

# 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?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive inspection at Dr B Bhatti and Dr R Das on 12/11/2021. Overall, the practice is rated as Requires improvement.

Ratings for each key question:

Safe - Inadequate

Effective - Requires improvement

Caring - Good

Responsive – Good

Well-led – Requires improvement

Following our previous inspection on 01/10/2019 the practice was rated Requires improvement overall and rated Good for providing safe services but Requires improvement for providing effective, caring, responsive and well led services.

The full reports for previous inspections can be found by selecting the ‘all reports’ link Dr B Bhatti & Dr R Das on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This comprehensive inspection to follow up on breaches of regulations and covers our findings in relation to the actions we told the practice they should take to improve.

## 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
- 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

We based our judgement of the quality of care at this service on a combination of:

# Overall summary

- 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 found that:

- Although there were some strong systems to manage risks to patients, there were some risks that were not well managed; for example, people had not received appropriate physical health monitoring with appropriate follow-up in accordance with current national guidance.
- The system of medicines reviews for patients with long term conditions required improvement. For example, we found evidence where the diagnosis was not well coded or documented in the patient record which meant some patients had not been reviewed or signposted to preventative care.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. Uptake rates for the vaccines given were below the target of 95% in five areas where childhood immunisations are measured.
- The practice had not demonstrated it had an effective strategy to improve its performance for cervical screening which was lower than CCG and England averages.
- Although GP patient survey results to questions about access to appointments remained below local and national averages, the practice had acted on patient feedback.
- The provider had implemented systems and process in response to the findings of our previous inspection. However, the governance arrangements in place still required improvement especially in relation to identifying, managing and mitigating risks.

We found breaches of regulations. The provider **must**:

- Ensure that care and treatment is provided in a safe way.

Please see actions we have asked the provider to take below;

The provider **should**:

- Continue to implement a programme to improve uptake for cervical screening and childhood immunisations.
- Improve compliance with policies and procedures; for example, the prescribing policy.
- Improve recording of DNACPR decisions and improve oversight of documenting the decisions made.
- Continue to encourage patients to become members of the patient participation group.

# Overall summary

**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 conferencing facilities and undertook a site visit. The team included a GP specialist adviser who interviewed staff and completed clinical searches and records reviews on site.

## Background to Dr B Bhatti & Dr R Das

Dr B Bhatti & Dr R Das (also known as Bermondsey Spa Medical Practice) is located in Bermondsey, London at Spa Medical Centre, 50 Old Jamaica Road, London SE16 4BN.

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

The practice is situated within the Southwark Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) (Personal Medical Services (PMS). This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices; North Southwark Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 63.9% White, 18.6% Black, 8.7% Asian, 5.4% Mixed, and 3.4% Other.

There is a team of four doctors who work at the practice, two males and two females. Three of the doctors are partners and there is one salaried GP who started in September 2021. There are two practice nurses and one new nurse who started in November 2021 and there are three HCA's. The practice use a locum Advanced Nurse Practitioner who provides 10 sessions per week. The practice provides 32 GP sessions per week. The GPs are supported at the practice by a Practice Manager and a team of reception/administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Patients telephoning when the practice is closed are directed to the out-of-hours service provider 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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The overarching governance framework had not ensured that systems and processes were operating effectively. In particular;</p> <ul style="list-style-type: none"><li>the practice did not have clear and effective processes for managing risks, issues and performance. For example, medicines management processes related to monitoring patients taking high-risk medicines.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment is provided in a safe way. In particular;</p> <ul style="list-style-type: none"><li>• 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.</li><li>• Leaders had not identified the need to have an effective process in place to ensure clinicians were viewing patients' monitoring information prior to prescribing.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>