

Dr Nisha Pathak

Inspection report


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Date of inspection visit: 8 January 2020
Date of publication: 02/03/2020

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?

Good 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

We carried out a comprehensive unannounced inspection of Dr Nisha Pathak's practice on 8 January 2020. We identified that the service at Dr Nisha Pathak's practice was being delivered under a partnership arrangement with Dr Devanna Manivasagam. However, Dr Pathak was registered with the Care Quality Commission as an individual provider. Dr Pathak had not informed us of these changes and was in breach of conditions of their registration. We carried out this inspection because concerns had been identified at another practice in which Dr Manivasagam was the provider. These concerns highlighted a lack of effective leadership and clinical oversight. A decision was therefore made to inspect all of Dr Devanna Manivasagam's services on 8 January 2020 including Dr Nisha Pathak's practice.

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 services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have effective systems for safeguarding patients from abuse or harm.
- Recruitment processes did not demonstrate appropriate arrangements for ensuring only fit and proper persons were employed.
- The practice did not have effective systems in place for managing infection control and risks relating to the service.
- The practice did not have effective systems for the safe management of medicines, included regular monitoring arrangements for patients on high risk medicines.
- The practice was unable to demonstrate that it learnt and made improvements when things went wrong.

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

- There was limited monitoring of the outcomes of care and treatment in particular we found issues relating to the management of patients with diabetes and on high risk medicines.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles, were up to date with training and received appropriate supervision.
- We saw limited evidence of support for patients to lead healthier lifestyles and working closely with other organisations to deliver care and treatment or of service improvement activity.
- The practice was not proactive in undertaking service improvement activity.

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

- Results from the latest national GP patient survey were in line with local and national averages for questions about access. However, the practice could not clearly demonstrate that they understood their local population needs and were developing services in response to those needs.
- The practice did not have effective systems for managing complaints and learning from them.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- We found significant issues with the practice registration.
- The practice did not have a clear vision, supported by a credible strategy to deliver high quality sustainable care.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective in helping to support patients and safeguard them from harm.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups so we rated all population groups, as **inadequate**.

Overall summary

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

- Results from the latest national GP patient survey were in line with local and national averages for questions about consultations. However, the practice was not proactive in obtaining patient feedback to support service improvement.
- During the inspection we saw staff treating patients with kindness and respect. However, Patients were not always aware of support available to 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.

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

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 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 second CQC inspector.

Background to Dr Nisha Pathak

Dr Nisha Pathak's practice is located in West Bromwich in the West Midlands. The premises are purpose built for providing primary medical services and include car parking facilities. The premises are shared with one other GP practice. There are approximately 2,920 patients on the practice list.

Dr Nisha Pathak registered with CQC in 2012 as sole provider to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

On the 28 November 2018 Sandwell and West Birmingham Clinical Commissioning Group (CCG) added Dr Devanna Manivasagam as a partner to Dr Nisha Pathak's General Medical Services (GMS) contract. CQC were not informed of these changes. In addition to the partnership with Dr Nisha Pathak, Dr Devanna Manivasagam is the sole provider of four other GP practices and one branch surgery. These include: Stone Cross Medical Centre, Swanpool Medical Centre, Bean Road Medical Centre, Clifton Medical Centre and its branch surgery, Victoria Road Surgery. Dr Nisha Pathak has been absent from the practice for over 6 months.

The practice leadership team was shared across all of Dr Devanna Manivasagam's practices, the team included Dr Manivasagam, an Executive manager and a Business

manager. The Advanced Nurse Practitioner, Practice Nurse and trainee Health Care Assistant/admin were also shared across Dr Devanna Manivasagam's practices. There were two regular locum GPs (both male) and two receptionists at the practice.

The practice opening times are 8am to 6.30pm, Monday to Friday with the exception of a Thursday when the practice closes at 1pm. Extended access appointments are available in the evening and weekends at a local extended access hub. During the out of hours period, patients can access primary medical services through the NHS 111 telephone number. On a Thursday afternoon staff told us calls were diverted but did not know where to.

The area served by the practice has high levels of deprivation. Information published by Public Health England rates the level of deprivation within the practice population as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population age distribution is slightly younger than the national average and predominantly working age. For example, 9.5% of the practice population is over 65 years compared to the CCG average of 12.5% and the national average of 17.4%. The practice population is predominantly patients from a White (46%) and Asian (37%) background (source: Public

Health England and 2011 Census). Male life expectancy is 75 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure assessments of the risks to the health and safety of service users of receiving care or treatment were being carried out. In particular:</p> <ul style="list-style-type: none">• The provider did not have effective systems for the management of patients with suspected diabetes to ensure appropriate follow up.• The provider did not have effective systems for the management of patients who were vulnerable and at risk of harm.• The provider did not have effective systems for patients to access pre-bookable nurse appointments.• The provider did not have effective systems to ensure patient safety alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were acted on appropriately. <p>The provider had failed to ensure the proper and safe management of medicines;</p>

Enforcement actions

- The provider did not have an effective system in place to ensure appropriate monitoring of patients on high risk and other medicines.
- The provider did not have effective systems in place for ensuring the cold chain.
- The provider did not have effective arrangements in place for ensuring the security of prescriptions distributed through the practice.
- The practice did not have effective systems for ensuring medicines were appropriately stored.
- The provider did not have effective arrangements in place for the authorisation of patient group directives and patient specific directives.
- The practice held medicines that were inappropriate for use in general practice without clear rational or risk assessments for holding.
- Emergency medicines were not routinely checked to ensure they were present and fit for use when required.

The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:

- The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate training for their roles and responsibilities.
- The provider could not demonstrate effective clinical supervision or oversight for nursing staff and those working in a temporary basis.

The provider had failed to ensure effective arrangements for assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.

This section is primarily information for the provider

Enforcement actions

- The provider had no named lead for infection prevention and control.
- The provider was unable to demonstrate infection prevention and control audits had been undertaken.
- The provider did not have effective systems for managing the disposal of sharps.
- The provider failed to ensure staff understood arrangement for managing bodily fluid spills.
- The provider failed to ensure clinical rooms were maintained in a way that enabled effective cleaning.

This was in breach of Regulation 12 (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
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There were a lack of effective systems and processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular we found:

- The provider was unable to demonstrate effective leadership was in place to ensure systems and processes were monitored regularly and implemented to ensure the safety and wellbeing of patients and staff.

This section is primarily information for the provider

Enforcement actions

- The provider could not provide timely and appropriate organisational documents relating to the delivery of the service. This included documents relating to staff recruitment, training and supervision, the management of incidents, complaints and safety alerts.
- The provider did not have a co-ordinated or structured approach to policies, systems or processes.
- The provider was unable to demonstrate effective systems for the reporting and management of incidents, significant events and complaints to support learning and service improvements.
- The provider was unable to demonstrate a comprehensive programme of quality improvement activity.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.