

Dr Shabir Bhatti

Inspection report

Bermondsey Spa Medical Centre
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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?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Dr Shabir Bhatti (also known as Bermondsey Spa Medical Centre) on 23 January 2019.

At this inspection we followed up on breaches of regulations identified at our last comprehensive inspection on 10 July 2018. At that inspection, we rated the practice inadequate overall and in all the five key questions we ask, and they were placed into special measures. Because of the concerns found at that 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 compliant with by 17 August 2018.

We carried out a focussed inspection to check whether the provider had made sufficient improvements to become compliant with regulations 12 and 17. We carried out two visits as part of that 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. Following that 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).

We carried out an announced focussed follow up inspection on 1 October 2018 to check if the provider had made sufficient improvements to allow the period of suspension of the Surgical Procedures regulated activity to end, or if further enforcement action was required. Following that focused inspection, we found the provider had not implemented sufficient improvements. We served the provider with a notice of decision to impose an urgent condition that the provider must not carry out surgical procedures from its location effective from 17 October 2018.

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. This practice remains in special measures.

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

- The practice had clear systems and processes to keep patients safe.
- The practice had appropriate systems in place for the safe management of medicines.
- However, the practice did not consistently learn and made improvements when things went wrong.

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

- Patients’ needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance
- The practice’s performance on quality indicators for long term conditions was in line with local and national averages. We noted that whilst the practice had relatively high exception reporting rates for several clinical areas, they were able to demonstrate that this was due to errors in their clinical records system.
- However, the practice could not demonstrate that staff had the skills, knowledge and experience to carry out their roles.

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

- The practice respected patients’ privacy and dignity.
- Patients we spoke with during our inspection and those who completed comments cards, spoke favourably about the practice: that the staff treated them with respect, that they felt listened to and that they had observed improvements in the practice.
- The practice’s results for the national GP Patient Survey were below the local area and national averages for questions relating staff dealing with patients with kindness and respect, and involving them in decisions about their care.
- Whilst the practice acted in response to other patient feedback, they had not taken any action in response to their national GP Patient Survey results.
- The practice had identified a relatively low proportion of people with caring responsibilities.

Overall summary

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

- The practice organised and delivered services to meet patients' needs.
- Complaints were listened and responded to, and used to improve the quality of care.
- Patients told us they could not always access care and treatment in a timely way. This finding was consistent with the results of the national GP Patient Survey.
- The practice had taken some action to address feedback about difficulties accessing services. However, they could not demonstrate their actions had been effective. Patient feedback during our inspection day continued to be mixed about the accessibility of the service.

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

- The practice had made improvements since our inspection on 10 July 2018, and partly addressed the breaches we found at our previous inspections in relation to regulated activities currently provided in the practice. However, we have ongoing concerns about the sustainability of these improvements.
- There were areas, previously highlighted at past inspections, where the practice continues to underperform; particularly in relation to risk management, supporting staff and acting and responding to patient feedback.
- The practice did not always act on appropriate and accurate information.
- The practice did not involve the public, staff and external partners to sustain high quality and sustainable care.

These concerns we found in providing effective and responsive services affected all population groups so we rated all population groups as inadequate.

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

- 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:

- Review their processes to ensure mandated staff training and appraisals are completed in accordance with the organisational requirements.
- Act to encourage uptake of the national screening programmes.
- Explore ways to improve cervical screening rates.
- Take steps to identify people with caring responsibilities so that they can be supported and signposted to appropriate services.
- Act to ensure appropriate arrangements are in place for infection prevention and control.
- Work with the system provider to resolve the exception reporting issue.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

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 advisor and a second CQC inspector.

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 . Spa Medical Centre also incorporates a GP extended hours service and a pharmacy. There are good transport links with a tube station and buses nearby.

Bermondsey Spa Medical Practice is CQC registered to provide the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures. The practice was previously also registered to provide the regulated activity of Surgical Procedures, but as of 17 October 2018 we imposed an urgent condition that they must not carry out the regulated activity due to concerns we have about the practice arrangements to carry out Surgical procedures.

The practice provides NHS services through a Primary Medical Services (PMS) contract to 11055 patients. The practice is part of the Southwark Clinical Commissioning Group (CCG).

At the time of our inspection, the practice area 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 two salaried GPs providing a combined total of 4.5 whole time equivalent, WTE. The nursing team consists of a full-time practice nurse and a part time 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.

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 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular, we found: The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of significant events. The provider did not act on patient feedback from national surveys. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.