

Dr Sangeeta Rathor

Inspection report

Grand Union Village Health Centre
Taywood Road
Northolt
Middlesex
UB5 6WL
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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?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Dr Sangeeta Rathor on 7 June 2016. The overall rating at that time for the practice was good.

This inspection was an announced comprehensive inspection carried out on 3 December 2018. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014 as part of our inspection programme. This inspection identified breaches of regulation.

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 have rated this practice as requires improvement overall.

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

- The practice did not have clear systems and processes to keep patients safe.
- We found areas of concern related to, safeguarding procedures, a lack of safe management of medicines and lack of monitoring to ensure clinical staff were working within their remit.

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

- Staff had not all received an annual appraisal in a timely manner.
- The practice could not evidence how they ensured some clinical staff were up to date with current guidance and were provided with appropriate supervision.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care. The practice organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way. However, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were much lower than local and national averages.

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

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- However, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were low in all key questions compared to local and national averages.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care and lacked the capacity to provide clinical oversight and leadership at the practice.
- The overall governance arrangements were inadequate.
- We found that many systems and processes were not established and operated effectively to provide good governance. We saw no evidence of systems and processes for learning, continuous improvement and innovation.
- We found that though the practice had policies these were not followed.
- The practice was unable to demonstrate that they had actively responded to patient feedback and involved patients in the process.

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.

(Please see the specific details on action required at the end of this report).

Overall summary

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

- Review and improve the process of identifying carers

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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

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.

Background to Dr Sangeeta Rathor

Dr Sangeeta Rathor is located at Grand Union Village Health Centre, Taywood Road, Northolt UB5 6WL. The practice is in a shared community health centre.

The practice is registered with the Care Quality Commission to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury and midwifery services

The practice provides NHS services through a General Medical Services (GMS) contract to 1844 patients. In addition to this the provider also operates another practice jointly known as the Northolt Family Practice which was owned by Dr Syed Ali. The patient list from this practice is 4349 and both practices have a separate contract with the Clinical Commissioning Group.

However, both practices are operating from the same location and with same staff.

The practice is part of the Ealing Clinical Commissioning Group (CCG) which is made up of 79 general practices.

The practice's clinical team is led by the provider (principal GP), who provides eight clinical sessions per week. A male locum GP provides two clinical session per

week. A female nurse works at the practice four full days per week. The practice also employs a full-time practice manager and a part time health care assistant. There are three full-time administrators/receptionists and one-part timer.

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.

When the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

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, teenagers and older patients, aged over-50. The locality has a higher than average deprivation level. Over a third of the practice area population is of black and minority ethnic background.

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 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 provider had failed to ensure the proper and safe management of medicines prescriptions.</p> <p>The nurse was undertaking work without appropriate supervision and monitoring to ensure they were competent.</p> <p>A GP had failed to take appropriate action when a safeguarding case presented.</p> <p>Significant events were not recorded consistently and action taken to avoid future occurrence.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of clinical and overall leadership.</p> <p>The provider had not had not ensured that a clinical staff was competent to undertake the work they were delegated to perform and their role was being monitored.</p> <p>Practice policies were not being followed; the process of ensuring prescriptions were collected was not being followed.</p> <p>Safeguarding systems were not being followed.</p> <p>Appraisals were not being carried out.</p> <p>Clinical meetings were not being undertaken. Patient views were not being considered actively.</p>

This section is primarily information for the provider

Enforcement actions

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