

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 4 DECEMBER 2018

Subject Heading:	Care Quality Commission GP Ratings
CMT Lead:	Mark Ansell, Director of Public Health
Report Author:	Alan Stephenson, Inspection Manager, Care Quality Commission, alan.stephenson@cqc.org.uk
Policy context:	The information presented summarises the position with Havering GP Practices where there has been an identified breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Financial summary:	No financial implications of the covering report itself.

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

- 1.1. This report provides a summary of GP practices in the London borough of Havering where there has been an identified breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

RECOMMENDATIONS

1. That the Sub-Committee considers the information presented and takes any action it considers appropriate.

REPORT DETAIL

2. Stakeholder Engagement

- 2.1. The CQC north east London inspection team are working collaboratively with external stakeholders to ensure the sharing of learning and appropriate management of identified risks. The stakeholders include:

2.2. NHS England – Medical Group

The inspection team discuss all identified risks and potential risks regarding individual practitioners on a fortnightly basis. The panel consider known risks and agree a joint course of action for potential risks.

2.3. Clinical Commissioning Group/ NHS England Commissioning Teams

The inspection team maintain frequent correspondence with the commissioning teams to ensure all stakeholder are aware of risks as soon as they are identified. The development of this relationship over the past 18 months has led to inspection schedules being produced collaboratively based on collective knowledge of risk within the borough. Contractual and CQC enforcement actions are aligned to ensure action taken is consistent. The collaborative working has allowed each organisation to use their respective powers using shared intelligence. This has reduced the need for each organisation undertaking separate investigations, ensured evidence used for enforcement action is consistent and ensured practices are able to receive the necessary support in a timely manner.

2.4. Havering Healthwatch

The inspection team are currently working with the CCG Transformation team to develop a collaborative inspection process to reduce the impact of inspections from the CQC and Healthwatch enter and view programme. The proposal is to follow the Leicestershire model which permits the CQC and Healthwatch Inspectors to visit a location concurrently and share the findings.

2.5. Havering Health GP Federation

Havering Health Ltd have agreed to work with the CQC to analyse breaches of regulations and where trends are identified provide training and support in the relevant area.

For example, due to the number of practices rated Requires Improvement or Inadequate in the Safe key question, the federation will work with practices to develop a governance protocol which will ensure all practices are undertaking the necessary checks such as fire risk assessments, legionella risk assessments to ensure they are undertaken consistently, on time and all identified actions have been addressed. This could have a positive impact on the Well-led key question as failings in governance arrangements often leads to a requirement notice in this key question.

3. Summary of locations with identified breaches of regulation.

3.1. Dr Hamilton-Smith and Partners

The practice was inspected 6 November 2018 and the report is currently being reviewed as part of the internal quality assurance process.

The inspection team found insignificant improvements had been made since the previous inspection in March 2018 and the proposal had been made to terminate the registration of the provider as the practice has failed to demonstrate it can or ever will be compliant with the regulations.

3.2. Modern Medical Centre

The practice was inspected on 17 September 2018 and the report was published on 29 October 2018.

The practice was rated Requires Improvement overall.

Regulation 12 - Safe

- The practice did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular: On the day of the inspection the practice did not have written evidence that they had consistently followed the appropriate systems that safeguarded children and adults from abuse.

Regulation 17 - Governance

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, was not effective

and therefore did not always minimise risks. The system to manage infection prevention and control did not include the checking of disposable products or the cleaning of the curtains.

Plan of action: The practice will be re-inspected at the latest September 2019.

3.3. Drs. Zachariah, Lee, Acheson & Sinha

The practice was inspected 5 March 2018 and the report was published 6 April 2018.

The practice was rated Requires Improvement Overall.

Regulation 12 - Safe

- The practice did not have an effective system in place to ensure the security of blank prescription forms against theft and misuse.
- There were gaps in the assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:
- Staff used single use equipment but the inspection team found a drawer containing syringes which expired in August 2017.
- The practice had a clinical waste contract to remove clinical waste weekly. However, we found areas where the practice had not followed the Healthcare Technical Memorandum (HTM) 07-01 'Safe Management of Healthcare Waste'. This requires waste bags and bins to be correctly segregated and labelled. For example, the clinical waste bags in the clinical waste bins in the consulting and treatment rooms were not distinguishable from the normal waste bags. Staff had not correctly labelled the large clinical waste bags in the outdoor clinical waste bin and some of the waste bins in the practice.

Regulation 17 - Governance

- The practice did not have effective governance arrangements which led to infection control, emergency equipment, and management of medication guidelines not being adhered to.
- The practice staff failed to follow written standard operating procedures when managing blood tests.

In addition to the breaches of regulation the practice were advised to review the following issues.

- Review the recruitment procedure to ensure that staff do not commence work without a current DBS check.
- Review the procedure for checking the defibrillator to ensure it meets the Resuscitation Council guidance.

- Review the storage of patient medicines to ensure that it is auditable.
- Review the procedure for cleaning the treatment room and consultation room curtains to ensure it meets The Health and Safety Executive guidance.
- Provide patients with information about how to access the services offered.
- Review the policies and procedures to ensure staff capture the system for recording and responding to test results and the Duty of Candour.
- Ensure all staff are aware of any lessons learnt from significant even.

3.4. Dr Kodaganallur Subramanian

The practice was inspected 23 October 2018 and the report was published 9 February 2018.

The practice was rated Requires Improvement overall and for and Requires Improvement for the Safe, Effective and Well led key questions.

Regulation 12 - Safe

- The registered persons had not done all that was reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment. In particular:
- Failing to action recommendations of the fire safety and legionella assessment.
- Failing to identify, record and investigate significant events in a timely manner.
- Failing to provide evidence of a completed control of substances hazardous to health risk assessment (COSHH).
- There was an ineffective system for reviewing and cascading safety alerts.

Regulation 17 - Governance

- The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:
- Failure to action recommendations from fire safety and legionella assessments.
- There was an ineffective system for reviewing and cascading safety alerts.

Regulation 18 - Staffing

- The members of staff employed by the registered provider did not receive developmental support including training, professional

development, supervision and appraisal as necessary to enable them to carry out their duties.

- Staff had not received training for safeguarding, chaperoning, equality and diversity and the Mental Capacity Act.

Plan of action: In November 2018 the registration changed to a partnership and therefore an inspection will be scheduled as a new provider within the coming 12 months.

3.5. Dr Joseph

The practice was inspected 31 August 2017 and the report was published 20 March 2018.

The practice was rated Requires Improvement overall and Requires Improvement for all key questions.

Regulation 17 - Governance

- There was no on-going quality improvement programme (including clinical audit).
- There was no system in place to improve and monitor practice performance in regard of patient satisfaction scores from the National GP Patient Survey.

Regulation 19 - Fit and Proper Persons

- The registered person did not have effective systems in place to ensure that recruitment procedures and policies are established and operated effectively.
- The practice did not obtain references or undertake the appropriate checks through the Disclosure and Barring Service, to confirm that staff employed are of good character.
- New staff were not able to access a comprehensive induction process.

Plan of action: the practice will be re-inspected December 2018

3.6. Berwick Surgery

The practice was inspected 20 March 2018 and the report was published 29 June 2018.

The practice was rated Requires Improvement overall and Requires Improvement in the Safe and Effective key questions.

Regulation 12 - Safe

- 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:
- Although there were safety systems in place, these did not always operate effectively to minimise risks to patients. Staff had not been trained in relation to dealing with suspected cases of sepsis; there was no evidence that sepsis had been discussed at practice meetings and there was no formal guidance available to staff.
- We found that practice staff had not acted in accordance with its policy on monitoring uncollected prescriptions.
- There was no formal system to assess and profile risks for older patients who are frail or for monitoring patients' unplanned admissions to hospital.
- NHS health checks for patients aged over 75-years were not being provided.

In addition, the practice were advised to review the following:

- Continue with work to improve patient outcomes.
- Continue to review and where necessary implement action to improve patients' telephone access to the service and to reduce waiting times at appointments.
- Provide clarification to patients over appointments with the nurse practitioner.
- Continue to review and where necessary implement action to improve patient satisfaction with consultations.

Plan of action: The practice will be re-inspected May 2019.

3.7. Cecil Avenue Surgery

The practice was inspected on 17 July 2018, the report was published 6 September 2018.

Overall Rating: Inadequate

Regulation 12 - Safe

- We found that the provider was failing to provide care and treatment to service users in a safe way. In particular, the fire safety arrangements did not keep patients safe and the fire risk assessment completed by the practice manager in October 2017 did not identify or mitigate risks to patients and staff.
- Assessments of the risks to the health and safety of patients and staff were not being carried out.
- We identified risks relating to infection prevention and control.

- We identified risks relating to the arrangements for the safe management and administration of medicines.

Regulation 17 - Governance

- The policies and procedures were either not in place or staff failed to complete tasks in accordance with the relevant procedure.
- There were ineffective governance arrangements in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided.

Following the publication of the report the practice have submitted an application to cease the contract with NHS England and cancel their registration with the CQC. The practice will no longer provide services as of 31st December 2018. The patient list will be dispersed to local practices.

IMPLICATIONS AND RISKS

Financial implications and risks: None.

Legal implications and risks: None – all information contained within this report is within the public domain.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Health Overview and Scrutiny Sub-Committee, 4 December 2018

Latest published overall rating for Primary Medical Services services in Havering

Date run: 15/11/2018

Org Name	Org ID	Org Status	Org Post Code	Rating	Publication Date
Bervick Surgery	1-4513042592	Active	RM13 9QU	Requires improvement	29/06/2018
	1-549284703	Inactive-Dereg	RM13 9QU	Inadequate	02/05/2017
Billet Lane Medical Practice	1-679347196	Active	RM11 1XA	Good	02/10/2017
Cecil Avenue Surgery	1-952202123	Active	RM11 2LY	Inadequate	06/09/2018
Central Park Surgery	1-565345034	Active	RM3 9SU	Good	24/03/2017
Dr Abdul Jabbar	1-501156668	Active	RM3 9SU	Good	17/08/2016
Dr Abdul-Razaq Abdullah	1-505444512	Active	RM13 9AB	Good	28/06/2017
Dr Amar Kaw	1-507808099	Active	RM3 7JJ	Good	23/11/2017
Dr C Dahs & Dr I P Humberstone	1-571362170	Inactive-Dereg	RM14 2JP	Good	17/02/2017
Dr C Dahs & Dr IP Humberstone	1-571362153	Active	RM14 1BJ	Good	27/01/2017
Dr Chanh Tran	1-510323700	Active	RM11 1XA	Good	19/01/2017
Dr Colin Marks	1-506699311	Active	RM1 2SB	Good	01/08/2018
Dr Immaneni Sudha	1-567807998	Active	RM14 1RG	Good	16/08/2016
Dr John O'Moore	1-522508208	Active	RM12 6PL	Good	11/09/2017
Dr Joseph	1-575608505	Active	RM5 3PR	Requires improvement	20/03/2018
Dr Kodaganallur Subramanian	1-511521194	Active	RM13 7UP	Requires improvement	09/02/2018
Dr Nagendra Kumar Gupta	1-493180760	Active	RM7 8BU	Good	07/02/2018
Dr PM Patel/Dr R Kumar	1-544271899	Active	RM12 4LF	Good	29/09/2017
Dr Pushpa Chopra	1-497334249	Inactive-Dereg	RM14 3DP	Requires improvement	07/01/2016
Dr Rana Chowdhury	1-517196855	Active	RM3 0PT	Good	28/12/2017
Dr Selvaratnam Kulendran	1-505532207	Active	RM5 3PJ	Good	11/09/2017
Dr Sickan Subramaniam	1-525197285	Active	RM13 7XJ	Good	04/07/2017
Dr s S & V KUberoy	1-557919264	Inactive-Dereg	RM12 4AN	Good	03/03/2016
Drs N A Kuchhai and Dr B S Saheecha	1-543958039	Active	RM3 9SU	Good	06/04/2017
Drs. Zachariah, Lee, Acheson & Sinha	1-569362807	Active	RM3 0DR	Requires improvement	06/04/2018
Haiderian Medical Centre	1-589645273	Active	RM14 2YN	Good	07/09/2018
Harold Wood Polyclinic	1-551713614	Active	RM3 0FE	Good	22/06/2016
High Street Surgery	1-2125780402	Active	RM11 3XT	Good	24/03/2017
Lynwood Medical Centre	1-584019750	Inactive-Dereg	RM5 3QL	Good	15/03/2017
Mawney Medical Centre	1-570836520	Active	RM1 3DQ	Good	15/02/2017
Maylands Health Care	1-552900837	Active	RM12 4EQ	Good	22/03/2016
Modern Medical Centre	1-571421268	Active	RM7 0PX	Requires improvement	29/10/2018
North Street Medical Care	1-586215185	Active	RM1 4QJ	Good	06/08/2015
North Street Medical Centre	1-1786516059	Active	RM1 4QJ	Good	04/09/2018
Petersfield Surgery	1-584983961	Active	RM3 9PD	Good	06/04/2017
Spring Farm Surgery	1-1099743619	Active	RM13 9RZ	Good	30/05/2018
Straight Road Doctors Surgery	1-559740409	Active	RM3 7JJ	Good	10/04/2018
The New Medical Centre	1-547151492	Active	RM2 5SU	Good	28/11/2017
The Robins Surgery	1-542361499	Active	RM3 9SU	Good	25/05/2018
The Rosewood Medical Centre	1-2013210425	Active	RM12 5NJ	Good	06/09/2018
	1-547942558	Active	RM12 5NJ	Good	13/08/2015
The Surgery	1-4015671914	Active	RM11 3SZ	Good	18/07/2018
The Surgery, Dr T Rahman and Dr CY Tsoi	1-569100521	Active	RM12 5PA	Good	18/04/2017
Upminster Medical Centre	1-549653466	Active	RM14 3DH	Good	28/04/2017
Western Road Medical Centre	1-495604802	Active	RM1 3LS	Good	10/03/2016
Wood Lane Medical Centre	1-565361558	Active	RM12 5HX	Good	25/04/2017