

Dr Beheshti

Inspection report

(Dr Sanomi and Olajide Surgery)
Rush Green Medical Centre
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Romford
Essex
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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?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection of Dr Beheshti on 24 October 2019 as part of our inspection programme.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 16 July 2018. At the last inspection in July 2018 we rated the practice as **requires improvement** overall.

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:

- There were gaps in recruitment checks, including in relation to Disclosure and Barring Service (DBS) checks, references, checks of professional registration, and immunity status.
- Recommended actions from fire and health and safety risk assessments had not been completed in line with the suggested timeframes.
- There were gaps in staff training, including for fire safety, safeguarding, basic life support and infection control.
- There was no failsafe system in place for urgent two week wait referrals.
- There was no documented risk assessment in place to support the decision not to take any medicines in the doctors' bags to home visits.
- We identified examples where safe prescribing of high-risk medicines could not be evidenced.
- We saw a non-clinical staff member re-authorise repeat prescriptions for a patient.
- There was no log or formal system to log receipt of safety alerts and record what action was taken by the practice.

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

- The delivery of high-quality care was not assured by the leadership, governance or culture.

- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- There was no documented business strategy in place.
- There were weaknesses in the oversight of governance arrangements, for example in relation to effective recruitment and locum checks and clinical oversight of the healthcare assistant, the nurses and the pharmacist.
- There was no effective oversight or monitoring of staff training.
- Some of the practice's policies did not contain all the necessary information, for example the adults at risk policy and the test results policy.
- The systems for managing risks were not consistently effective, as some risks have not been identified or dealt with.

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

- Care and treatment was not always delivered in line with evidence-based guidance, as we found risks associated with high-risk medicines and urgent two week wait referrals.
- Some of the practice's childhood immunisation uptake rates were below the World Health Organisation target.
- Gaps in mandatory training demonstrated the learning and training needs of staff were not assessed effectively.
- There were no documented protocols for the healthcare assistant to follow and there was no evidence their induction included completion of the Care Certificate standards.
- There was a lack of oversight of the clinical work being carried out by the healthcare assistant, the nurses and the pharmacist.

These areas affected all population groups, so we rated all population groups as **requires improvement** for providing effective services.

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

- The practice's GP patient survey result relating to access by telephone was significantly below the national average.
- The system to share learning from complaints with staff was ineffective.

Overall summary

These areas affected all population groups, so we rated all population groups as **requires improvement** for providing responsive services.

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

- Staff treated patients with kindness, respect and compassion.
- Feedback from patients was generally positive about the way staff treated people.
- The practice respected patients' privacy and dignity.

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

- 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.

(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 improve uptake rates for childhood immunisations and cervical screening.
- Improve how patients with caring responsibilities are identified to ensure they receive the appropriate support.

- Take action to improve low scores around telephone access as highlighted in the national GP patient survey.

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.

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 table.

Dr Rosie Benneyworth *BM BS BMedSci MRCGP*

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, and a practice manager specialist advisor.

Background to Dr Beheshti

Dr Beheshti, also known as Dr Sanomi and Olajide Surgery, is situated within NHS Havering Clinical Commissioning Group (CCG). The practice provides services to approximately 4,787 patients under a General Medical Services (GMS) contract (an agreement between NHS England and general practices for delivering primary care services).

The practice operates from Rush Green Medical Centre, which is a purpose-built health centre located in Romford, East London. The practice is well served by local buses and is just over one mile away from Romford Railway Station. Patients have access to on-site car parking.

The practice has a website: www.rgmcdrsanomi.co.uk

The practice is registered with the CQC to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

The clinical team at the practice consists of two male GP partners each providing seven

clinical sessions per week, one male salaried GP currently providing seven clinical sessions per week, two female practice nurses each working two days per week and one

full-time female healthcare assistant. There is a pharmacist, who is not employed by the practice, but who attends on a voluntary basis one day every two weeks. There is a full-time practice manager and a team of reception and administrative staff members. The practice is also a training practice, and there were two GP registrars (one male and one female) working at the practice at the time of our inspection.

The practice is open on Mondays, Wednesdays and Thursdays from 8.30am to 6.30pm and on Tuesdays and Fridays from 8.30am to 7.30pm. Appointments are available on Mondays, Wednesdays and Thursdays from 8.30am to 12.30pm and from 2.30pm to 6.30pm, and on Tuesdays and Fridays from 8.30am to 12.30pm and from 2.30pm to 7.30pm.

Patients can also be seen at a hub practice for a pre-booked appointment from 6.30pm to 10pm on weekdays and from 12 noon to 6pm on weekends and bank holidays.

Appointments include home visits and telephone consultations. Patients telephoning when the practice is closed are directed to the local out-of-hours service provider.

Information published by Public Health England rates the level of deprivation within the practice population group as four, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. In England, people living in the least deprived areas of the

country live around 20 years longer in good health than people in the most deprived areas. National General Practice Profile describes the practice ethnicity as being 77.4% white, 7.3% Asian, 11.4% black, 3.2% mixed race, and 0.7% other ethnicities.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was unsafe management of medicines. In particular:</p> <ul style="list-style-type: none">• High-risk medicines;• No risk assessment to support not taking any medicine in doctors' bags;• Re-authorising repeat prescriptions by non-clinical staff;• Security of blank prescriptions. <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• System to record and action safety alerts;• Failsafe and monitoring of urgent referrals;• Actions from fire and health and safety risk assessments not addressed;• Recruitment processes and checks, including DBS checks;• Immunity status for staff. <p>These matters are in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

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>There were no systems, or ineffective systems, in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided. In particular:</p>

Enforcement actions

- Oversight and monitoring of staff training;
- Recruitment and locum checks;
- No written protocols for the HCA;
- Checks and formal arrangements for the voluntary pharmacist;
- Clinical oversight of the HCA, nurses and pharmacist;
- System to share learning from complaints;
- Policies and procedures did not contain all the necessary information, including recruitment policy, adults at risk policy, and test results policy.

The governance arrangements were ineffective and leaders demonstrated a lack of awareness of and oversight of potential risks. In particular:

- Security levels on the clinical system for different staff groups;
- Safety alerts system;
- Monitoring of urgent referrals;
- Dealing with actions from premises risk assessments;
- Staff recruitment checks, immunity status and induction checklists.

These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014