

Dr B Bhatti & Dr R Das

Inspection report

Spa Medical Centre
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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?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Dr B Bhatti & Dr R Das (also known as Bermondsey Spa Medical Centre) on 01 October 2019.

At this inspection we followed up on breaches of regulations identified at our last comprehensive inspection on 23 January 2019. At that inspection, we rated the practice inadequate overall, as sufficient improvements had not been made from the previous inspection 10 July 2018 where the practice was placed into special measures. Due to the concerns found at that 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. We also served warning notices for breaches of regulation 12 (Safe care and treatment) and regulation 17 (Good governance), which we asked them to have become compliant with by 17 August 2018.

We carried out a focussed inspection to check whether the provider had made sufficient improvements to become compliant with regulations 12 and 17. We carried out two visits as part of that inspection. The first was unannounced and carried out on 3 September 2018, and the second was announced at short notice and carried out on 11 September 2018. Following that focused inspection, we found the provider had implemented sufficient improvements to become compliant with regulations 12 and 17. However, we found further evidence which indicated the provider was not fully compliant with regulation 18 (Staffing).

We carried out an announced focussed follow up inspection on 1 October 2018 to check if the provider had made sufficient improvements to allow the period of suspension of the Surgical Procedures regulated activity to end, or if further enforcement action was required. Following that focused inspection, we found the provider had not implemented sufficient improvements. We served the provider with a notice of decision to impose an urgent condition that the provider must not carry out surgical procedures from its location effective from 17 October 2018.

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 requires improvement overall.

We rated the practice as **requires improvement** for providing safe services because:

- The practice did not have all recommended emergency medicines or a risk assessment for not having them all.
- The practice was not monitoring the vaccine refrigerator when staff were absent.
- Not all staff were up to date with safeguarding training.

We rated the practice as **requires improvement** for providing effective services because:

- Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance.
- There was evidence that the care of patients in two population groups (families, children and young people and working age people (including those recently retired and students) did not meet national targets or was below average.

We rated the practice as **good** for providing caring services because:

- The practice respected patients' privacy and dignity.
- Patients we spoke with during our inspection and those who completed comments cards, spoke favourably about the practice: that the staff treated them with respect, that they felt listened to and that they had observed improvements in the practice.
- The practice had taken action in response to the national GP survey and had undertaken their own survey.
- The practice had identified 4.8% of the practice list as carers.

We rated the practice as **requires improvement** for providing responsive services because:

- The practice organised and delivered services to meet patients' needs.
- Complaints were listened and responded to and used to improve the quality of care.

Overall summary

- The practice results for the national GP survey were below local and national averages.
- Since the last inspection the practice had taken various steps to address feedback about difficulties accessing services, including recruiting more staff, utilising four staff members on the phones at busy times, monitoring the call system which they were not doing before. Also utilising the Patient Participation Group (PPG) and undertaking an internal patient survey. The practice had already started to receive feedback from patients, and PPG members that they had seen an improvement with access, this was also reflected in some of the comment cards, however at the time of the inspection we had not seen evidence of sufficient improvement.

We rated the practice as **requires improvement** for providing well-led services because:

- The practice had made improvements since our inspection on 23 January 2019 and had addressed the breaches we found at our previous inspections in relation to regulated activities currently provided in the practice.
- The practice had implemented a number of changes and had actions underway to improve care, but these had not yet led to evidence of sufficient improvement.
- Staff mentioned there were communication barriers and felt although the management listened they did always provide feedback or outcomes to requests.

These concerns we found in providing effective and responsive services affected all population groups, so we rated all population groups as requires improvement.

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.

(Please see the specific details on action required at the end of this report).

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

- Monitor emergency medicine and undertake risk assessments as required.
- Continue to monitor staff training needs.
- Review information provided for bereaved patients.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

Our inspection team

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

Background to Dr B Bhatti & Dr R Das

The registered provider, Dr B Bhatti & Dr R Das, provides NHS general practice services at its location, Dr B Bhatti & Dr R Das (also known as Bermondsey Spa Medical Practice) at Spa Medical Centre, 50 Old Jamaica Rd, London, SE16 4BN. The practice website is . Spa Medical Centre also incorporates a GP extended hours service and a pharmacy. There are good transport links with a tube station and buses nearby.

Bermondsey Spa Medical Practice is CQC registered to provide the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures. The practice was previously also registered to provide the regulated activity of Surgical Procedures, but as of 17 October 2018 we imposed an urgent condition that they must not carry out the regulated activity due to concerns we have about the practice arrangements to carry out Surgical procedures.

The practice provides NHS services through a Primary Medical Services (PMS) contract to 11188 patients. The practice is part of the Southwark Clinical Commissioning Group (CCG).

At the time of our inspection, the practice area 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 two GP partners and three salaried GPs providing a combined total of 4.5 whole time equivalent, WTE. The nursing team consists of a full-time practice nurse and two part time healthcare assistant.

The non-clinical staff are an operations manager, 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.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met.</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular:</p> <ul style="list-style-type: none">• The practice was not monitoring the vaccine refrigerator when staff were absent.• Not all staff were up to date with safeguarding training.• There were gaps in recruitment. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met.</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• Clinical performance data was below local and national averages and there was no clear or effective action plan to improve.• The provider did not act on staff feedback. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>