Dr Padma Prasad

Inspection report

Faircross Health Centre
51 Upney Lane
Barking
IG11 9LD
Tel: 02085943667

Date of inspection visit: 20 April 2022
Date of publication: 31/08/2022

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 well-led?	**Inadequate**

Overall summary

We carried out an announced focused Inspection at Dr Padma Prasad (Faircross Health Centre)

on 20 April 2022. Overall, the practice is rated as inadequate.

Set out the ratings for each key question:

Safe - Inadequate

Effective – Inadequate

Well-led - Inadequate

At the last inspection, the caring and responsive key questions were rated good. These ratings have been carried forward.

Following our previous inspection on 12 October 2016, the practice was rated requires improvement as there was no carers register. This was resolved at the follow up inspection carried out on August 2017, where the provider was rated good overall.

Following on from a concern raised with the CQC,, we decided to carry out a focused inspection of safe, effective and well-led.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Padma Prasad also known as Faircross Health Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection in relation to the key questions of safe, effective and well-led.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing and staff returning completed CQC staff feedback form.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

Our findings

Overall summary

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.
- Information from the provider, patients, the public and other organisations.

We have rated this practice as Inadequate overall.

We found that overall governance arrangements within the practice were ineffective and has resulted in various inadequacies in provision of care and potential risks to patients. These inadequacies are shown in:

- lack of:

-timely medication reviews,

-management of medication safety alerts,

-actioning and making referrals as and when needed,

-management of alerts on clinical systems,

-communicating effectively with patients,

-recording effective consultation notes

- not having practiced safe prescribing
- emergency medication on site not having been managed well, with missed medications not being risk assessed for
- regular checks of emergency equipment on site not being carried out
- Cold Chain process not being managed well, with medication fridge temperature having gone out of range three times and no action being recorded as taken
- patients' health checks and monitoring their health not been carried out effectively in relation to high risk and Disease Modifying Antirheumatic medicines
- managing patients' care on long term condition not being carried out effectively
- miss diagnosis of diabetes in case of three patients
- use of incorrect coding in relation to patients care and well-being needs and risks to their health and safety, including safeguarding risk register, DNACPR, patient death, specific health conditions
- lack of management overview in using existing resources effectively for ensuring positive outcomes for patients. For example, a lack of effective joint work and effective supervision and auditing in relation to Primary Care Network staff working with the practice has resulted in lesser outcomes for patients.
- a lack of clear protocol, induction process and working framework with locum clinicians and salaried GP. This has resulted in fewer outcomes for patients and for learnings not having been translated into best practice as part of a live quality assurance process that could have supported best patient care every step of the way
- a lack of record keeping and audits of meetings and clinical supervisions
- not having engaged and involved staff in the process of planning and management of services, and where responsibilities were allocated no support, supervision and training were being provided
- ineffective policies which were not relevant to the practice's operations and were not implemented in practice, were not dated, reviewed and authorised as necessary
- a recruitment process which was not safe as the necessary recruitment steps and checks were not being carried out

Overall summary

- inadequate safeguarding system, where incorrect coding had been used, necessary discussions and decision making processes and adequate safeguarding adults policy were not in place, two staff had been recruited with no Disclosure and Barring Service (DBS) had been undertaken, and some safeguarding training for staff had not taken place.
- allocation of responsibilities to individuals with no expertise and experience where specialist training and supervision was needed for example in the case of lead persons for health and safety, Fire Safety, Infection Control and Safeguarding
- not having had set up a web site for supporting better access for patients and assisting patients to make use of it for making appointments, accessing information and communicating concerns
- not having actioned timely training for reception staff on customer care and use of EMIS
- not having ensured that all staff receive up to date training in all areas, relevant to their position within the practice
- not having ensured that all staff receive training in relation to Fire Safety, Health and Safety and infection control at a level appropriate to their roles and responsibilities within the organisation
- not having ensured adequate resources for provision of safe and person centred care to patients, including allocation of necessary practice management hours, nursing and GP sessions, updated IT system and commissioning services of specialists in Health and Safety, Fire Safety, Legionella risk assessment, for putting in place necessary measures and systems
- The leadership had not taken necessary steps in ensuring health and safety of patients and staff through carrying out necessary health and safety risk assessment and implementing recommendations as necessary
- The leadership had not taken steps in ensuring necessary fire safety arrangements are put in place and implemented such as regular fire drills and fire risk assessment

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

Ensure that 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.

Ensure enough numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

Ensure that persons employed at the practice have received appropriate training.

Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Ensure specified information is available regarding each person employed.

Ensure where appropriate, person employed are registered with the relevant professional body. (Please see the specific details on action required at the end of this report).

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

- Continue to implement a programme to improve uptake for cervical screening and childhood immunisations.

Overall summary

- Improve compliance with policies and procedures; for example, the infection control and prevention policy and staff training to be provided during induction period.

On 29 April 2022, Dr Pradma Prasad was issued with an urgent notice to impose conditions upon their registration as a service provider in respect of regulated activities, under Section 31 of the Health and Social Care Act 2008. This notice of decision of urgent conditions was given because we believed that patients would or may have been exposed to the risk of harm if we did not take this action.

I am, therefore 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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video and telephone conferencing facilities and undertook a site visit. The team included a second CQC inspector who took part in the site visit with the lead inspector and a GP specialist who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr Padma Prasad

Dr Padma Prasad (Faircross Health Centre) is located in Essex at 51 Upney Lane, Barking, Essex IG11 9LD.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, treatment of disease, disorder or injury family planning and maternity and midwifery services.

Dr Padma Prasad (Faircorss Health Centre) is NHS GP practice and a member of NHS Barking and Dagenham Clinical Commissioning Group (CCG). The practice provides primary medical services in Barking, Essex to approximately 2160 patients.

The practice population is in the fifth least deprived decile in England. The practice has had surveyed the ethnicity of the practice population and had determined that 42.3% of patients described themselves as white, 41% Asian, 10.7% black and 4%as having mixed or other ethnicities.

The practice team at the surgery is made up of lead GP working five sessions in a week and two locum GPs, one providing one, and other providing three sessions per week. There is a locum female nurse practitioner working one clinical session of three hours per week. She carries out Cervical Smear screening and immunisation. The practice does not provide wound dressing as a part of their service to the patients. Patients who need support by a nurse are signposted to Barking walk-in centre. The lead GP also provides diabetic reviews and immunisations, as part of her consultation with patients as and when needed for individual patients. In additions there are six administrative and reception staff. There is a practice manager who works nine hours a week.

The practice is open: Monday to Friday 8.00am to 6.30pm.

The practice does not open on a weekend. The practice has opted out of providing out of hours (OOH) services to their own patients when closed and directs patients to the OOH provider for NHS Barking and Dagenham CCG.

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 were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular: • The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competent, skills and experience before starting work. This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person had failed to ensure that enough numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. In particular: • Insufficient number of suitably experienced practice management personnel. This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The practice did not have systems and processes for managing risks, issues and performance for:

-Medicine safety alerts.

-Supervision, auditing and peer review for clinicians and prescribers.

-Dealing with referrals to the practice and making timely referrals of patients to services.

-Monitoring patients on high risk medicines and patients with long term conditions.

-Managing emergency medications effectively with risk assessment of missed medications and potential impact on patients.

-Effective and timely medication review for patients.

There were no systems or 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:

- Ineffective policies which were not implemented in practice.
- Lack of processes for carrying out and implementing Fire Safety and Health and Safety related risk assessments.
- Absence of risk assessment for emergency medication no kept on site.
- Absence of regular monitoring of emergency equipment kept on site.
- There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to person employed in the carrying on of the regulated activity or activities. In particular:
- Absence of recruitment process including selection and necessary recruitment checks

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

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not ensured that care and treatment is provided in a safe way. In particular;

- The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks. For example, people had not received appropriate physical health monitoring with appropriate follow-up in accordance with current national guidance.
- Leaders had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, ensuring that the premises were safe for use.
- Leaders had not identified the need to have an effective process in place to ensure clinicians were reviewing patients' monitoring information prior to prescribing. For example, not all patients on high risk medicines whose records we looked at had received appropriate monitoring.
- We found five missed emergency medicines that the provider had not carried out a risk assessment for.
- We found that the medication fridge temperature had gone out of range three times, for which the provider had taken no action.
- Where responsibilities for the care and treatment of service users was shared with, or transferred to other persons, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users. In particular: We found that the system of dealing with referrals to the practice was not effective We saw example of a referral to the practice was not acted on for several years.
- There was additional evidence that safe care and treatment was not provided. In particular:

-Consultation notes for patients were not detailed enough and did not contain enough information about the patient's condition and clinical diagnosis.

-Staff using the system were not adequately trained and did not use the necessary features on the system to monitor patients, complete care plans or enter details, make referrals, download and deal with referrals and make

This section is primarily information for the provider

Enforcement actions

use of right coding. A member of clinician team had started work with the practice, without necessary checks on qualification, competence, skills and experience, indemnity insurance and DBS check being carried out at the time of recruitment.

There was no system of supervision, audits and peer review in place for clinicians and prescribers.

-The system to identify vulnerable patients such as at-risk children and adults required improvements. We found issues with coding on the at-risk register and that it was not updated regularly.

-There was limited evidence of discussion of safeguarding issues in staff and clinical meetings.

-Some of the staff had not had safeguarding training completed.

-The policy for Safeguarding Adults was not effective, missing important elements and information relevant to the organisation and how it operates.