Dr Shabir Bhatti

Inspection report

Spa Medical Centre
50 Old Jamaica Rd
London
SE16 4BN
Tel: <xxxx xxxxx xxxxxx>
www.b-spa.co.uk

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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 summary

We carried out an announced comprehensive inspection at Bermondsey Spa Medical Practice on 10 July 2018. We rated the practice inadequate and they were placed into special measures. Because of the concerns found at the inspection, we served the provider with a notice to impose an urgent suspension of the regulated activity of Surgical Procedures from the location for a period of three months from 17 July 2018 to 12 October 2018 under Section 31 of the Health and Social Care Act 2008 ("the Act"). We also served warning notices for breaches of regulation 12 (Safe care and treatment) and regulation 17 (Good governance), which we asked them to have become complaint with by 17 August 2018.

We carried out two visits as part of this inspection. The first was unannounced and carried out on 3 September 2018, and the second was announced at short notice and carried out on 11 September 2018. We carried out this inspection to check whether the provider had made sufficient improvements to become compliant with regulations 12 and 17. The practice was not rated on this occasion.

Following our focused inspection, we found the provider had implemented sufficient improvements to become compliant with regulations 12 and 17. However, we found further evidence which indicated the provider was not fully compliant with regulation 18 (Staffing).

Our key findings were as follows:

- The practice had acted to address the concerns identified at the inspection on 10 July 2018.
- There were suitable arrangements in place to respond to medical emergencies.
- A mandatory training programme was in place for the staff team and most staff had completed most of the training identified as relevant to their roles. However, we noted some gaps in staff training.
- There were arrangements in place to seek and act on feedback from patients.

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

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- To review their processes so that other staff can undertake the task medicines stock checks effectively when necessary.
- To review their arrangements for the identification of significant events

Some of the changes implemented can only be assessed once they have been in use for some time – then the appropriateness, workability and sustainability of the new systems and processes can be determined.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection teams were made up of the lead inspector accompanied by a second inspector at each of the visits we carried out.

Background to Dr Shabir Bhatti

The registered provider, Dr S. Bhatti and Dr B. Bhatti, provides NHS general practice services at its location, Dr Shabir Bhatti (also known as Bermondsey Spa Medical Practice) at Spa Medical Centre. 50 Old Jamaica Rd. London. SE16 4BN. The practice website is www.b-spa.co.uk.

Bermondsey Spa Medical Practice is CQC registered to provide the regulated activities of Treatment of disease, disorder or injury, Surgical Procedures, and Diagnostic and screening procedures. The provider is currently suspended from providing the regulated activity of surgical procedures until 12 October 2018.

At the time of our inspection, the practice patient population was 10846. Its deprivation decile is three according to the Index of multiple deprivation score, with one being most deprived and 10 being least deprived.

The clinical staff team include three GP partners and a salaried GP providing a combined total of 3.75 whole time equivalent, WTE (or 30 sessions per week). An additional salaried GP had been recruited and is expected to start employment on 1 August 2018, and will increase the practice GP staff to 4.75 whole time equivalent GPs (or 38 sessions per week). The nursing team consists of a practice nurse (providing 0.8WTE) and a healthcare assistant (providing 0.7 WTE).

The non-clinical staff are a practice manager, a senior receptionist, a secretary, two administrators, and seven reception staff.

Patients can book appointments on the same day or up to four weeks in advance. When the practice is closed, patients are directed to contact SELDOC (South East London Doctors On Call) or NHS 111.

Are services safe?

We found that the practice had acted to address the concerns identified at the inspection on 10 July 2018:

- The provider had made arrangements to assess, monitor, manage and mitigate risks to the health and safety of service users. This included suitable risk management arrangements and recruitment checks. However, there were still gaps in provider identified mandatory staff training.
- The provider had suitable arrangements in place to respond in the event of medical emergencies.

At our previous inspection on 10 July 2018, we found the following areas of concerns in relation to the provision of safe services:

- Infection prevention and control risks in the approved minor surgery room were not addressed.
- Clinicians had not completed update training in how to identify and manage patients with severe infections including sepsis.
- Test results were not being consistently appropriately managed
- The practice did not have reliable systems for appropriate and safe handling of medicines.
- The practice did not consistently learn and make improvements when things went wrong.

At our inspection on 3 September 2018, we found the following:

- The provider sent us photographic evidence that the estates management team had repaired the damage in the minor surgery room ceiling, and the room was cleared of clutter. However, they informed us that further repairs were still needed to the ceiling area.
- The provider sent us copies of training certificates showing that the doctors had completed training sessions in sepsis in primary care and paediatrics on 7 August 2018. In addition, following their training, one of the GP partners had provided most of the administrative staff with an overview session on sepsis. We spoke with some of the administrative staff during our inspection, and they verified that they had attended the training session with the GP partner. The provider had also added a training module on sepsis to their mandatory training programme delivered through an online provider.
- The provider sent us details of their documented approach to the management of test results, which outlined the steps they took to ensure test results were managed in a timely manner
- The provider responded that they had a policy in place for the healthcare assistant to check medicines stocks on a weekly basis and that details of these checks were documented on their drugs log. They sent us a blank copy of a template for the drugs log. The healthcare assistant was on leave on both our inspection visits. However, the practice nurse could provide completed drugs logs for the previous two weeks. Whilst the medicines held in stock were documented, some items were listed repeatedly with differing quantities against each entry, introducing potential for stock checks and ordering errors to be made.
- The provider told us that the practice nurse had the responsibility for ordering medicines stocks when stocks were low. They told us that previous shortages of medicines they had experienced at the practice were due to national shortages. The practice nurse informed us that they were previously discouraged from ordering too much stock by the lead GP, but have now been given permission to order items as they saw the need. A new practice nurse was also due to join the practice in the week beginning 17 September 2018.
- The provider sent us a copy of a new significant events policy. At this inspection, the lead GP told us they had identified two significant events since our last inspection, but these had not yet been documented and circulated to the staff team, as they were due to discussed at their next significant events meeting. None of the issues raised at our last inspection had been recorded as significant events.

Are services effective?

We found that the practice had acted to address the concerns identified at the inspection on 10 July 2018.

- The provider had planned for induction training to be completed for new staff.
- The provider had planned for mandatory staff training to be completed. However, there were still gaps in staff training, which included for the newest member of staff employed.

At our previous inspection on 10 July 2018, we found the following areas of concerns in relation to the provision of effective services:

- Consent not being appropriately sought for minor surgical procedures and the consent seeking processes were not monitored.
- There was a lack of mentoring and clinical supervision, particularly in relation to minor surgical procedures and the male circumcision service. The practice did not follow guidance in relation to histology practices following surgical removal of skin lesions.
- The practice had low cancer screening figures.
- There was a lack of a comprehensive programme of quality improvement activity.
- The practice had high exception reporting for certain disease groups.

At our inspection on 3 September 2018, we found the following:

- At this inspection we did not assess the provider's actions to address breaches to the regulation on consent.
- At this inspection we did not review and assess mentoring and clinical supervision arrangements.
- At this inspection we did not review actions the provider had taken in relation to low cancer screening figures.
- At this inspection we did not review actions the provider had taken in relation to quality improvement.
- In response to high exception reporting in some clinical areas, the provider told us they had agreed to send the invitations for reviews earlier in the year and spread out repeated invitations after that time, so they had longer after the invitations to meet their deadline for completing the reviews. They also told us they had implemented a new policy of informing patients that their medicines would be reduced and finally stopped if they did not attend for the relevant reviews. We saw an example of a patient record where this had been implemented.

The provider sent us a copy of their staff training matrix. It showed that there was a variation in the levels of completeness in staff training, with some staff having completed more topics than others despite being in similar roles. For the latest member of staff employed they had not completed any of the mandatory training topics at this follow up inspection and there had been no risk assessment or action taken to mitigate any risks this posed. This had also been the case at our previous inspection on 10 July 2018.

Are services caring?

Not assessed on this inspection.

Are services responsive to people's needs?

We found that the practice had acted to address the concerns identified at the inspection on 10 July 2018.

- The provider had an effective system for handling complaints and concerns.

At our previous inspection on 10 July 2018, we found the following areas of concerns in relation to the provision of responsive services:

- There were unsuitable facilities for minor surgery.
- There were poor levels of cleanliness in toilet facilities.
- Patients regularly experienced difficulties getting through to the practice by telephone, and long waits (several weeks) to get a routine appointment
- The practice did not appropriately manage feedback received through their comments and suggestions box.

At our inspection on 3 September 2018, we found the following:

- The provider sent us photographic evidence that the estates management team had repaired the damage in the minor surgery room ceiling, and the room was cleared of clutter. However, they informed us that further repairs were still needed to the ceiling area.
- We did not inspect the toilet facilities for cleanliness on this inspection.
- We did not assess patient satisfaction with appointments since our previous inspection.
- The provider sent a copy of their new Comments and suggestions box procedure, drafted in July 2018 following our last inspection. Our observations and what staff told us on this inspection confirmed the procedure was not yet implemented when we visited on 3 September 2018. At that visit, the practice comments and suggestions box could not be found. A second comments box, a friends and family test (FFT) comments box, was in the reception area. However, the contents were not being reviewed. The box's contents included three comments forms for a neighbouring practice in the premises, a feedback form for a GP for appraisal and a hospital letter dated March 2017. Administrative staff confirmed that the letter was immediately scanned and allocated to be dealt with. One of the GP partners told us the FFT box was used for 360-degree appraisals for doctors.

When we visited on 11 September 2018, we found that the comments and suggestions box procedure was now being implemented. This included the senior receptionist emptying the comments and suggestions box at the end of each day, and sharing the contents with the practice manager.

Are services well-led?

We found that the practice had acted to address the concerns identified at the inspection on 10 July 2018.

- The provider had effective systems and processes in place to manage risks to service users and staff.
- The provider had partly made arrangements to seek and act on feedback from staff and patients.

At our previous inspection on 10 July 2018, we found the following areas of concerns in relation to the provision of well led services:

- There was a lack of management oversight of risks to patient safety.
- There was a lack of appropriate governance arrangements to ensure clear responsibilities and accountabilities.
- The practice did not sufficiently engage with and involve patients, the public, staff and external partners in the delivery of services.
- There were a lack of systems and processes for learning, continuous improvement and innovation.

At our inspection on 3 September 2018, we found the following:

- Management oversight of risks to patient safety had improved since our last inspection. We saw evidence that the practice leaders now had oversight of safety alerts, comments and suggestions, and complaints. Staff were trained in responding to and managing the early signs of sepsis, and they had appropriate equipment and medicines in place to treat medical emergencies.
- However, at this inspection we did not assess their quality improvement approaches.
- Practice policies and procedures that we found concerns with had been updated since our last inspection, and were made available on the shared drive for the staff team. This included the comments and suggestions box procedure and the policy for handling significant event analysis.
- We did not review the practice arrangements to engage with and involve patients, the public, staff and external partners at this inspection, except for the comments and suggestions box procedure.
- Members of the practice team had undertaken additional training since our last inspection. However, there were still gaps in staff training. The provider told us some protected learning time had been used to address some of the issues raised during their last CQC inspection in the short term.

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 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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met:The provider did not ensure staff had completed training as is necessary to enable them to carry out the duties they are employed to perform. In particular:The provider did not have an effective system to ensure staff completed training at the appropriate times. The provider did not have a risk assessment or action to mitigate risks to patients and public from untrained staff. This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.