Dr Uday Kanitkar

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 to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Overall summary

We carried out an unannounced comprehensive inspection at Dr Uday Kanitkar, also known as Moss Side Medical Centre, on 30 and 31 August 2023. Overall, the practice is rated as inadequate.

We rated each key question as follows:

Safe – Inadequate

Effective - Inadequate

Caring - Good

Responsive – Requires improvement

Well-led – Inadequate

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Uday Kanitkar on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up concerns that had been reported to us. It was a full comprehensive inspection looking at all 5 key questions.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing and face to face discussions.
- Requesting written feedback from staff and patients.
- 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:

- 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 found that:

Overall summary

We rated the provider as **inadequate** for providing safe services. This was because:

- Care was not always provided in a way that kept patients safe and mitigated the risk of avoidable harm.
- The environment was cluttered, poorly maintained and not conducive to good infection prevention and control (IPC). Cleaning schedules and IPC audits were not recorded.
- Medicines were not managed safely in line with best practice recommendations.

We rated the provider as **inadequate** for providing effective services. This was because:

- There was a lack of oversight and ineffective systems and processes to manage staff mandatory training compliance, provide effective clinical supervision and regular appraisals.
- Procedures around the implementation and management of DNACPR orders, mental capacity considerations and best interests were not reliable.

We rated the provider as **good** for providing caring services. This was because:

- Patient feedback was good and confirmed staff treated patients with kindness and respect. Patients felt involved in decisions about their care.

We rated the provider as **requires improvement** for providing responsive services. This was because:

- Information, such as from complaints and significant events, was not used for learning and improvement.

We rated the provider as **inadequate** for providing well-led services. This was because:

- Leaders had not identified the risks we found during the inspection.
- Processes to monitor performance, assure quality and drive improvement were not established.
- Systems for managing risks were not effective.
- Policies were not managed well and not always followed.
- Confidential records were not stored securely.

We found 3 breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

In addition, the provider **should**:

- Continue to take steps to increase the uptake of cervical screening.

Overall summary

Due to the breaches of regulation identified we will be carrying out further enforcement action against the provider. I am placing this service in special measures. The Care Quality Commission will refer to and follow its enforcement processes in taking action reflecting these circumstances. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a team inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr Uday Kanitkar

Dr Uday Kanitkar, also known as Moss Side Medical Centre, is located in Leyland at:

16 Moss Side Way
Leyland
PR26 7XL

The provider is registered with CQC to deliver the regulated activities;

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

The practice is situated within NHS Lancashire and South Cumbria Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 4697. This is part of a contract held with NHS England.

The practice is part of a wider network of other local GP practices called the Leyland Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the higher decile (6 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 98% White, 1% Asian, 1% mixed and other.

The age distribution of the practice population is 0-18 Years 19%, 18-64 Years 60% and 65 years and over 20%. This is similar to the regional average.

There is a clinical team of 1 lead GP, 5 sessional and trainee GPs, a practice nurse and a nurse associate. The clinical team is supported at the practice by a team of 6 administrative staff;4 receptionists, a secretary and a medicines coordinator. Managerial support was provided by a practice manager.

The practice offers training and support to GP ST2 and ST3 trainees from Workforce, Training and Education Directorate, NHS England.

The practice is open between 8 am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by PCN arrangements, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111 and through an arrangement with an out of hours provider.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had failed to ensure staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. In particular: There was no formal clinical supervision for the nurses or healthcare assistants. There was no clinical oversight of clinicians delivering care and treatment at the practice. Training was not adequately monitored and most clinicians, were not up to date with mandatory training. Managers and leaders were not visible and staff were unsupported. Appraisals were not a priority and only 1 staff member had received an appraisal in 2 and a half years. New and temporary and locum clinical staff were not given inductions to enable them to work effectively and safely. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not being provided in a safe way for service users.

This section is primarily information for the provider

Enforcement actions

Maternity and midwifery services

In particular;

Not all relevant Medicines and Healthcare Products Regulatory Agency (MHRA) alerts had been sufficiently actioned.

Medicines were not always managed in accordance with best practice. For example, prescription paper was not kept securely or monitored to prevent unauthorised access or misappropriation. We found some medicines were not being stored appropriately and in a way that ensured they remained fit for use. Some medicines and consumables were out of date.

Our clinical searches found patients with potential missed diabetes diagnoses who did not have access to appropriate diabetic health checks.

We identified patients on high risk medicines who had not had the appropriate monitoring undertaken to ensure it remained safe to continue to prescribe the medicine.

Patients with asthma were prescribed rescue steroids without issuing relevant steroid warning cards.

Medicine reviews were usually single code entries with no evidence the reviewer checked the monitoring was up to date.

The provider did not have effective arrangements in place for authorising the practice nurse or healthcare assistant to administer medicines.

The practice did not have effective incident management processes in place which enabled the recognition and management of incidents when things went wrong. There was no evidence that lessons were learned and shared and that actions were taken to mitigate the chance of reoccurrence.

The practice had not established safe systems for infection prevention and control. The environment was poorly maintained and not conducive to good infection prevention and control. Best practice around infection prevention and control was not being followed.

This section is primarily information for the provider

Enforcement actions

The practice did not demonstrate that staff employed had the skills and competence to undertake their roles safely and effectively as there was no oversight or supervision and performance management processes in place. Some staff were not up to date with key mandatory training modules.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular: Policies such as the infection control, incident management and complaints policy were not being followed. Policies and procedures had not been reviewed and were out of date. Incident and complaints were not being used to improve care, they were not discussed and lessons were not learned and shared. The provider had not established an effective quality assurance and performance measurement process. There was no audit plan in place. Risks were not always identified and acted upon. Where risk had been identified actions had not been taken. There was ineffective systems and processes to identify service users who required monitoring for high-risk medicines and therefore were at risk of harm from unsafe care and treatment.

This section is primarily information for the provider

Enforcement actions

There was a lack of oversight and ineffective systems and processes to manage staff mandatory training compliance.

There was a lack of adherence to mental capacity and best interests decisions principles and legislation in connection with DNACPR orders.

Patients records and confidential data was not always protected from unauthorised access.

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