

Molla and Kesani

Inspection report

Weston Favell Health Centre
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Northampton
Northamptonshire
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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?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Molla and Kesani on 21 May 2019.

We last inspected this practice on 15 March 2016 when we rated the practice as Good.

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.

We rated the practice as **inadequate** for providing safe, effective, responsive and well-led services because:

- The practice did not have clear systems and processes to keep patients safe.
- Safeguarding processes and procedures were inadequate.
- Staff were not being safely recruited.
- The practice did not have an adequate system in place to safely manage MHRA and other safety alerts.
- Risks to staff and patients at the practice had not been adequately assessed, monitored and planned for.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Cancer screening rates were significantly below national averages and the practice was failing to address this.
- There was limited evidence in relation to how patients could feedback on how the practice was run.
- The practice had not made the changes it needed to in order to respond to the needs of the patients who used the practice.
- There was an absence of effective management at the practice which had impacted on the quality of care and treatment.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective due to areas of risk which had not been identified prior to our inspection.

- The practice did not have clear and effective processes for managing risks.

We rated the practice as **requires improvement** caring services because:

- There was limited evidence in relation to how patients could feedback on how the practice was run.
- The feedback received as part of the inspection was positive, however, the systems were not in place to accurately assess patient's experiences and act on them.
- The practice had not implemented suitable measures to ensure patients could communicate effectively with health professionals where language may have been a barrier for them.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of skilled and experienced staff are employed at the practice to deliver safe care and treatment.
- 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:

- Improve the uptake of patients for the national cancer screening programme.
- Reduce the exception reporting at the practice.

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 population group, 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

Overall summary

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 Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Molla and Kesani

Dr Molla & Kesani provide primary care medical services to approximately 4,370 patients who live in Weston Favell and the surrounding areas of East Northampton. The practice provide services under a General Medical Services (GMS) contract agreed nationally. The practice population is predominantly white British, with a significant proportion of patients from black and Asian ethnic groups. Fourteen per cent of the patient population were Bangladeshi, and in addition there were other minority groups speaking a range of languages including, Urdu, Hindi, Punjabi and Gujarati. Data suggests the area is one of moderate levels of deprivation.

The practice has two male GP partners and a regular female locum GP who was working one session per week at the time of our inspection. They employ two practice nurses and a practice manager who are supported by a small team of administration and reception staff. The practice operates from two storey premises which is shared with two other practices and accommodates several community facilities such as phlebotomy, x ray, dental, health visitors and midwives. The GP and nurse consulting rooms are all situated on the ground floor.

The practice has a registered manager in place. A registered manager is an individual registered with CQC to manage the regulated activities provided. The registered manager is the lead GP at the practice.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is open daily Monday to Friday from 8.00am until 6.30pm except Tuesday and Wednesdays when they are open until 8pm.

The practice has opted out of providing an out-of-hours service. However, the provider is available outside usual surgery hours, with the practice's phone line being routed to an answering service, which will pass on messages. Otherwise, patients calling the practice when it is closed relate to the local out-of-hours service provider via NHS 111.

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

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Notice of Decision to apply to conditions to the provider's registration.

Regulated activity

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

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Notice of Decision to apply to conditions to the provider's registration.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Notice of Decision to apply to conditions to the provider's registration.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Notice of Decision to apply to conditions to the provider's registration.

This section is primarily information for the provider

Enforcement actions

Regulated activity

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

Regulation

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

Notice of Decision to apply to conditions to the provider's registration.