

Dr Abhijit Neil Banik

Inspection report

Park Farm Surgery
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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

Are services safe?

Are services effective?

Are services responsive?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection at Dr Abhijit Neil Banik on 28 February 2018. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. Warning Notices were served in relation to breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment and Regulation 17 Good governance found at this inspection. The full comprehensive report on the February 2018 inspection can be found by selecting the 'all reports' link for Dr Abhijit Neil Banik on our website at .

After our February 2018 inspection the practice wrote to tell us how they would make the necessary improvements to comply with the Warning Notices.

We undertook an announced focused inspection on the 6 July 2018, to confirm that the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 28 February 2018. This report only covers findings in relation to those requirements. The practice was not rated as a consequence of this inspection.

At this inspection we found:

- Not all the improvements required by the warning notices had been complied with.
- The practice had made some improvements to their safeguarding systems. However, not all the necessary requirements had been met.
- The system for recording, analysing, acting on and learning from significant events had not significantly improved since our February 2018 inspection.
- Not all of the systems and processes to manage infection prevention and control were being effectively implemented.

- The system for recording, analysing, acting on and learning from complaints had not improved since our November 2017 inspection.
- The systems of accountability to support good governance and management had not sufficiently improved since our February 2018 inspection.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure systems and processes to ensure good governance in accordance with the fundamental standards of care are effective.

As our inspection on 6 July 2018 found that the practice had not fully met the Warning Notice issued on 12 April 2018 further Warning Notices were served in relation to breaches of:

The Health and Social care Act 2008 (Regulated Activities) Regulations 2014:

- Regulation 12 Safe care and treatment
- Regulation 17 Good governance.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

Our inspection team

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

Background to Dr Abhijit Neil Banik

Dr Abhijit Neil Banik (also known as Park Farm Surgery) provides services from a converted semi-detached residential property located in Folkestone, Kent. As part of our inspection we visited Park Farm Surgery, 1 Alder Road, Folkestone, Kent, CT19 5BZ. There are approximately 3,200 patients on the practice list. The practice population is close to national averages, although there are slightly more patients under four years old and less over the age of 65. The surrounding area has a high prevalence of people living in deprived circumstances. There is a high level of estimated smoking prevalence in the area (practice 29%, clinical commissioning group (CCG) 21%, national 18%). The practice has an agreed list closure until 18 November 2018.

The practice holds a General Medical Service contract and consists of the principal GP (male) and one practice nurse (female). The GP and nurse are supported by a practice manager and a team of administration and reception staff. A wide range of services are offered by the practice including diabetes, asthma and chronic obstructive pulmonary disease (COPD). The GP has undergone further training to become a GP with a special interest in respiratory conditions and is the respiratory lead for the CCG.

The practice is open Monday to Friday from 8am to 1pm and 2pm to 6.30pm. The telephones are transferred to the principal GP during 1pm and 2pm when the practice is closed. The GP provides a telephone clinic every day from 8.30am to 9.30am and appointments start from 10am to 11am and 3pm to 6pm.

The practice collaborates with eight GPs and the CCG in the area to provide urgent home visits with a paramedic practitioner and extended hours for patients from 8am to 8pm at the Queen Victoria Hospital hub, Folkestone.

Out of hour's services are provided by Integrated Care 24. Details of how to access this service are available on their website.

Dr Abhijit Neil Banik is registered with The Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; maternity and midwifery services and treatment of disease, disorder or injury.

Are services safe?

At our previous inspection on 28 February 2018 we rated the practice as inadequate for providing safe services because:

- The practice's systems to keep patients safe and safeguarded from abuse were not always effectively implemented.
- The practice's systems to assess, monitor and manage risks to patient safety were not always effectively implemented.
- The practice did not always have reliable systems for appropriate and safe handling of medicines.
- The practice was unable to demonstrate a systematic approach to safety.
- The practice did not have a systematic approach to reporting significant events.

The practice had not sufficiently responded to these issues when we undertook a focussed follow up inspection on 6 July 2018.

Safety systems and processes

The practice had not made sufficient improvements to their systems and processes to keep people safe and safeguarded from abuse.

- The practice had reviewed and updated some aspects of the systems to safeguard children and vulnerable adults from abuse.
- The practice was unable to demonstrate that all staff were up to date with appropriate safeguarding training to support their role.
- The practice was unable to demonstrate that appropriate staff checks for locum GPs employed directly by the practice had been carried out.
- Not all of the systems and processes to manage infection prevention and control were being effectively implemented.

Risks to patients

The practice had not made sufficient improvements to the assessment and management of risk to patients, staff and visitors.

- The practice had not employed any new staff since the last inspection. However, they had introduced an induction process for new recruits. However, the information pack to support temporary staff, including locum GPs, had not been reviewed or updated.

- The practice had not completed comprehensive risk assessments in relation to safety issues.

Appropriate and safe use of medicines

The practice had not made sufficient improvements to the arrangements that managed medicines in the practice to help keep patients safe.

- The practice had introduced a system for tracking prescriptions through the practice.
- The practice had introduced Patient Group Directions to allow nursing staff to administer medicines such as vaccines since our last inspection.
- The practice had made improvements to the systems and processes for storing vaccines. However, records of appropriate temperature checks for refrigerators used to store medicines and vaccines were not always made.
- The practice had increased improved the range of emergency medicines and emergency equipment available to help staff respond to medical emergencies. However, during the inspection the practice was unable to demonstrate that it had undertaken any risk assessments for the emergency medicines it did not stock. The practice submitted these after the inspection.

Track record on safety

The practice had not made sufficient improvements to safety assessments since the February 2018 inspection.

- Some improvements had been made to the storage of hazardous substances. However, risk assessments for these were out of date.
- The practice did not monitor or review activity to help understand risks and improve safety across the practice.

Lessons learned and improvements made

The practice had not made sufficient improvements to their systems for recording, analysing, acting on and learning from significant events.

- The practice had not made any improvements to the significant event log to support identification and learning from trends.
- The practice told us that actions had been undertaken and that significant events were discussed with staff and patients involved. However, the significant event records we reviewed did not support this.

Are services safe?

- The practice had improved the system for managing medicine safety alerts and these were now shared with the nursing team

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 28 February 2018, we rated the practice as requires improvement for providing effective services because:

- The practice was unable to demonstrate that staff always had the skills, knowledge and experience to carry out their roles.

The practice had not sufficiently responded to these issues when we undertook a focussed follow up inspection on 6 July 2018.

Effective staffing

The practice could not demonstrate that all staff had the skills, knowledge and experience to carry out their roles.

- At our February 2018 inspection we found that the practice did not always maintain up to date training records for all permanent and locum members of staff. At this inspection we found some improvements had been made to the training records of permanent members of staff. However, no significant improvements had been made to training records held for locum GPs employed directly by the practice.
- The practice told us they had not employed any new members of staff since our inspection in February 2018. However, records showed the practice had introduced an induction checklist in the event that the practice recruited a new member of staff.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our previous inspection on 28 February 2018, we rated the practice as requires improvement for providing responsive services because;

- The practice had a system for recording and analysing verbal and written complaints. However, the practice was not able to demonstrate that there were effective systems and processes for learning and identifying trends from individual complaints and concerns raised by patients. Not all complaints reviewed during the inspection had been managed satisfactorily. Nor did the process direct patients to the next steps to take if they remained dissatisfied.

The practice had not sufficiently responded to these issues when we undertook a focussed follow up inspection on 6 July 2018.

Listening and learning from concerns and complaints

- The practice had not made sufficient improvements to the system for recording, analysing, acting on and learning from complaints since our February 2018 inspection.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection on 28 February 2018 we rated the practice as inadequate for providing well-led services because:

- Leaders did not always have the capacity and skills to deliver high-quality, sustainable care.
- The practice was not always able to demonstrate a culture of high-quality, safe and sustainable care.
- The practice had a range of governance documents. However, we found that governance arrangements were not always effectively implemented. Nor were roles and responsibilities clearly defined.
- The processes for managing risks, issues and performance were not always effectively implemented.
- The practice had made some changes to services due to patient feedback but did not have a proactive approach to involving patients in improving services.
- The practice was actively involved in a range of local projects. However, the practice did not have an effective approach to identifying areas for improvement.

The practice had not sufficiently responded to these issues when we undertook a focussed follow up inspection on 6 July 2018.

Governance arrangements

Governance arrangements at the practice were insufficient.

- The practice had reviewed systems and processes in some areas of the practice and made improvements. For example, medicines management, infection prevention and control and safeguarding. However, we found these were not always being effectively implemented.
- Not all systems and processes that required improvement had received any review or subsequently been addressed since our inspection in February 2018. For example, the systems and processes for managing significant events and complaints.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- The practice had addressed some of the issues raised in our last inspection associated with risks to patients and staff. However, the practice leaders had not established appropriate policies, procedures and activities to help ensure safety and had not assured themselves that they were operating as intended through risks assessment, audit or monitoring activity.

Please refer to the evidence tables for further information.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not done all that was reasonably practicable in assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. In Particular:The registered person was unable to demonstrate a systematic approach to safety. The practice had carried out some risk assessments and completed actions. However, the practice was unable to evidence that it was carrying out comprehensive risk assessments in all areas of the practice. For example, health and safety risk assessments.The registered person did not have a systematic approach to reporting significant events. We found that significant events did not contain sufficient detail, analysis or changes to practice. Nor could the registered person demonstrate that trends were identified, learning effectively shared or any changes to practice monitored. The registered person had not done all that was reasonably practicable in the proper and safe management of medicines. In particular:The registered person was unable to demonstrate an effective system for the storage of vaccines.The registered persons had not done all that was reasonably practicable in assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are healthcare associated. In particular:The practice had a system to manage infection prevention and control (IPC). However, this was not always effectively implemented in that actions arising from audit activity had not been undertaken or have a timeframe for completion.This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that were not operating effectively in that; they failed to enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services), throughout the governance process. In particular The registered person failed to demonstrate that there were effective systems and processes to support a consistent approach to managing complaints or that learning from complaints was routinely disseminated to all relevant staff. The registered person failed to demonstrate that there were effective systems and processes for reporting, recording, analysing and learning from significant events. The registered person had systems or processes in place that were not operating effectively in that they failed to enable 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, throughout the governance process. In particular: The registered person failed to demonstrate that policies and procedures to govern activity were effectively implemented or monitored. There was an inconsistent approach for identifying, recording and managing risks, issues, implementing mitigating actions and monitoring those actions. The practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors. For example, risks from infection prevention and control and health and safety assessments. The practice was unable to demonstrate there was an effective approach for monitoring information in governance documents including locum information packs. The practice did not have sufficient governance arrangements for temporary staff recruitment and training. For example, not all recruitment checks had been carried on temporary members of staff. These omissions had not been identified by an effective system or process established to ensure compliance with the requirements. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.