

Dr R Khanchandani's Practice

Inspection report

The Blenheim 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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Inadequate



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Dr R Khanchandani's Practice on 12 March 2020. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, as part of our regulatory functions. The overall rating for the practice was inadequate and the practice was placed into special measures for a period of six months. The full comprehensive reports of the March 2020 inspection can be found by selecting the 'all reports' link for Dr R Khanchandani's Practice on our website at www.cqc.org.uk

This announced comprehensive inspection on 23 to 25 November 2020 was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We conducted staff interviews remotely on 23 to 24 November 2020 and carried out a site visit on 25 November.

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 inadequate for all population groups.

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

- Some of the systems, practices and processes put in place to keep people safe had not been fully implemented and followed.
- Improvements had been made to ensure appropriate standards of cleanliness and hygiene were met and systems were in place to assess, monitor and manage risks to patient safety.
- A system had been put in place to learn and make improvements when things went wrong.

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

- The uptake for cervical screening and baby immunisations was below the national targets. Actions taken to make improvements had not yielded the necessary improvements so far.
- Some improvements since the March 2020 inspection had been made. For example.
 - Care plans were in place as necessary for patients, so care was delivered and reviewed in a coordinated way.
 - Staff had access to online training. Records of completed training were kept and staff had completed essential training.
 - A process was in place to ensure clinical overview for non-medical prescribers.

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

- Staff dealt with patients with kindness and respect.
- Feedback from patients was positive regarding the care they received.
- The practice had measures in place to support carers. However, less than 1% of the practice population was identified as having caring responsibilities.

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

Overall summary

- The results of the National GP Patient Survey highlighted that patients were not always able to access care and treatment in a timely way. Actions had not been taken to address the lower than average patient satisfaction.
- Learning from complaints and actions taken to prevent re-occurrence were not documented.
- Complaint responses did not always contain information for the complainant to contact the Parliamentary and Health Service Ombudsman if they were not satisfied with the outcome of the complaint or how it was dealt with.

We rated the practice as **requires improvement** for providing well-led services because:

- There were still some concerns related to good governance within the practice.
- The systems, practices and processes put in place had not been established fully and operated effectively to ensure compliance with requirements to demonstrate good governance.

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.

(Please see the specific details on action required at the end of this report).

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

- Continue to identify and support patients with caring responsibilities.
- Continue to improve and monitor patient satisfaction.
- Continue to take actions to increase the uptake of cervical screening and childhood immunisations.
- Include the details of the Parliamentary and Health Service Ombudsman in complaint responses to patients.

This service was placed in special measures in May 2020. Insufficient improvements have been made such that they have been rated inadequate for providing responsive services. Therefore, the service will remain 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.

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 and included a GP specialist advisor.

Background to Dr R Khanchandani's Practice

Dr R Khanchandani's Practice provides a range of primary medical services to the residents of Luton from its location of The Blenheim Medical Centre, 9 Blenheim Crescent, Luton, Bedfordshire, LU3 1HA. Services are also provided from the branch site of The Link Surgery, 10 Wetherne Link, Hockwell Ring, Luton, Bedfordshire, LU4 9PE. The branch site was not visited as part of the inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. These are delivered from both sites.

Dr R Khanchandani's Practice is situated within the Luton Clinical Commissioning Group (CCG) and provides services to approximately 14,570 patients under the terms of a general medical services (GMS) contract. A GMS contract is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice has five GP partners, four male and one female. The nursing team consists of three practice nurses and one health care assistant, all female. The practice has a paramedic employed as an emergency care practitioner. There is a team of reception and administrative staff all led by a practice manager and supported by an operational manager. The practice is a training practice and currently has four GP registrars (GP registrars are qualified doctors training in general practice).

The practice population is one of mixed ethnicity with a higher than average number of patients aged under 44 years and a lower than average number over 65 years of age. 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.

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 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>How the regulation was not being met:</p> <p>The systems, practices and processes put in place had not been established fully and operated effectively to ensure compliance with requirements to demonstrate good governance</p> <p>In particular we found:</p> <p>The practice had implemented a policy to check the ongoing professional registration for clinicians. The policy stated that these would be checked on the same day each year for all clinicians rather than when the registration was due for renewal for each individual.</p> <p>The practice had not completed the planned fire drill when it was due in April 2020 due to the restrictions in place with the COVID-19 pandemic. There had been no alternatives considered to ensure staff knew what actions to take if they needed to evacuate the practice in the event of a fire.</p> <p>The practice had completed their own legionella risk assessment for the main site. No mitigating actions had been identified although the practice were recording and logging water temperature checks. It was not clear from the risk assessment that this action was necessary. It was not evident that the person who had completed the risk assessment was suitably experienced for the role.</p> <p>The process for managing test results was not effective. We found some test results received by the practice had not been reviewed for two weeks.</p> <p>A policy was in place to monitor patients' health in relation to the use of medicines that required a review. A search of the patient computer record system indicated that necessary reviews had not been completed for all patients that required one.</p>

This section is primarily information for the provider

Requirement notices

Learning from complaints and actions taken to prevent reoccurrence were not documented.

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