Dr Kiren Kaur

Inspection report

Moorside Medical Centre
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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?	Good
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced inspection at Dr Kiren Kaur on 23 March 2022. Overall, the practice is rated as requires improvement.

The ratings for each key question are:

Safe - good

Effective – requires improvement

Caring - good

Responsive – requires improvement

Well-led – requires improvement

Following our previous inspection on 23 August 2021, the practice was rated inadequate and placed into special measures.

The ratings for each key question at that time were:

Safe - inadequate

Effective – inadequate

Caring - good

Responsive – good

Well-led – inadequate

We issued a warning notice in respect of a breach of Regulation 12 (safe care and treatment), and imposed conditions on the provider's registration in respect of breaches of Regulations 17 (good governance) and 18 (staffing).

We carried out a further inspection on 22 November 2021 to check the progress made with the warning notice. We found that the required improvements had been made.

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

Why we carried out this inspection/review (delete as appropriate)

This inspection was a comprehensive inspection of all five key questions. We also followed up on the breaches of regulations we found in our previous inspection.

How we carried out the inspection/review

Overall summary

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting interviews with the provider and managers using video conferencing
- 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 short site visit
- Issuing questionnaires to staff

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 have rated this practice as Requires improvement overall.

We rated the provider as **Good** for providing safe services.

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.

We rated the provider as **Requires Improvement** for providing effective services. Although improvements had been made, we found:

- Formal monthly clinical supervision was not in place for the practice nurse. This had been a condition of the provider's registration.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were not made appropriately.

We rated the provider as **Good** for providing caring services.

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

We rated the provider as **Requires Improvement** for providing responsive services.

- Complaints were not routinely investigated.

Overall summary

We rated the practice as **Requires Improvement** for providing well-led services. Although improvements had been made we found:

- The action plan put in place following the August 2021 inspection had not been monitored effectively. For example, the practice told us the website had been updated but we found it still contained inaccurate information.
- The practice had not investigated formal complaint that had been made.
- Incorrect information for patients was displayed on the website.
- The provider had not identified they had not met the condition imposed on their registration.

We found two 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.

In addition, the provider **should**:

- Include all relevant training is completed by new staff members.

We found an area of outstanding practice:

- Patients were able to contact the practice at any time during the day to access appointments. We saw evidence that telephone calls were spread throughout the day which meant patients were easily able to speak to the practice, including the period when the practice opened each morning. We saw that appointments, both face to face and telephone consultations, were available at short notice.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by this service.

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

Our inspection team

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

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 3,709 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 and a practice nurse. There is a business manager, a practice manager, and several administrative and reception staff. A practitioner from the mental health charity MIND, and a first contact practitioner who provides musculoskeletal services both attend the practice weekly.

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.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, some GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment at the practice.

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 were not being met. The provider must send CQC a report that says what action they are 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 provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment and had not done all that is reasonably practicable to mitigate any such risks. In particular: • Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were not supported by records of consultations or discussions. Relevant information was not recorded on DNARCPR decisions.

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 The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular: • Inaccurate information for patients was displayed on the provider's website. • Not all relevant training sessions were included on the training records for new staff. • Although significant events were recorded and discussed, at the time of the inspection there were no reviews of significant events to identify themes and ensure learning from significant events was embedded. • Appraisal records for the practice nurse and practice manager contained little input from the appraiser. • It was not always clear who had carried out risk assessments or what had been checked. • Formal complaints were not always investigated.

This section is primarily information for the provider

Requirement notices

- The provider had not identified that they had not met a condition imposed on their registration; a system of formal monthly clinical supervision for the practice nurse was not in place.