

Drs Sidhu & Batra

Inspection report

Chapel End

Nuneaton

CV10 0PB

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Date of inspection visit: 12 September 2022

Date of publication: 22/12/2022

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?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced focused inspection at Drs Sidhu & Batra also known as Chancery Lane Surgery on 12 September 2022. Overall, the practice is rated as requires improvement.

Safe – Requires Improvement

Effective - good

Well-led – Requires Improvement

Following our previous inspection on 17 February 2015, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Drs Sidhu & Batra on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. This was a focussed inspection and looked at:

- The key questions inspected: are services safe, effective and well-led.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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 found that:

- The practice were an outlier for some prescribing indicators. They worked with the Integrated Care Board (ICB) medicines team to make monitor and make improvements with prescribing.
- Patients received effective care and treatment that met their needs. Processes were in place to monitor patients' health in relation to the use of medicines including high risk medicines. However, we found some patients were overdue a review.

Overall summary

- There were shared care agreements in place with secondary care providers for patients prescribed high risk medicines. Shared care guidelines were followed. However, blood test results were not always added to the patients' records.
- Safety alerts were received by the practice. A review of the patient record system found some patients required a review when prescribed a combination of medicines. The practice immediately contacted these patients and invited them in for a review.
- There was a significant event process in place that demonstrated the practice learned and made improvements when things went wrong.
- The practice had recruited a clinical scientist who was responsible for carrying out clinical audits and searches of the patient record system to ensure patients were reviewed and monitored according to current guidelines. At the time of the inspection they were new to their role and second cycle audits had not yet been completed.
- The published cervical cancer screening showed that the practice had not met the target of 80% set by the UK Health and Security Agency. The practice had taken actions to improve the uptake of cervical screening.
- The practice used policies and procedures to govern their work. However, there was a lack of clinical oversight to ensure policies and procedures regarding medicines management and effective management of patients was applied.
- The processes for managing risks, issues and performance were not always clear and effective.
- The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles. Staff who wished to develop were offered opportunities to undertake additional training.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The practice had a strategy and business plan in place. This included a move to a new purpose built building within the near future. They had planned to develop their service and provide space for community, mental health and pharmacy services to work from the same building.
- Staff reported they felt supported by the GP partners and practice management.

We found a breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to take measures to improve the uptake of cervical screening.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

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. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Drs Sidhu & Batra

Drs Sidhu & Batra is located in Nuneaton at:

Chancery Lane Surgery,

Chancery Lane,

Chapel End,

Nuneaton,

Warwickshire,

CV10 0PB

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.

The practice is situated within the NHS Coventry and Warwickshire Integrated Care and delivers General Medical Services (GMS) to a patient population of about 7,300 people. This is part of a contract held with NHS England.

The practice is a member of a primary care network (PCN) that enables them to work with other practices in the area to deliver care.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 96% White, 2% Asian 1% Black and 1% Mixed.

The age distribution of the practice population closely mirrors the local and national averages.

The practice is led by two GP partners and employs a salaried GP, all male. The nursing team consists of an advanced nurse practitioner, two practice nurses and a health care assistant, all female. The clinical team are supported by a clinical scientist. There are a team of reception and administration staff all led by a manager and a business manager.

The practice is open between 8am to 6.30pm Monday to Friday and from 9am to 12pm on Saturday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the primary care network, where late evening and weekend appointments are available.

When the practice is closed, out of hours services can be accessed via the NHS 111 service.

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>Good governance systems and processes were not always effective or followed. In particular:</p> <p>There was a lack of oversight to ensure policies and procedures regarding medicines management and effective management of patients was applied. For example,</p> <ul style="list-style-type: none">• The practice was an outlier for some prescribing indicators.• We found patients prescribed a potassium sparing diuretic were overdue a review. There were 55 patients prescribed this medicine with 34 flagged as requiring monitoring.• Blood test results that were completed by the secondary care provider were not always added to the patient record by the practice.• The practice did not hold a supply of benzylpenicillin used to treat suspected meningococcal infection or atropine used to treat a low pulse rate that can occur during the fitting of contraceptive coils or minor surgery. There was no documented risk assessment in place for the practice not to hold these medicines.• Safety alerts had not all been responded to. A review of the patient record system identified 31 patients prescribed a combination of a medicine used to treat those who have had a stroke to reduce their chances of having a further one, and a medicine used to reduce stomach acid. A safety alert issued in 2014, advised that these medicines should not be prescribed together as the medicine used to reduce the chance of having a stroke was made less effective. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>