

Dr Mohan S Saini

Inspection report


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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

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

We carried out an announced comprehensive inspection at Dr. Mohan S. Saini on 22 July 2019.

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection focused on the following key questions:

- Safe (this key question was opened on the day of the inspection)
- Effective
- Responsive
- Well-led

Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

- Caring

We have rated this practice as inadequate overall.

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

- The practice was unable to demonstrate that safety systems in place to ensure patients were safe and safeguarded from abuse were effectively managed or working as intended. For example, management of prescriptions, consideration and mitigation of risks and recruitment systems and procedures.

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

- The practice was unable to demonstrate that clinical meetings were recorded for learning or that clinical quality improvement activity was effective.
- Due to significant errors in coding and the practice's inability to demonstrate that they were effectively monitoring this, they were unable to demonstrate that the data produced in the public domain was accurate. As a result, the practice were unable to assure themselves that they were providing effective care or treatment overall.

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

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

- There was limited effective clinical quality improvement activity.
- The practice was unable to show that staff always had the skills, knowledge and experience to carry out their roles.
- The overall governance arrangements were ineffective.

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

- The practice was unable to demonstrate that management of all complaints was effective. For example, the practice told us that verbal complaints were resolved on an ongoing basis but were unable to demonstrate any formal recording or documenting system to enable the practice to learn from these or continually improve.
- Patient feedback data relating to access to care and treatment were higher than local averages in almost all questions.

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

- Ensure care and treatment is provided in a safe way to patients
- Ensure patients are protected from abuse and improper treatment
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- 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

Overall summary

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 and a second CQC inspector.

Background to Dr Mohan S Saini

Dr. Mohan S. Saini is located in the Handsworth area of Birmingham. The provider operates from a health centre premises which are shared with other providers of healthcare services and owned by NHS property services. The practice is not currently part of any wider network of GP practices. There are good public transport links nearby.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract to 3176 patients. The practice is part of the Sandwell Clinical Commissioning Group (CCG).

The practice's clinical team is led by a father and daughter team of two GP partners. Long-term locum GPs provide occasional sessions to cover the provider's absence. A female practice nurse works at the practice once a week, on a Wednesday. There is also a full-time health care assistant (HCA), who runs most of the long-term condition clinics. The practice manager is supported by an independent primary care consultant and a team of administrative staff.

Practice opening times are Monday to Friday 8am until 6.30pm, clinic times run from 9am until 12.30pm and then from 4pm to 6pm each day, except Tuesday and Thursdays when the practice has extended its opening hours until 7pm, the last clinical appointment is at 6.50pm. In addition, the practice runs a triage service between 9am and 10am each weekday morning to ensure patients are seen by the most appropriate person.

Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

The practice offers their patients additional hours at other local surgeries outside of normal surgery hours, between 6.30pm - 8pm each weekday and between 9am - 1pm on Saturdays and 10am - 1pm on Sundays.

Out-of-hours service for the practice are provided by Birmingham And District General Emergency Room (BADGER).

The patient profile for the practice has an above-average working age population, between the ages of 20 and 49 years and fewer than average children and older patients,

aged over-65. The locality has a higher than average deprivation level. Information published by Public Health England, rates the level of deprivation within the practice

population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Over 80% of the practice area population is of black and minority ethnic background.

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 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>How the regulation was not being met;</p> <p>The registered persons had systems or processes in place that were operating ineffectively in that they failed to enable to registered persons to assess, monitor and improve the quality and safety of the service being provided.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The provider had an ineffective policy for significant events and incident reporting to enable staff to report, record and learn from significant events and incidents effectively.• Clinical quality improvement activity was limited and did not enable the provider to ensure that patient outcome was improving.• The provider did not have a fully effective system or policy in place for ensuring that uncollected prescriptions were monitored for patients with mental health or long-term conditions.• The provider could not demonstrate that systems to ensure monitoring of equipment testing were effective. <p>The registered persons had systems or processes in place that were operating ineffectively in that they failed to enable the registered persons had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying out of the regulated activities.</p> <p>In particular we found;</p> <ul style="list-style-type: none">• Systems in place to ensure that all relevant information is gathered at recruitment and on an ongoing basis were effective.• Not all clinical staff had up to date safeguarding training appropriate to their role.

This section is primarily information for the provider

Requirement notices

- Systems to ensure that relevant staff immunisations were up to date were ineffective.

These were in breaches of Regulation 17(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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

How the regulation was not being met...

The registered person had failed to ensure that any and all complaints received were investigated and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation.

In particular we found;

- The practice was unable to demonstrate that verbal complaints were formally documented or recorded, or that any analysis, investigation or learning had been conducted as a result.

This was a breach of Regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of prescriptions, consideration of risk in general and the monitoring of known risks to patients. <p>The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:</p> <ul style="list-style-type: none">• The provider had not completed a documented health and safety/ premises and security risk assessments.• The provider was unable to demonstrate that systems to ensure infection control were managed or operating effectively.• The provider was unable to demonstrate that systems to ensure that all healthcare staff had the appropriate authorisation to give injections to patients were operating as intended.• Systems to manage and monitor cold chain were ineffective. For example, temperature monitoring was inconsistent and policies in place were not being followed or monitored. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Service users must be protected from abuse and improper treatment.

How the regulation was not being met:

The registered person had significantly disregarded the needs of service users for care and treatment.

In particular we found:

- The system in place which ensured that all children who were at risk or required safeguarding were appropriately monitored and followed up was not operating as intended or effective.

This was in breach of Regulation 13 (1) & (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.