

# Dr Roman Sumira

## Inspection report


1 Studfall Court  
Corby  
Northamptonshire  
NN17 1QP  
Tel: 01536 401371

Date of inspection visit: 10 October 2019  
Date of publication: 27/11/2019

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?

Requires improvement 

Are services well-led?

Inadequate 

# Overall summary

Dr Roman Sumira was inspected previously on 2nd, 3rd and 4th September 2019 under the comprehensive inspection programme

The practice was rated as inadequate overall. They were rated as Inadequate for providing a safe, effective and well-led service. Caring was rated as Good and Responsive was rated as Requires Improvement. The population groups were rated as Inadequate overall.

We took urgent enforcement action and served an Urgent Notice of decision imposing conditions on the service provider's registration in respect of the regulated activities carried out at 1 Studfall Court, Corby, Northants. NN17 1QP and suspended any regulated activities being carried out from the branch surgery at Weldon, Nr Corby, Northants. NN17 3JJ

The urgent conditions for the branch surgery at Weldon took effect on 6 September 2019 to remain in force until removed by the Care Quality Commission (the CQC).

We carried out an announced focussed inspection at Dr Roman Sumira on 10 October 2019 to check whether the provider had made sufficient improvements and to decide whether the suspension period should be ended.

Following the inspection on 10th October and prior to the tribunal hearing listed for 23 October 2019, a consent order was made. This agreed that the provider's appeal was allowed, and that the scheduled hearing was to be vacated. The provider can now apply to the Care Quality Commission to have the conditions removed from their registration.

However, the CQC advised Dr Roman Sumira that further enforcement actions would be served as a breach of legal requirements was still found in relation to safeguarding service users from improper treatment and abuse and governance arrangements within the practice.

Two warning notices were issued which requires the practice to be compliant by 10 January 2020. The ratings have not changed as we will carry out a further comprehensive inspection in six months' time.

Reports from our previous inspections can be found by selecting the 'all reports' link for Dr Roman Sumira on our website at

We found that:

- At this inspection we still had concerns about the clinical oversight and governance arrangements in place.
- The leadership, governance and culture of the practice did not always promote the delivery of high quality person-centred care.
- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- At this inspection we found that some improvements had been made, in particular, at the branch surgery at Weldon. These improvements included, monitoring of fire safety, infection control, management of control of substances hazardous to health. This meant that from 11 October 2019 Dr Sumira could recommence providing regulated activities from the branch surgery with immediate effect.
- Dr Sumira has been asked to send the Care Quality Commission to provide a copy of the quote for refurbishment to the branch surgery at Weldon building and improvement of access to the front door with an agreed start date for these refurbishments to commence.

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

- Ensure patients are protected from abuse and improper treatment.
- Ensure premises and equipment used by the service provider is fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Review the process in place for the storage of medicines at the branch surgery to ensure they remain safe.
- Ensure all staff have training relevant to their role.
- Continue to review the staff training requirements for dispensers and source regular update training.

The practice was put in special measures in October 2019 and will remain in special measures. 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

# Overall summary

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.

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

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

## Our inspection team

Our inspection team was led by a CQC inspector and included two GP specialist advisors and an inspection manager .

## Background to Dr Roman Sumira

Dr Roman Sumira provides a range of services under a General Medical Services (GMS) contract which is a nationally agreed contract between general practices and NHS England.

The GP practice is run from a purpose built facility at Studfall Medical Centre. The practice's services are commissioned by Nene and Corby Clinical Commissioning Group (CCG).

The practice serves a population of approximately 2,035 patients.

Patient demographics reflect the national average and information published by Public Health England, rates the level of deprivation within the practice population group as five, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The service at the practice is provided by one GP partner, two locum GPs, one practice nurse and one healthcare assistant. The team is supported by a practice manager along with a team of administration and reception staff. The practice at Studfall Medical Centre is open between 8am and 6.30pm Monday to Friday.

The practice has a branch surgery in the village of Weldon. It is located at 11a High Street, Weldon, Northamptonshire, NN17 3JJ.

Although patients can access either surgery we were informed that generally patients visit one of the sites. The branch is a dispensing practice. The branch surgery is staffed Monday, Thursday and Friday from 10am to 1pm and Tuesday from 4pm to 6.30pm.

The branch surgery at Weldon offers open access appointments to see a GP. Appointments are offered on a first come first served basis on Monday, Thursday and Friday from 10.30am to 11.30am and on Tuesday 4.30 pm to 5.30 pm. Patients need to make an appointment to see the Practice Nurse or Health Care Assistant . We inspected the branch surgery as part of this inspection.

The practice population is predominantly white British (97%) along with small ethnic populations of Asian (1%) and mixed race (1.2%).

Dr Roman Sumira has one location registered with the Care Quality Commission (CQC) which is 1 Studfall Court, Corby Northamptonshire. NN17 1QP and provides the regulated activities of Family planning, Treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures and maternity and midwifery services.

The local NHS trust provides health visiting and community nursing services to patients at this practice.

As part of the Corby locality extended access hub at Woodsend Medical Centre , patients can access extended hours appointments. Additional same day and booked appointments are provided by GPs, Nurse Prescribers, Clinical Pharmacists, Practice Nurses and other clinicians outside of the core General Practice hours.

Appointments are available :-

4pm to 8pm Monday to Friday

8.30am to 12.30 Saturday

8.30am to 12.30 Bank Holidays

As part of the Primary Care Network The Lakeside Surgery at Corby also offer extended access for one hour a week.

When the practice is closed patients are directed to contact the out-of-hours GP services by calling the NHS 111 service. They can also access Corby Urgent Care Centre during and out of practice hours.

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	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Family planning services	Ensure the premises used by the provider at the branch surgery at 11A High Street Weldon, Nr Corby Northants. NN17 3JJ are fit for use.
Maternity and midwifery services	Provide a copy of the quote for refurbishment to the building and improvement of access to the front door with an agreed start date for these refurbishments to commence.
Surgical procedures	
Treatment of disease, disorder or injury	

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>Service Users must be protected from abuse and improper treatment in accordance with this regulation. Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</b></p> <p><b>How the regulation was not being met</b></p> <p>The provider did not have an effective system for safeguarding adults and children from abuse and improper treatment.</p> <p>There was not safeguarding registrar.</p> <p>We were not able to work out what circumstances made the patients vulnerable. For example, it did not identify which children were subject to a child protection plan, which children were a looked after child etc.</p> <p>Not all staff had received the level of safeguarding training relevant to their role.</p> <p>No safeguarding meetings had taken place.</p> <p>Regulation 13(1), (2) and (3)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

## Enforcement actions

There was no process in place to ensure staff were aware of relevant and current guidance, such as, NICE guidance.

The practice did not have an effective system in place for the management of high risk medicines.

We found a large number of high priority reminders on the patient records.

The practice did not have a clear system for the recall of patients with long term conditions to ensure they were reviewed in a timely manner.

There was no standardised template used for patients with long term conditions to ensure a systematic consistent approach by recording accurate and complete information.

On the patient electronic record there were no personalised care and support plans and you did not use a risk stratification tool to identify vulnerable old people, high risk patients or those needing end of life care to ensure they received care and treatment appropriate to their needs.

The practice did not have an effective system for ensuring that Medicines & Healthcare products Regulatory Agency (MHRA) and patient safety alerts were received and actioned appropriately.

There was no programme of continuous audits in place to monitor quality and to make improvements.

Regulation 17(1)