

Dr R K Arora

Inspection report

Lyng Centre For Health & Social Care
Frank Fisher Way
West Bromwich
West Midlands
B70 7AW
Tel: 01216122222

Date of inspection visit: 16 January 2020
Date of publication: 03/03/2020

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 effective?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions.

- Effective
- Well-led

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 and requires improvement for people with long term conditions and people experiencing poor mental health.

We found that:

- The practice had lost a significant number of staff within the last 12 months. This had affected the services ability to deliver effective care for patients. Particularly those with long term conditions and people experiencing poor mental health.
- The staffing challenges faced by the practice had impacted its ability to deliver quality care. There was a

lack of oversight of systems and processes, this demonstrated that the way the practice was led and managed did not always promote the delivery of high-quality, person-centre care.

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

- 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 training and professional development necessary to enable them to carry out the duties.

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

- Continue to explore ways to improve uptake of cervical cytology uptake.
- Consider ways to engage patient groups for service development.

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	Good	
People with long-term conditions	Requires improvement	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
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 R K Arora

Dr R K Arora provides general medical services to a population of approximately 8400 patients in West Bromwich. Services to patients are provided under a General Medical Services (GMS) contract with NHS England and part of the Sandwell and West Birmingham CCG. The practice operates from a two storey premises with disabled access and the building is shared with other community services. Consulting rooms are on the ground floor and lifts are available to access the first floor.

The provider is a single-handed male GP who registered with the CQC in January 2013. *The practice employs four female salaried GPs. There are four locum GPs (three female, one male). There is a locum nurse in addition to their own practice nurse, a health care assistant and several administration staff.*

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

The practice is open between 8am to 6.30pm on Mondays to Friday (Except Thursdays). On Thursdays the practice is open from 8am to 8pm. Sunday opening is available from 10am to 1pm. In addition, extended access through the federation is available from 6.30pm to 8pm Monday to Friday. Saturday opening is also available for three hours.

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>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity by ensuring appropriate induction and training for staff.• The follow up system to improve quality outcomes for patients was ineffective, in particular for some long-term conditions.• The provider did not have a system or policy in place for monitoring and following up patients who experience mental health problems. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>