

Dr Anita Sharma

Inspection report


Chadderton South Health Centre
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Lancashire
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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?

Requires improvement 

Are services well-led?

Inadequate 

Overall summary

We inspected Dr Anita Sharma, Chadderton South Health Centre, Eaves Lane, Chadderton, Oldham, OL9 8RG on 28 March 2018 as part of our inspection programme. The practice was given an overall rating of requires improvement with the following domain ratings:

Safe – Requires improvement

Effective – Requires improvement

Caring – Good

Responsive – Good

Well-led – Requires improvement.

Requirement notices were issued in respect of breaches of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (safe care and treatment), Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance), Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (staffing) and Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (fit and proper persons employed).

On 14 June 2019 we carried out a further full inspection at Dr Anita Sharma.

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.

At the inspection of 14 June 2019 we found that the requirements of Regulation 12 had been met. However, we did not see improvements relating to Regulations 17, 18 and 19.

We have now rated this practice as inadequate overall and inadequate for all population groups.

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

- Not all staff had been trained in safeguarding adults and children.

- The practice did not carry out all the required checks prior to recruiting new staff, and there was no evidence of on-going checks. This had not been actioned following a requirement notice being issued after the March 2018 inspection.
- Not all staff were trained in fire safety.
- The recently completed infection control checklist had incorrectly stated it was confirmed all staff were trained in hand hygiene and Hepatitis B vaccinations were up to date for all clinical staff.
- Some guidance documents for staff gave incomplete or incorrect information.
- Significant events were not always discussed at the earliest opportunity, and learning from significant events was not always discussed with people involved in the event.

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

- There was no evidence of an induction programme for some staff and the induction for other staff was not well-monitored. This had not been actioned following a requirement notice being issued after the March 2018 inspection.
- Training identified as mandatory by the practice, including safeguarding and General Data Protection Regulations (GDPR), had not been completed by all staff. Training was not monitored to ensure it was updated in line with the practice's policies. This had not been actioned following a requirement notice being issued after the March 2018 inspection.
- There was no assurance that long-term locum GPs had received appropriate training. This had not been actioned following a requirement notice being issued after the March 2018 inspection.
- Staff appraisals had been recently carried out. However there was no evidence that an appraiser had been involved in the appraisal; forms were completed by the staff member only and the manager kept no record. Following the inspection the provider provided evidence they had added in their comments that had not previously been included.

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

- Staff treated patients with kindness, respect and compassion. Feedback from patients was usually positive about the way staff treated people.

Overall summary

- Staff helped patients to be involved in decisions about care and treatment.

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

- The complaints policy contained incorrect information and the complaints flow-chart contained information from Scotland.
- Responses to complaints did not contain information about how the complaint could be escalated if the complainant was not satisfied.
- Learning needs identified following complaints were not monitored. We saw that a training need had been identified in June 2018 but not all staff had received the training by our inspection in June 2019.

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

- Regulation breaches in the well-led domain at the March 2018 inspection had not been actioned or had been repeated.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements had not improved since the last inspection.
- The practice did not always act on appropriate and accurate information.
- We did not see evidence of systems and processes for learning, continuous improvement and innovation going forward.

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 by the service provider receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Ensure persons employed by the service provider are of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them and have all the information required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a second CQC inspector and a CQC inspector attending in a shadowing role.

Background to Dr Anita Sharma

Dr Anita Sharma is located in a two storey building in the Chadderton area of Oldham.

The practice is registered as an individual with one permanent GP and two long-term locum GPs. The practice has a practice nurse and an advanced nurse practitioner who is a specialist in women's health. There is a healthcare assistant specialising in palliative care. There is a practice manager supported by administrative staff. In addition, some clinicians and healthcare professionals who are not directly employed by the practice attend on certain days. These include two clinical pharmacists.

The practice is a teaching practice. The lead GP told us this was for year one, two and four medical students, Quality and Evidence Personal Excellence Pathway training (QEPEP) and Physician Associate training.

The practice is open from 8am until 6.30pm Monday to Thursday and from 6am until 6.30pm on Fridays, where early appointments are with the practice nurse.

The practice is a member of Oldham Clinical Commissioning Group (CCG). It delivers commissioned services under a Primary Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. At the time of our inspection 3393 patients were registered with the practice.

The National General Practice Profile states that 87% of the practice population are of white ethnicity, and 9% are Asian. Information published by Public Health England rates the level of deprivation within the practice population group as level four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.

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 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. In particular:</p> <ul style="list-style-type: none">• Policies were organised in a way where it was difficult to determine which should be followed. Policies were not always followed and did not always contain accurate information, for example the complaints policy.• Governance systems such as for training and personnel were inaccurate and not kept up to date so compliance could not be demonstrated.• The recently reviewed business continuity plan did not contain the accurate information required.• Guidance for staff contained inaccurate information.• The provider had not monitored actions to be completed following the previous CQC inspection. <p>The registered provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). In particular:</p> <ul style="list-style-type: none">• Although the practice recorded significant events they were not always discussed at the earliest opportunity. Learning from significant events was not always shared with the appropriate staff.• A training need identified following a complaint had not been actioned.• The most recent infection control checklist had not been accurately completed so required improvements were not identified. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- The provider did not ensure that all staff had appropriate training and they did not monitor training effectively.
- The provider did not have an appraisal system where managers gave formal support or supervision.
- Evidence of staff induction was not consistent.

This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not have systems and processes in place to ensure staff were of good character or had the required qualifications, skills or experience required for their role. In particular:

- Not all relevant pre-employment checks were carried out.
- Not all information required under Schedule 3 was requested for staff.
- Ongoing professional registration checks were not routinely carried out.

This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.