Dr Atindranath Sikdar

Quality Report

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Teynham
Sittingbourne
Kent
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Tel: 01795 521948
Website: None.

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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 service	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Atindranath Sikdar on 5 May 2015. Breaches of the legal requirements were found. Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches. You can read the report from our last comprehensive inspection by selecting 'all reports' link for Dr Atindranath Sikdar on our website at www.cqc.org.uk.

We undertook this focused inspection on 21 July 2016 to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements.

Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an effective system for reporting and recording significant events and staff understood their responsibilities with regard to reporting significant events.
- All staff had Disclosure and Barring Service (DBS) checks and all staff who acted as chaperones had been trained for the role. However, we found that other essential training, such as safeguarding, fire safety and information governance had not been completed.
- The practice did not store controlled drugs securely.
- Emergency medicines were available and were stored together, checked regularly and the practice kept records of these checks.
- Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance.
- The practice had carried out clinical audits but was unable to demonstrate that these had led to improvements in the quality of care.
- The practice was unable to demonstrate they were following national guidance on infection prevention and control.
- The practice's performance for childhood immunisations was low.

The areas where the provider must make improvements are:

Summary of findings

- Ensure staff receive mandatory and other relevant training including safeguarding, fire safety, information governance and Mental Capacity Act training.
- Ensure national guidance on infection prevention and control is followed.
- Revise medicines management to ensure that controlled drugs are stored securely in line with current legislation.
- Ensure that completed clinical audit cycles are driving quality improvement.
- Make efforts to improve the uptake of childhood immunisations.
- Ensure the practice is compliant with the requirements of data protection legislation.
- Monitor and improve the quality of services provided. For example, childhood immunisations, referral rates and mental health medication activity.
- Actively encourage the development of a patient participation group.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

At our previous comprehensive inspection on 5 May 2015 the practice had been rated as requires improvement for providing safe services.

- Although staff understood the system for reporting events there was no common understanding of what constituted a significant event.
- The practice was unable to demonstrate that all staff were up to date with safeguarding training.
- There was a chaperone policy, which was displayed on the waiting room noticeboard but not in the consulting rooms. On occasion staff who had not received relevant training acted as chaperones.
- The practice was unable to demonstrate they were following national guidance on the management and safe storage of medicines.
- There were no cleaning schedules and no cleaning records were kept.
- Records showed that recruitment checks had not always been undertaken when employing staff. For example, criminal record checks through the Disclosure and Barring Service (DBS) had not been undertaken for the health care assistant or any of the administration staff, including those who undertook chaperone duties.
- A risk assessment had not been undertaken to determine the roles required to have DBS checks, although the practice was in the process of applying for DBS checks for all staff.
- Emergency medicines were kept in two different areas of the practice and a medicine used in the treatment of anaphylactic shock was not available.
- There was a business continuity plan to deal with a range of emergencies that might impact on the daily operation of the practice. It did not appear to have been kept up to date as the contact information was no longer accurate.

At our focused follow-up inspection on 21 July 2016, the practice provided records and information to demonstrate that some of the requirements had been met. However, we found that some of the requirements had not been met and there were further breaches of regulations. The practice is rated as inadequate for providing safe care.

Summary of findings

- Staff understood and were able to explain what constituted a significant event and how they would report it.
- We saw evidence that the practice nurse had completed safeguarding training to the appropriate level. However, the practice was unable to produce evidence to show that other staff had completed safeguarding training.
- There were chaperone notices displayed in the doctor's and the nurse's rooms as well as in the waiting room. All staff who acted as chaperones had been trained for the role.
- The controlled drugs cupboard had not been attached to the wall. We found controlled drugs were not stored in line with current legislation.
- Patient Group Directions had been adopted by the practice and these were signed and dated appropriately and kept in a folder at the practice.
- There was a weekly list of cleaning activities. However, there were no records to show that cleaning activities had been undertaken.
- Relevant checks had been made through the Disclosure and Barring Service (DBS) for all staff.
- Medicines for use in emergencies were available at the practice.
- The business continuity plan included up to date contact details for suppliers and staff.

Are services effective?

Requires improvement

At our previous comprehensive inspection on 5 May 2015 the practice had been rated as requires improvement for providing effective services.

- There was some evidence that GPs used guidance from the National Institute for Health and Care Excellence (NICE) but the use was sporadic and there was no audit of whether it was used or not.
- The practice was unable to demonstrate that clinical audits were being used to improve patient care through systematic review and the implementation of change.
- Not all staff were up to date with mandatory and other training. For example, safeguarding, fire safety, as well as moving and handling.
- Staff at the practice were not using the NHS Smartcard system. Without this access staff could not download records from other NHS providers or access certain information technology such as the choose and book referral system.
- Staff had not received training on the Mental Capacity Act which governs how matters of consent should be dealt with when individuals lack the capacity to make decisions.

Summary of findings

- During the last two years the performance for child immunisations, that is immunisations at 12 months and 24 months varied from 64% to 100% this was significantly below the average for the clinical commissioning group (CCG). Immunisations at five years were in line with local CCG averages with, in most cases 100% of children receiving the appropriate vaccines.

At our focused follow-up inspection on 21 July 2016, the practice provided records and information to demonstrate that some of the requirements had been met. However, the practice continues to be rated as requires improvement for providing effective care.

- We saw a copy of an audit of diabetic patients which showed compliance with relevant NICE guidelines.
- We saw an audit of medicines management which included two audit cycles. There had been two further clinical audits, although there had been no second cycles of these audits to show whether outcomes for patients had improved.
- The practice did not have an overall training plan for staff. All staff had received basic life support training. However, no staff had been trained in fire safety, information governance or the Mental Capacity Act and not all staff had received training in safeguarding.
- Most staff used the NHS Smart Card system, although staff on reception did not.
- The practice's performance for childhood immunisations remained low. The practice was unable to demonstrate how they planned to improve the take up of childhood immunisations by patients at the practice.

Are services well-led?

Requires improvement

At our previous comprehensive inspection on 5 May 2015 the practice had been rated as requires improvement for providing well-led services.

- Whilst there had been reviews of patients' medication there had been no clinical audits.
- The practice acknowledged that their rates of referral to secondary care were higher than that of practices in the area and we were told that the practice had made changes to their processes to address this. However, there was no plan to check and see if those changes had been effective.
- There was a process for mental health patients to receive repeat medications that was different to other medications. We

Summary of findings

were told that this was an additional safety measure but the practice was unable to demonstrate that any work had been carried out to check that it did improve safety for those patients.
- The practice did not use the information governance toolkit (IGT). The practice had no other arrangement to help ensure that it was complying with the requirements of data protection.
- The practice did not have a patient participation group (PPG).

At our focused follow-up inspection on 21 July 2016, the practice provided records and information to demonstrate that some of the requirements had been met. However, the practice continues to be rated as requires improvement for being well-led.

- There was a programme of clinical audits that included reviews of patients' medication. However, it was not clear how clinical audit was being used to drive improvements to patient care.
- The practice was unable to provide any evidence of changes made to the process of referrals to secondary care.
- The practice was unable to provide any evidence of changes made to the process for mental health patients to obtain repeat prescriptions.
- The practice had an information governance policy. However, the practice did not use the information governance toolkit or any other arrangement to help ensure it complied with data protection requirements.
- There was still no active PPG at the practice.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

At our previous comprehensive inspection on 5 May 2015 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 21 July 2016, we found that the practice had made improvements but there were ongoing breaches of the legal requirements. The provider is rated as inadequate for providing safe services, and requires improvement for providing effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

People with long term conditions

Requires improvement

At our previous comprehensive inspection on 5 May 2015 the practice had been rated as requires improvement for the care of people with long-term conditions. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 21 July 2016, we found that the practice had made improvements but there were ongoing breaches of the legal requirements. The provider is rated as inadequate for providing safe services, and requires improvement for providing effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Families, children and young people

Requires improvement

At our previous comprehensive inspection on 5 May 2015 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 21 July 2016, we found that the practice had made improvements but there were ongoing

Summary of findings

breaches of the legal requirements. The provider is rated as inadequate for providing safe services, and requires improvement for providing effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Working age people (including those recently retired and students)

Requires improvement

At our previous comprehensive inspection on 5 May 2015 the practice had been rated as requires improvement for the care of working age people (including those recently retired and students). The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 21 July 2016, we found that the practice had made improvements but there were ongoing breaches of the legal requirements. The provider is rated as inadequate for providing safe services, and requires improvement for providing effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

People whose circumstances may make them vulnerable

Requires improvement

At our previous comprehensive inspection on 5 May 2015 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 21 July 2016, we found that the practice had made improvements but there were ongoing breaches of the legal requirements. The provider is rated as inadequate for providing safe services, and requires improvement for providing effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

People experiencing poor mental health (including people with dementia)

Requires improvement

At our previous comprehensive inspection on 5 May 2015 the practice had been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider had been rated as requires improvement

Summary of findings

for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focused follow-up inspection on 21 July 2016, we found that the practice had made improvements but there were ongoing breaches of the legal requirements. The provider is rated as inadequate for providing safe services, and requires improvement for providing effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Dr Atindranath Sikdar

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Atindranath Sikdar

Dr Atindranath Sikdar is a dispensing practice located in the village of Teynham in Kent. It provides care for approximately 1,600 patients and dispenses medicines to about 600 of these patients. That is, those patients collect their medicines from the practice and not from a community pharmacy.

The practice has two branch surgeries at Doddington and Newham. The area is a mix of rural and village environments. We visited the site at Teynham as part of our inspection. We did not visit the sites at Doddington or Newham.

There is one GP who is a sole practitioner. There is a regular locum GP who works one day a week and covers when the GP is on holiday. Both the GPs are male and there is no regular provision of a female GP. There is a female practice nurse who works two days each week.

The patient population the practice serves is close to the national averages with only a slightly higher percentage of patients between the ages of 65 and 84, those with a full time caring responsibility and those reporting health-related problems in daily life. Income deprivation and unemployment are slightly below the national average.

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities. The practice is not a teaching or a training practice.

The surgery building is purpose built with two consulting rooms, a pharmacy room and a treatment room. One of the consulting rooms, on the first floor, is used as a nurse's treatment room. This room is not accessible to patients with mobility issues. However, staff told us that they would arrange for patients to be seen in a ground floor room if required.

The practice has opted out of providing out-of-hours services to their own patients. This is provided by South East on call 111 and Medway on Call Care (MedOCC). There is information for patients on how to access the out of hours service when the practice is closed.

Services are delivered from:

Dr Atindranath Sikdar

72 Station Road

Teynham

ME9 9SN

Services are also provided from:

Doddington Village Hall

The Street

Doddington

Kent

ME9 0BP

And:

Newnham Village Hall

The Street

Detailed findings

Newnham

Kent

ME9 0LL.

Why we carried out this inspection

We undertook an announced, focused inspection of Dr Atindranath Sikdar on 21 July 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 5 May 2015.

We inspected this practice against three of the five questions we ask about services; is the service safe, effective and well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. During our visit we spoke with the GP and the practice manager as well as administration and reception staff, and reviewed information, documents and records kept at the practice.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events.

- There was a protocol for how the practice managed significant events that included a definition of what constituted a significant event.
- Staff understood what constituted a significant event. They told us they would inform the practice manager of any incidents and that they recorded them in a book which was kept in reception.
- We saw evidence that significant events were recorded. There had been seven significant events recorded in the 12 months prior to our inspection.
- The practice had carried out an analysis of the significant events but there had not been any trends.

Overview of safety systems and processes

The practice had systems, processes and practices to help keep patients safe and safeguarded from abuse. However, these were not always fully implemented.

- The GP and practice nurse had received safeguarding training to levels appropriate to their roles. However, the practice was unable to demonstrate that other staff had received safeguarding training.
- Notices advising patients that they could request a chaperone were displayed in the waiting area and in the consultation and treatment rooms. Staff who carried out chaperone duties had been trained in the role.
- The practice was unable to demonstrate they were following national guidelines on infection prevention and control. There was a list of weekly cleaning duties. However, the practice did not keep records to show what cleaning activities had been carried out. Some of the cleaning was undertaken by a member of staff directly employed by the practice, while other duties were undertaken by a professional cleaning company. There was a contract between the practice and the cleaning company. However, this did not include details of the activities to be carried out. Mops were stored with the heads down in buckets and the mop heads were damp which presented an infection risk.
- The arrangements for managing medicines did not always keep patients safe. Controlled drugs were not appropriately stored. There was a controlled drugs cupboard but this was not fixed to the wall and was not in use. We found supplies of controlled drugs on open shelves within the dispensary and in the GP's locked bag. The medicine in the GP's bag was out of date and had been logged in the practice's records, but was not appropriately stored awaiting destruction. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We found that the appropriate checks through the Disclosure and Barring Service (DBS) had been undertaken for all staff.

Arrangements to deal with emergencies and major incidents

- Medicines for use in an emergency were stocked by the practice. Staff knew how to locate these when needed. The practice did not stock a medicine used for emergency treatment of suspected bacterial meningitis. When we brought this to the attention of the practice manager, they ordered a supply of this medicine and we saw evidence that they had done so.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for suppliers and staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits. For example, the practice had undertaken an audit of the care of diabetic patients in line with NICE guidelines. This led to some patients' medication being altered and other patients being referred to hospital for further treatment.

Management, monitoring and improving outcomes for people

There was evidence that the practice had made progress towards quality improvement including clinical audit.

- There had been two clinical audits completed in the last year. However, these were not completed two-cycle audits where the improvements made were implemented and monitored. For example, the practice had audited its care of a sample of elderly patients. However, this audit had not been followed up to show whether care interventions had led to improvements in outcomes for these patients. The practice was unable to demonstrate how they planned to follow up these audits.
- The practice had carried out a two-cycle audit of its management of medicines with support from the local clinical commissioning group (CCG).

Effective staffing

The practice did not have an overall training plan for all staff.

- GPs and the practice nurse had completed appropriate safeguarding training. However, not all staff were up to date with this training.
- All staff had completed basic life support training.
- None of the staff had completed training in fire safety, information governance or the Mental Capacity Act.

Information sharing

Some staff at the practice were using the NHS Smartcard system, and could download records from other NHS providers and access certain information technology such as the choose and book referral system.

Consent to care and treatment

The practice was unable to demonstrate they were following national guidance when obtaining consent from patients who lacked capacity. Written guidance was not readily available to guide staff and the practice was unable to demonstrate any member of staff had received training in this area. For example, Mental Capacity Act training.

Health promotion and prevention

Performance on children's vaccinations continued to be mixed.

- During the period 1 April 2014 to 31 March 2015 the performance for child immunisations, that is immunisations at 12 months, 24 months and five years varied from 57% to 100%. This was significantly below the average for the CCG which ranged from 84% to 97%. The practice was unable to provide evidence to show the steps they had taken to try to improve take up of childhood immunisations.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

The practice had carried out some clinical audits. However, these were limited and audit cycles were not completed to show that improvements were implemented and monitored.

- We asked to see evidence that the practice had carried out work to address their high rates of referral to secondary care. However, staff told us that they had not made progress to implement any changes to referral processes.
- We also asked to see evidence that the practice's process for mental health patients to receive repeat medications had resulted in improved safety for those patients. However, staff told us that this work had not been completed.

The practice did not use the information governance toolkit (IGT) and was unable to provide evidence to demonstrate that it met the requirements of the data protection act. (The IGT is an online tool that enables organisations to measure their performance against the information governance requirements.) Staff had not received information governance training and those we spoke with were not clear about their responsibilities to protect patients' data.

Seeking and acting on feedback from patients, the public and staff

The practice did not have a patient participation group (PPG). The practice linked to the local community through the parish council. Staff told us that efforts had been made in the past to establish an active PPG but that at the time of our inspection they were not actively trying to recruit patients to the PPG.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided because they did not carry out a full programme of completed clinical audits; they did not regularly monitor and make improvements to services, for example childhood immunisation rates, referral to secondary care rates, and systems for monitoring the safety of repeat prescribing for mental health patients. They did not ensure the safe maintenance of patient records because they did not train staff in information governance; they did not seek and act on feedback from people who used services because they did not have an active patient participation group. This was in breach of regulation 17(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 Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not do all that was reasonably practicable to ensure that staff had the competence, skills and experience to carry out the duties they were employed to perform because they did not ensure that staff had received mandatory training in information governance and the mental capacity act. This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to ensure that staff had the competence, skills and experience to provide care safely because they did not ensure that staff had received mandatory training in safeguarding and fire safety. The registered person did not ensure the proper and safe management of medicines because they did not store controlled drugs securely in line with current legislation. The registered person did not do all that was reasonably practicable to prevent and control the spread of infection because they did not keep cleaning records and cleaning equipment was not stored appropriately. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.