

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced inspection at Dr Kiren Kaur on 23 August 2021. Overall, the practice is rated as inadequate.

The ratings for each of the key questions are:

Safe - inadequate

Effective - inadequate

Caring – good*

Responsive – good*

Well-led – inadequate

*The rating of good for the key questions of caring and responsive remained in place from the previous inspection.

Following our previous inspection on 25 March 2019, the practice was rated requires improvement overall with the following ratings for each of the key questions:

Safe – requires improvement

Effective – requires improvement

Caring – good

Responsive – good

Well-led – requires improvement

We issued requirement notices in respect of breaches of Regulation 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At this inspection on 23 August 2021 we inspected the key questions safe, effective and well-led. We rated all these key questions inadequate. The previous ratings of good for the key questions caring and responsive remain in place.

Why we carried out this inspection

This inspection was to follow up on the previous breaches of regulation and to allow us to change the rating of the practice if appropriate.

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 staff interviews 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

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 inadequate overall and inadequate for all population groups.

We rated the provider **inadequate** for providing safe services.

- There was no effective system to learn and make improvements following significant events.
- The safeguarding audit had been inaccurately completed. Disclosure and Barring Service (DBS) checks were not requested at the frequency the practice had documented and safeguarding training was not at the level indicated in the audit.
- Recruitment was not always carried out according to the practice policy or Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We found issues relating to the required monitoring of patients prescribed certain medicines.
- Medicine reviews did not contain relevant information.

We rated the provider **inadequate** for providing effective services.

- Clinical supervision was not taking place.
- Consent was not always obtained in line with guidelines.
- Required blood tests for some patients were overdue.
- We found cases of potentially undiagnosed diabetes.

We rated the provider **inadequate** for providing well-led services.

- GP capacity had impacted on some quality issues.
- Openness and honesty had not always been demonstrated and this shortfall had not been confronted when identified.

Overall summary

- The provider had not identified actions required to deliver high quality care.
- We saw several examples of ineffective governance systems.
- Processes for identifying and managing risk were unclear.
- There was little evidence of processes for learning and continuous improvement.

The rating of **good** for the key question caring remained in place from the previous inspection.

The rating of **good** for the key question responsive remained in place from the previous inspection

We found three breaches of regulation. 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.
- Ensure staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,

The Care Quality Commission will refer to and follow its enforcement processes in taking action reflecting these circumstances.

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.

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 who spoke with staff using video conferencing facilities and undertook a site visit. A second CQC inspector also attended the site visit. The team included a GP specialist advisor who spoke with the lead GP 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 3,723 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, a practice nurse and a healthcare assistant. There is a practice manager and several administrative and reception staff.

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, most 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.

Enforcement actions

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 CQC (Registration) Regulations 2009 Statement of purpose The provider had failed to provide care and treatment in a safe way for service users. In particular: • Four of the fourteen patients prescribed Spironolactone had not had the required monitoring. • One of the three patients prescribed Amiodarone had not had the required monitoring. • Five patients with potentially undiagnosed diabetes had been identified. • One of the two patients prescribed Sodium Valproate had not been appropriately monitored. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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: • Policies, such as the recruitment policy and disciplinary policy, were not followed. • Not all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was kept. • Test results from hospitals were entered manually on patients' records, with the results not being downloaded from the hospital. • Read coding did not routinely take place.

Enforcement actions

- The safeguarding audit had not been accurately completed.
- The website contained inaccurate information.
- Meeting minutes did not contain sufficient information to inform staff.
- Complaints were not reviewed or analysed to identify trends or aid learning.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying out of the regulated activity. In particular:

- The system for making improvements following significant events was not effective. We found not all significant events were recorded or monitored and evidence of learning was not kept.
- When poor performance was identified it was not acted on.
- Medicine reviews were poorly recorded with no indication of discussion or what had been reviewed.
- There was no system for checking the on-going professional registration of clinicians.
- Clinical audits were not routinely carried out.

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

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to provide appropriate support, professional development, supervision and appraisal necessary to enable staff to carry out the duties they are employed to perform. In particular:

- Clinical supervision was not carried out for clinicians employed by the provider.
- Most staff had not received a formal appraisal for over two years.

This section is primarily information for the provider

Enforcement actions

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