

Dr Bhupinder Batra

Inspection report

Waldron Health 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?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Dr Bhupinder Batra, also known locally as Waldron Family GP Practice on 20 February 2019. The practice was previously inspected on 22 July 2015, where they were rated as good for providing effective, caring, responsive and well-led services and good overall. However, the practice was rated as requires improvement for providing safe services. The full comprehensive report of the 22 July 2015 inspection can be found by selecting the 'all reports' link for Dr Bhupinder Batra on our website at .

This inspection was an announced comprehensive inspection carried out on 20 February 2019 as part of our inspection programme. This report covers our findings in relation to the actions we told the practice they should take to improve at our last inspection. This included:

- Sharing lessons learnt from incidents with all relevant staff.
- Undertaking a risk assessment to assure themselves the shared use of the AED equipment was sufficient and effective.
- Actively seek to involve patients in developing and improving the service.
- Implement systems to keep track of prescription pads.

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:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not have appropriate medicines and equipment for the safe management of medical emergencies.
- The practice did not ensure staff who required professional indemnity had this in place.

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

- The practice was unable to show that staff had the skills, knowledge and training to carry out their roles.
- The practice was unable to show that it always obtained consent to care and treatment.
- The practice had not ensured that exception reporting had been undertaken following assessment by a clinician.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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

- The practice could not demonstrate that they had implemented actions to address the issues we told them they should take at the previous inspection on 22 July 2015. At this inspection we also identified additional concerns that put patients at risk.
- While the practice had a vision, that vision was not supported by a credible strategy.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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.

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

- Review systems in place so minutes of meetings are recorded.

Overall summary

- Implement actions to improve the uptake for childhood immunisation and for the cancer screening programme.

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 tables.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

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 and a second CQC Inspector.

Background to Dr Bhupinder Batra

Dr Bhupinder Batra is a general practice (GP) that provides NHS primary care services to around 5,800 registered patients in New Cross within the NHS Lewisham Clinical Commissioning Group (CCG) area. NHS Lewisham Clinical Commissioning Group (CCG) is made up of 44 local GP surgeries. The CCG is led by NHS General Practitioner (GP) doctors who are responsible for planning and purchasing NHS services aimed at improving health for people in Lewisham.

Dr Bhupinder Batra operates from the first floor of the Waldron Health Centre Stanley Street, London, SE8 4BG. Dr Batra is a single-handed GP working full time. The practice is supported by five regular locum GPs. Other clinical staff included a practice nurse working 28 hours per week. The practice also employs a full-time practice manager, a deputy practice manager, a health care assistant (who was due to start in March 2019) and six reception and administrative staff.

Lewisham is a London borough in south-east London and forms part of Inner London. In Lewisham deprivation levels are significantly worse than the England average. Demographic information for Lewisham shows the number of people between 20 and 39 and children under

ten is significantly higher than the England average. Census data shows an increasing population and a higher than average proportion of Black and Minority Ethnic residents in Lewisham. Information for Dr Bhupinder Batra shows a lower than average proportion of patients registered aged 65 and over.

The practice has a Personal Medical Services (PMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations and family planning. PMS contract is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice is open between 08.00-18.30pm Monday-Friday. Late evening appointments are available on Tuesday and Wednesday evenings up to 19:30pm.

The practice has opted out of providing out-of-hours services to their own patients. Patients could access the out of hours service Seldoc by contacting NHS 111.

Further information about the practice can be obtained through their website at:

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

A section 29 Warning Notice has served to the provider.

How the regulation was not being met:

- The practice could not demonstrate that nurses had the appropriate indemnity insurance in place.
- There was not an effective system in place to ensure all safety alerts were received and acted on.
- The practice had not ensured medicines that required refrigeration were monitored in line with best practice guidance.
- The practice did not have sufficient arrangements in place to deal with medical emergencies.
- An infection prevention and control had not been undertaken, and there was no evidence when the previous one had been undertaken. There was no oversight to ensure Health Care Waste were managed in line with guidelines.
- Staff had not received training in Health and Safety, Fire safety, Infection Prevention and Control, and equality and Diversity.
- Consent to care and treatment was not always documented and staff did not demonstrate they understood the process for obtaining consent in line with legislation and guidance.
- There were no consistent systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- The practice could not easily show evidence of care plans for patients and those we saw were either incomplete and not up to date. The practice could not easily show evidence of care plans for patients and those we saw were either incomplete and not up to date.

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Enforcement actions

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

A section 29 Warning Notice has served to the provider.

How the regulation was not being met:

The overarching governance framework had not ensured that systems and processes were operating effectively to ensure:

- Adequate arrangements were in place to deal with a medical emergency.
- Staff who required professional indemnity had this in place, medicines that required refrigeration were stored in line with current guidelines and safety alerts were received and acted on.
- There was no oversight of safety alerts to ensure these had been acted on.
- There was oversight of the practice's performance in relation to the Quality Outcomes Framework particularly around exception reporting.
- Policies were reviewed to indicate essential training required for staff to perform their role.
- Consent to care and treatment was sought in line with legislation and guidance and clearly recorded.
- Actions we told the practice they should take at the previous inspection 22 July 2015 were completed.

Leaders had not ensured they had oversight of systems and processes so that risks were managed effectively in the practice. Risks to infections had not been assessed and actions taken to ensure these were managed in line with best practice guidance. The practice could not provide assurance that clinical waste was managed in line with current regulations. The practice had not assured themselves that the contents of the doctor's bag held on the premises were appropriate and safe.