

Dr Nisha Pathak

Inspection report

Primary Care Centre
6 High Street
West Bromwich
West Midlands
B70 6JX
Tel: 01216122500
www.npathak.webeden.co.uk

Date of inspection visit: 16 March 2020
Date of publication: 06/05/2020

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

Inadequate



Are services safe?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an unannounced focussed inspection at Dr Nisha Pathak on 16 March 2020 as part of our inspection programme.

This inspection was in response to concerns raised about the lack of processes to ensure the safety and care of patients at the practice. We also followed up on previous conditions that were issued to the provider following breaches of the Health and Social Care Act 2008 identified at a previous inspection on 8 January 2020. You can read the report from our last comprehensive inspection on 8 January 2020; by selecting the 'all reports' link for Dr Nisha Pathak on our website at: www.cqc.org.uk

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 inadequate overall.

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

- The practice did not have clear systems and processes to keep patients safe. On reviewing the safeguarding registers, we found them to be incomplete and inaccurate. There was ineffective clinical oversight in place to monitor and ensure registers were up to date.
- We found no evidence to demonstrate that clinical supervision was in place. This included the review of clinical practice to ensure patient's care and treatment was being managed appropriately.
- We found some consultation records were illegible, incomprehensible and inaccurate information had been recorded.
- On reviewing the clinical system we found high numbers of tasks that had not been actioned. These included referrals to other services and safeguarding information.
- The practice was unable to demonstrate effective management of risks in relation to medicine safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice was unable to demonstrate how they learnt or made improvements when things went wrong. There was no evidence available of incidents or significant events that had been recorded, reviewed or actioned.

- On reviewing a sample of medicine reviews we found concerns in the information recorded. There was no evidence to demonstrate there had been clinical oversight, monitoring or auditing of the processes in place.
- Recruitment processes did not demonstrate appropriate arrangements for ensuring only fit and proper persons were employed.
- We found that there was no record to confirm that clinical staff had the appropriate immunisation status for working in their clinical role and no risk assessments were in place in the absence of immunisation records.
- There was some evidence of actions being taken for individual patients to ensure appropriate reviews and monitoring were carried out prior to prescribing high-risk medicines.

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

- While the practice had made some improvements since our inspection on 8 January 2020 to the management of patients on high risk medicines, we found the concerns identified at the previous inspection had not been appropriately addressed. This included the management of safeguarding concerns, significant events and incidents and effective processes for the recruitment of staff.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement.

Despite some actions which had been taken to address issues identified at our January 2020 inspection, there was no evidence that actions had had a positive impact on the providers ability to provide a safe and well-led service. Although some actions were ongoing such as actions to improve the safeguarding registers and medicines management, we found that ineffective leadership hindered the ability to imbed new systems and processes.

Overall summary

As a result, 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).

The service remains in special measures. The practice is due to be inspected again within six months of publication of the January 2020 comprehensive inspection report. When we re-inspect, we will also look at whether progress had been made to enable compliance with Regulation 12: safe care and treatment; and Regulation 17 good governance HSCA (RA) Regulations 2014.

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist advisor.

Background to Dr Nisha Pathak

Dr Nisha Pathak's practice is located in West Bromwich in the West Midlands. The premises are purpose built for providing primary medical services and include car parking facilities. The premises are shared with one other GP practice. There are approximately 2,920 patients on the practice list. Dr Nisha Pathak registered with CQC in 2012 as sole provider to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. On the 28 November 2018 Sandwell and West Birmingham Clinical Commissioning Group (CCG) added Dr Devanna Manivasagam as a partner to Dr Nisha Pathak's General Medical Services (GMS) contract.

Dr Pathak has recently returned to the practice in a non clinical role as the practice manager. The practice's clinical team is led by Dr Devanna Manivasagam. The clinical team consists of two long term locum GPs (both male), a part time advanced nurse practitioner (female), a part time practice nurse, a trainee health care assistant and two clinical pharmacists. There is a small team of administration and reception staff.

The practice opening times are 8am to 6.30pm, Monday to Friday with the exception of a Thursday when the practice closes at 1pm. Extended access appointments are available in the evening and weekends at a local extended access hub. During the out of hours period, patients can access primary medical services through the NHS 111 telephone number. The area served by the practice has high levels of deprivation. Information published by Public Health England rates the level of deprivation within the practice population as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population age distribution is slightly younger than the national average and predominantly working age. For example, 9.5% of the practice population is over 65 years compared to the CCG average of 12.5% and the national average of 17.4%. The practice population is predominantly patients from a White (46%) and Asian (37%) background (source: Public Health England and 2011 Census). Male life expectancy is 75 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not done all that was reasonably practicable to mitigate risks:</p> <ul style="list-style-type: none">• The provider did not have an effective system in place to ensure patient safety alerts and alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) was acted on appropriately.• The provider was unable to demonstrate that incidents and significant events that affected the health, safety and wellbeing of people using the services were reviewed, thoroughly investigated and monitored to ensure that action was taken to prevent further occurrences.• The provider could not demonstrate that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.• The provider did not have an adequate process in place to ensure the safeguarding registers were up to date and were reviewed on a regular basis.• There was no evidence that complaints were acted on appropriately and learning was shared with the team to improve quality and patient satisfaction. <p>The provider had failed to ensure the proper and safe management of medicines;</p> <ul style="list-style-type: none">• The provider did not have an effective system in place to ensure comprehensive care records were maintained for patients with diabetes.• The provider was unable to demonstrate that effective clinical supervision was in to ensure patients' care and treatment was being maintained appropriately.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

This was in breach of Regulation 12 (1) 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 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular we found:

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to medicines management.
- The follow up system to improve quality outcomes for patients was ineffective, in particular for those patients with diabetes.
- The provider was unable to demonstrate effective leadership was in place to ensure systems and processes were monitored regularly and implemented to ensure the safety and wellbeing of patients and staff.
- There was ineffective governance processes to manage risk. This included systems for ensuring patients were followed up appropriately.

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