed would be brought in prior to the start of the procedures. We noted that the provider did not have a protocol or checklist to ensure all the appropriate preparations steps and equipment was made available and in place prior to the start of procedures, and for clearing away at the end of procedures.
- The practice manager informed us that the provider was not able to make repairs to the premises, as the landlords only permitted repairs to be carried out through their maintenance team.
- The provider sent us copies of training certificates showing that the doctors had completed training sessions in sepsis in primary care and paediatrics on 7 August 2018. In addition, following their training, one of the GP partners had provided most of the administrative staff with an overview session on sepsis. At a previous focused follow-up inspection carried out on 3 and 11 September 2018, we spoke with some of the administrative staff, and they verified that they had

Are services safe?

attended the training session with the GP partner. The provider had also added a training module on sepsis to their mandatory training programme delivered through an online provider.

Are services effective?

At our previous inspection on 10 July 2018, we found the following areas of concerns in relation to the provision of effective services that contributed to our decision to issue an urgent notice of suspension of the regulated activity of surgical procedures:

- Consent not being appropriately sought for minor surgical procedures and the consent seeking processes were not monitored.
- There was a lack of mentoring and clinical supervision, particularly in relation to minor surgical procedures and the male circumcision service. The practice did not follow guidance in relation to histology practices following surgical removal of skin lesions.

At our inspection on 1 October 2018, we found the following:

- The provider had patient information leaflets available for the following minor surgery procedures: male circumcision, greater occipital nerve (GON) injection for headache and facial pain, and steroid injections. They also had a generic minor surgery instruction, which included information for patients. The provider did not have a specific patient information leaflet for removal of skin lesions.
- Consent forms were in place for minor surgical procedures. Consent seeking could be documented electronically on the practice patient record system. Paper copies of consent forms were also held in the reception area, and the lead GP and practice manager told us these were given to patients when they arrived for their appointment.
- We saw some evidence of mentorship for the male circumcision service, that had taken place since our

inspection of 10 July 2018. Meeting minutes sent to us by the provider showed the lead GP had attended a teleconference meeting with other peers in September 2018 where they discussed aspects of good practice in male circumcision. However, there was no other evidence of quality improvement activities for the male circumcision service. A male circumcision audit we were presented was a record count, and did not evidence any actions the provider had taken to improve their practice because of the findings. There were no audits of the other minor surgery procedures previously conducted in the practice.

- The lead GP was not proficient in coding procedures in relation to the patient records, so there were errors in his record keeping. Examples included a B12 injection administration had been entered on the patient record as an aspiration. Accurate coding is essential for audit purposes and capturing the correct cohorts for audit. The lead GP admitted one of the other GP partners normally coded procedures for him.
- There was no operations list maintained in the practice to allow the following up on histology reports. Maintaining an operations list is good practice and helps the practice reconcile specimens sent for histology with receipts of the relevant report. The provider did not have another system for reconciling specimens sent with reports received.
- There were no additional adaptive aids for treating children in the minor surgery room. For example, there were no attachable couch sides for the examination couch to prevent a child rolling off or hitting their head on the walls during a male circumcision procedure.

Are services caring?

Not assessed on this inspection.

Are services responsive to people's needs?

Not assessed on this inspection.

Are services well-led?

At our previous inspection on 10 July 2018, we found the following areas of concerns in relation to the provision of well led services that contributed to our decision to issue an urgent notice of suspension of the regulated activity of surgical procedures:

- There was a lack of management oversight of risks to patient safety.
- There was a lack of appropriate governance arrangements to ensure clear responsibilities and accountabilities.
- There were a lack of systems and processes for learning, continuous improvement and innovation.

At our inspection on 1 October 2018, we found the following:

- Challenges to the delivery of quality care were not being addressed, in the case of infection prevention and control risks in the minor surgery room. The practice is near the end of a three-month suspension period from carrying on the regulated activity of surgical procedures. In the suspension period they have not successfully addressed infection prevention and control risks which led to the suspension.

- There remains a lack of quality monitoring and improvement activity in relation to surgical procedures. This matter was highlighted during our inspection visit in July 2018, and the provider has not undertaken any quality improvement activities since that time. The provider stated that as they were suspended they did not have new information generated from completed procedures to use in quality monitoring exercises, and that they intended to start audit exercises once they were able to start carrying out minor surgical procedures. The provider did not use the suspension period to reflect and retrospectively review past procedures. There remained a lack of arrangement for oversight and review of surgical performance (including circumcisions).
- The practice did not have a systematic approach to ensure all the equipment needed for minor surgery procedures would be in place when needed. They had not assigned clear roles and responsibilities in relation to the minor surgery service, such as maintaining equipment and medicines stocks, assistance and support with procedures, and record keeping.

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
Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:The registered provider did not mitigate the risks of the spread of, infections, including those that are health care associated. In particular:The provider had not ensured infection prevention and control risks had been appropriately addressed in the minor surgery room.The registered provider did not assess and mitigate the risks to the health and safety of service users of receiving the care or treatment. In particular:The lead GP was not participating in peer review and mentorship for the male circumcision service.The clinicians were not conducting audits of clinical outcomes in relation to minor surgery services.This is in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.We imposed an urgent condition that the provider must not carry out surgical procedures from its location.</p>
Regulated activity	Regulation
Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not ensure systems and processes were established and operated effectively to ensure compliance with the requirements of good governance. In particular:The provider failed to monitor and improve the quality and safety of the services by responding to feedback on the quality of the experience of service usersSystems and processes were not established and operated effectively that ensured the quality and safety of the services provided were assessed, monitored and improved.This is in breach of regulation 17(1) of the</p>

This section is primarily information for the provider

Enforcement actions

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed an urgent condition that the provider must not carry out surgical procedures from its location.