Dr Kiren Kaur

Inspection report

Moorside Medical Centre
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Oldham
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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?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as Requires improvement overall. (Previous rating 25/03/2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Dr Kiren Kaur on 25 March 2019 as part of our inspection programme

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

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

- There was no evidence that all staff, including some clinicians, had received training in safeguarding.
- The practice did not follow its safeguarding policy in that it did not provide annual safeguarding training which all staff were expected to attend, and training was not always renewed in a timely manner.
- Not all staff had completed training in infection prevention and control.
- The infection control policy had not been reviewed since 2011.
- The process for managing uncollected prescriptions was not effective, with one prescription from 2017 being outstanding.
- The practice had some below average prescribing data and there was no plan in place for improvements to be made.
- Not all the required checks had been completed prior to some medicines being prescribed.

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

- There was no evidence the healthcare assistant had received appropriate training.
- Training was not well-monitored with some staff not completing mandatory training and some not updating their training at the appropriate time.
- Most staff had not had an appraisal since 2017.

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

- There was little evidence of systems and processes for learning and continuous improvement.
- Some policies were not being followed and some had not been reviewed for several years.
- The GPs had a heavy workload and there was no plan for the workload to be sustainable and no succession plan.
- There was not always formal support and assessment of staff.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

These areas where improvements were required affected all population groups so we rated all population groups as **requires improvement**.

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

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

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

- Formalise the arrangement for using the GP from the other practice in the building when more GP capacity is required.
- Carry out practice-led clinical audits.

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

Population group ratings

Older people	**Requires improvement**
People with long-term conditions	**Requires improvement**
Families, children and young people	**Requires improvement**
Working age people (including those recently retired and students)	**Requires improvement**
People whose circumstances may make them vulnerable	**Requires improvement**
People experiencing poor mental health (including people with dementia)	**Requires improvement**

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 Kiren Kaur

Dr Kiren Kaur (also known as Moorside Medical Practice) is located at Moorside Medical Centre, 682 Ripponden Road, Oldham, OL1 4JU.

The provider is registered with CQC to deliver the regulated activities diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Dr Kiren Kaur is a member of Oldham Clinical Commissioning Group (CCG) and provides services to 3,335 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a single handed female GP who registered with the CQC in April 2013. There is a female salaried GP, a practice nurse and a healthcare assistant. There is a practice manager and several administrative and reception staff.

The practice is in line with the national average of patients' age ranges. The National General Practice Profile states that 94% of the practice population is of white ethnicity, with 6% of black, Asian or mixed-race ethnicity. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The proper and safe management of medicines was not demonstrated.** **In particular we found:** • The system for managing uncollected prescriptions was not effective. We saw 21 prescriptions over three months old that had not been actioned, including one from 2017. • There were negative variations of some prescribing data, and the GPs were unable to give an insight into these. • Four out of eight patients prescribed Methotrexate had not received the required blood tests. **This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.** **In particular we found:** • Policies were not routinely followed and some had not been reviewed for several years. • The infection control audit had not been accurately completed. • The practice did not keep evidence of the healthcare assistant receiving appropriate training.

This section is primarily information for the provider

Requirement notices

- Training was not well-monitored, with several staff not completing mandatory training, or updating their training at appropriate intervals.
- Most staff had not received a formal appraisal since 2017.

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