

Shanti Medical Centre

Inspection report

160 St Helens Road
Bolton
Lancashire
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www.ehealthservice.co.uk/bolton/shanti

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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?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



Overall summary

This practice is rated as Inadequate overall

(Previous comprehensive inspection 8 November 2017 – Inadequate. Follow up focused inspection 28 March 2018 limited improvement)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Shanti Medical Centre on 10 May 2018 as part of our inspection programme, in response to concerns and to follow up on breaches of regulation.

At this inspection we found that there was no sufficient improvement and the concerns from the previous inspections remained the same or had got worse.

- There were no systems to manage risk so that safety incidents were less likely to happen. When something went wrong, people were not told.
- Safety was not a sufficient priority and there was no monitoring of incidents.
- The practice did not consistently and routinely review the effectiveness and appropriateness of the care it provided. Care and treatment was not always delivered according to evidence-based guidelines.
- Not all staff had the right qualifications, skills, knowledge and experience to do their job effectively and the learning needs of staff were not supported.
- Other stakeholders had raised concerns about the care and treatment at the practice.
- The needs of the local population were not fully identified or taken into account when planning services, for example in the case of cervical screening.
- Leaders were not working together for the benefit of the service and patients.
- Leaders did not consistently have the knowledge, capacity or desire to deliver an effective service and

were out of touch with what was happening on a daily basis. There was a lack of clarity about who had the authority to make decisions and quality and safety were not top priority. There was no clear vision or guiding values.

- There was no innovation or service development and improvement was not a priority among staff and leaders.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients in line with current guidance.
- Ensure systems are in place so patients are protected from abuse and improper treatment
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Ensure specified information is available regarding each person employed; ensure that any such action as is necessary and proportionate is taken when any member of staff is no longer fit to carry out their duties

Insufficient improvements have been made such that there remains a rating of inadequate overall. We will now 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.

The service will be kept under review and if needed could be escalated to urgent enforcement action.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

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 adviser, and a practice nurse specialist adviser.

Background to Shanti Medical Centre


Shanti Medical Centre was previously inspected on 8 November 2017 when the overall rating for the practice was inadequate and they were placed into special measures. At that time we served three warning notices against the provider relating to Regulation 12 (Safe Care and Treatment), Regulation 13 (Safeguarding) and Regulation 19 (Fit and Proper Persons). In addition we served a notice of condition against the provider's registration relating to Regulation 17 (Good Governance). The full comprehensive report on the November 2017 inspection can be found by selecting the 'all reports' link for Shanti Medical Practice on our website at .

We undertook a focused follow up inspection at Shanti Medical Centre on 28 March 2018. We went back to inspect whether the practice had carried out their plan to meet the legal requirements in relation to the breaches that were identified at our previous inspection in November 2017. At that inspection we reviewed only the concerns contained in the three warning notices and relevant to regulations 12, 13 and 19. The full report on the March 2018 inspection can be found by selecting the 'all reports' link for Shanti Medical Practice on our website at www.cqc.org.uk.

Shanti Medical Centre is a purpose built location that delivers regulated services at 130 St Helens Road Bolton BL3 3PH. The practice provides primary medical services


under a General Medical Services contract to approximately 6,700 people in the immediate and surrounding areas of Bolton. More than 30% of the population are under the age of 18 years and less than 20% are over the age of 50 years. A large percentage of patients (approximately 76%) are from black and minority ethnic groups and the practice is located in an area that is number two on the scale of deprivation. People living in more deprived areas tend to have greater need for health services.

The practice is open Monday to Friday from 8am until 7.15pm. Since the previous inspections the practice has been opening on time at 8am. On-the-day appointments can be booked over the telephone and at reception and advance appointments can also be booked by telephone and on-line. There are two male and one female GPs providing approximately 30 to 40 appointments each day with six appointment sessions on Mondays to meet demand. The practice also provides telephone appointments and triage appointments each day. When the practice is closed patients are directed to the Out of Hours Service.



The practice is contracted to provide chronic disease management, immunisation, vaccination, well person and new patient checks. There is a practice nurse and health care assistant and a limited number of reception staff to support the GPs. There is no practice manager.

Full details about the practice can be found on their website www.shantimedicalcentre.nhs.uk



Are services safe?

We rated the practice as inadequate for providing safe services.

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- The practice did not have appropriate systems to safeguard children and vulnerable adults from abuse. Not all staff had received up-to-date safeguarding and safety training appropriate to their role. Not all staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were not available to staff.
- Staff who acted as chaperones were not suitably trained for their role and had not all received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice did not carry out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was no effective system to manage and oversee infection prevention and control.
- The facilities and equipment we reviewed on the day of the inspection were safe and in good working order but there was no one responsible to ensure that they remained that way.
- There was a system in place to manage the arrangements for waste and clinical specimens. However, since the practice manager had left there was no one responsible for ensuring the system continued and the practice nurse did not know what to do with unused medicines

Risks to patients

There were no co-ordinated systems to assess, monitor and manage risks to patient safety.

- There was no arrangement to plan and monitor the number the number and mix of staff needed to meet patients' needs, particularly in relation to holidays, sickness, busy periods and epidemics.
- There was no induction system for any staff tailored to their role.
- The practice was not equipped to deal with medical emergencies and staff were not suitably trained in emergency procedures.

- Not all staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Reception staff had no awareness about how to manage patients with severe infections including sepsis.
- There was no assessment or monitoring on the impact of safety when there were changes to services or staff.

Information to deliver safe care and treatment

Staff did not consistently have the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was not always available to staff. There was no documented approach to managing test results, discharge letters or medical alerts but these were being done in an ad hoc way.
- The practice did not have systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Appropriate and safe use of medicines

There were limited systems in place for appropriate and safe handling of medicines.

- There was no one responsible for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment and they were not checked properly or were not ordered sufficiently.
- The practice could not consistently demonstrate that advice and treatment was given in line with current national guidance. There was no evidence that antibiotic prescribing was reviewed in line with local and national guidance.
- There was no pro-active monitoring of patients' health in relation to the use of long term medicines. Patients were not involved in regular reviews of their medicines.

Track record on safety

The practice did not have a good track record on safety.

- There were no comprehensive risk assessments in relation to safety issues.
- The practice did not monitor and review activity so that they understood any risks in order to make improvement.

Lessons learned and improvements made

Are services safe?

The practice did not learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses but they were not supported when they did so.

- There was no system to review and investigate when things went wrong.
- There was no learning from external safety events or patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice and all of the population groups as inadequate for providing effective services overall.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

The practice was rated as inadequate for providing effective services because:

- There was evidence that not all patient's care and treatment reflected current evidence-based guidance, standards and practice.
- There was limited monitoring of people's outcomes of care and treatment including limited clinical audit and necessary action was not taken to improve outcomes.
- People received care from some staff who did not have all the skills, experience, support or line management they needed to deliver effective care.
- There was no focus on prevention and early identification of health needs and staff were reactive, rather than proactive in supporting people to live healthier lives.

Effective needs assessment, care and treatment

The practice did not have systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians did not always assess needs and deliver care and treatment in line with current standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were assessed. However there was no evidence to support that assessments always included their clinical needs and their mental and physical wellbeing.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- We did not see evidence of discrimination when making care and treatment decisions.

Older people:

- We were told that older patients who were frail or may be vulnerable received an assessment of their physical, mental and social needs however there was no evidence to support that.
- We were told that care was guided by Clinical Commissioning Group (CCG) protocols but this was not routinely done by the nursing team. Patients aged over 75 were not consistently or pro-actively invited for a health check.
- Not all staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
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People with long-term conditions:

- We were told that patients with long-term conditions had a review to check their health and medicines needs were being met but there was no structured process to call and recall those patients.
- Not all staff who were responsible for reviews of patients with long term conditions had received specific training.
- One of the GPs was unable to tell us who was responsible for following up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- We were told by one of the GPs that the practice followed the Bolton Health Assessment guidance for patients with newly diagnosed cardiovascular disease (CVD). The practice nurse told us that CVD risk checks were completed and patients were referred to a health improvement person if their risk required that. However, the nurse was unable to tell us what happened if that person required clinical intervention following a health check assessment.
- There was no evidence that the practice consistently identified and treated patients with commonly undiagnosed conditions such as diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Are services effective?

Please refer to the Evidence Tables for further information.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice did not have sufficient arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice nurse undertook cervical screening.
- The practices' uptake for breast and bowel cancer screening was lower than the national average.
- Patients had access health assessments and checks including NHS checks for patients aged 40-74. If follow-up was necessary the patients were asked to see their GP. The nursing staff would seek advice from the GPs when they felt they needed to. There were no specific protocols to follow.

People whose circumstances make them vulnerable:

- There was no joined up working with staff at the practice and no evidence of meetings with other health and care professionals for patients requiring end of life care.
- There was no evidence that care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- No one could show us whether the practice held a register of patients living in vulnerable circumstances such as homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- When patients were assessed to be at risk of suicide or self-harm we were told that they would be reviewed and treated accordingly. However there was no system in place to consistently protect them. We were told that these patients were identified on an ad hoc basis through information from a social worker or following attendance at accident and emergency or out of hours.
- Patients with poor mental health had access to treatments such as listening and advice or counselling sessions within Bolton and would be referred accordingly.
- We were told that there was no current system to follow up patients with mental illness who failed to attend appointments for administration of long term medicines.
- Patients at risk of dementia were identified on an ad hoc basis. When dementia was suspected there was an appropriate referral for diagnosis. One of the GPs thought that the practice nurse did care plans for patients with dementia but this was not the case.
- There was no current system to offer annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and did not routinely review the effectiveness and appropriateness of the care provided. There were no examples of clinical audit. There were no examples where clinicians took part in local or national improvement initiatives.

- Some of the QOF results were lower than the CCG or national averages and these recorded are in the evidence table.

Are services effective?

- There was no evidence that the practice used information about care and treatment to make improvements.

Effective staffing

Not all staff had the skills, knowledge and experience to carry out their roles.

- Some staff did not receive appropriate training or have sufficient knowledge to carry out their role such as reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- The leaders did not understand the learning needs of staff and did not provide protected time and training to meet them. Up to date records of skills, qualifications and training were not maintained.
- There was no ongoing support such as induction, one-to-one meetings, appraisals, coaching or mentoring for staff. The practice could not ensure the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was no approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Individual members of the practice worked with other health and social care professionals to deliver effective care and treatment but there was no co-ordinated team approach.

- There was no co-ordinated approach when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. Information was shared with health visitors and community services for children on an ad-hoc basis.
- Patients did not receive coordinated and person-centred care.
- End of life care was delivered in different ways by different clinicians at the practice and there was no co-ordinated approach. There was no protocol that took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff at the practice provided information where they thought it appropriate to help patients live healthier lives.

- Where they identified patients in need of extra support they directed them to relevant services but there was no consistent approach. These patients were brought to the clinicians' attention in an ad-hoc way and treatment was reactive.
- We were told that staff discussed changes to care or treatment with patients and their carers as necessary.
- The clinical staff were able to advise on national priorities and initiatives to improve the population's health such as stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance although there was evidence that not all clinical staff understood the requirements of legislation and guidance when considering consent and decision making. One of the clinicians was unable to demonstrate how they would assess mental capacity or Gillick competency (the process of obtaining consent from a child).

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

Kindness, respect and compassion

We saw that staff treated patients with kindness, respect and compassion.

- Feedback from patients was mixed about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients support and information.
- GP patient survey results showed that patient satisfaction was average overall when compared with the Clinical Commissioning Group and nationally.

Involvement in decisions about care and treatment

Staff helped patients where they could to be involved in decisions about care and treatment but they were not fully aware of the Accessible Information Standard. (This is a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Members of reception staff and the GPs were mostly able to communicate to patients in the different languages that they spoke. However, the nursing staff could not and they reported that this sometimes caused difficulties when trying to explain treatment.
- There were no easy read materials available for patients with communication difficulties but staff were able to use translation services when required.
- Staff helped patients and their carers where they could, to find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice did not proactively identify and support carers.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as Inadequate for providing responsive services.

Responding to and meeting people's needs

The practice did not consistently organise and operate services to meet patients' needs. It did not always take account of patient needs and preferences.

- Services were not always tailored to meet the needs of the practice population, such as patients with mental health conditions, long term conditions and those patients who were vulnerable.
- There was no effective care coordination for patients who were more vulnerable or who had complex needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was not consistently coordinated with other services.
- There were telephone GP consultations available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.

Older people:

- There was no additional support for patients beyond basic services.. Patients did have a named GP and home visits and urgent appointments were available for those patients with enhanced needs

People with long-term conditions:

- There was no consistent call and recall system in place to ensure that all patients with a long-term condition received reviews to check their health and medicines needs on a proactive basis
- There were no regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There was no effective system to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Discussions with nursing staff and GPs confirmed this.

Working age people (including those recently retired and students):

- Extended opening hours and Saturday appointments were available for working age people.

People whose circumstances make them vulnerable:

- There was no register of patients living in vulnerable circumstances such as homeless people, travellers or those with a learning disability which meant there was no consistent monitoring of the needs of patients in this population group.
- Reasonable adjustments were made however, such as home visits and late opening, when patients found it hard to access services and patients could have a telephone consultation when required.

People experiencing poor mental health (including people with dementia):

- Staff interviewed did not consistently demonstrate a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There was no active monitoring of patients with poor mental health, such as those on long term medicines or those who missed appointments although this was done on an ad hoc basis.

Timely access to care and treatment

Patients were mostly able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were mostly managed appropriately. However on the day of the inspection we saw one patient waiting almost one hour before being seen for their appointment.
- Patients we spoke to on the day reported that they were happy with the appointments we received and the GP survey results were comparable with local and national averages. However we overheard two patients complaining to reception staff on the day of the inspection. Reception staff also told us that patients complained daily about appointment problems.

Listening and learning from concerns and complaints

The practice did not take complaints and concerns seriously and did not respond to them appropriately to

Are services responsive to people's needs?

improve the quality of care. On the day of the inspection we saw that if patients complained they were given a small piece of paper with the telephone number of the Care Quality Commission.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as inadequate for providing a well-led service.

Leadership capacity and capability

Leaders did not work effectively together or consistently have the capacity and skills to deliver high-quality, sustainable care.

- Leaders could not evidence that they consistently had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were not consistently knowledgeable about issues and priorities relating to the quality and future of services. They could not demonstrate an understanding of the challenges or show how they were addressing them.
- Leaders independently of each other were visible and approachable but they did not work together or closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were no effective processes to develop leadership capacity and skills or any planning for the future leadership of the practice.

Vision and strategy

There was no vision or strategy for the future of the practice and no forward thinking plan. All staff were reactive to whatever happened on any one given day.

Culture

There was no culture or co-ordinated drive to deliver high-quality sustainable care.

- Staff did not feel respected, supported or valued in a practice that no longer focused on the needs of patients.
- Leaders and managers acted inappropriately when dealing with staff behaviour and performance.
- Openness, honesty and transparency was not demonstrated between leaders.
- Staff we spoke with told us they were not able to raise concerns for fear of reprisal.
- Relationships had broken down.

Governance arrangements

Governance arrangements were not co-ordinated or effective. There was currently no practice manager and no leader taking responsibility for systems of accountability to support the staff.

- The leaders of the practice did not take appropriate action to mitigate the risks associated with no governance structure.
- Staff were not clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice had a range of policies and procedures but there was no one responsible for the upkeep and management of those policies.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There no process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had no processes to manage current and future performance. Performance of employed clinical staff could not be demonstrated through audit or support.
- There was no clinical audit to improve outcomes for patients.
- Practice staff were not supported to report concerns.
- There was no monitoring of MHRA alerts, incidents and complaints and no one person responsible for those duties.

Appropriate and accurate information

There was no evidence to demonstrate that the practice had and acted in a co-ordinated way on appropriate and accurate information.

- The leaders did not have regular clinical meetings together to discuss the quality and sustainability of the practice.
- There was no evidence that any information was being used to measure performance since the practice manager left.
- No information was used to monitor whether performance and delivery of quality care was accurate and useful. Weaknesses in data, such as low cervical, bowel and breast screening, were not identified and acted on.

Engagement with patients, the public, staff and external partners

Are services well-led?

The practice did not involve patients, the public, staff and external partners to support high-quality sustainable services. There was no patient participation group. Collaboration with stakeholders about performance was not effective.

Please refer to the Evidence Tables for further information here.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Enforcement action ongoing
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	