

# Dr S A Mushtaq & Partners

## Quality Report

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Date of inspection visit: 21 February 2017

Date of publication: 24/03/2017

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 service

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S A Mushtaq & Partners on 5 July 2016. The overall rating for the practice was requires improvement as breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to;

- Regulation 16 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – receiving and acting on complaints.
- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.

From the inspection on 5 July 2016, the practice were told they must:

- Ensure a robust system is implemented to ensure that complaints are managed appropriately.
- Ensure records are maintained securely in relation to governance arrangements, including but not limited to records for complaints received and action taken, infection control audits and personnel files.

In addition, the practice were told they should:

- Develop systems to identify and support more carers in their patient population.
- Continue to monitor the results from the patient survey and establish an action plan for areas which are identified as requiring improvement.

The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Dr S A Mushtaq & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a focused follow up carried out on 21 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 5 July 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Systems had been improved to ensure that a consistent approach was adopted to handling complaints and that appropriate action was taken in response to complaints received. Records of

# Summary of findings

complaints received and action taken were kept securely. We saw that complaints were shared with staff and improvements made to reduce the risk of recurrence.

- The practice had improved governance arrangements to ensure that records were securely maintained and managed appropriately.
- The practice had identified 112 patients as carers (less than 1%) and was actively working to identify and support more carers in its population. The practice had appointed a Carers Champion to work as a key

point of contact for carers and to ensure support was available. They regularly liaised with the local charity for carers to provide up to date support and advice to patients.

- The practice regularly monitored national patient survey results and worked towards improving practice performance.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services responsive to people's needs?

At our comprehensive inspection on 5 July 2016, we identified a breach of legal requirement.

- The practice did not demonstrate that there was an established and effective system for recording, handling and responding to complaints by service users and other persons. In particular, the practice did not demonstrate a robust and consistent approach to managing complaints. We saw that patients were encouraged to give feedback but evidence to support action taken in response to complaints was variable.

During our focused follow up inspection on 21 February 2017 we found the practice had taken action to improve and the practice is rated as good for providing responsive services.

- Systems had been improved to ensure that a consistent approach was adopted to handling complaints and that appropriate action was taken in response to complaints received. Records of complaints received and action taken were kept securely. We saw that complaints were shared with staff and improvements made to reduce the risk of recurrence.

Good



### Are services well-led?

At our comprehensive inspection on 5 July 2016, we identified a breach of legal requirement.

- Improvements were needed to ensure the practice maintained records securely. In particular, the practice did not demonstrate robust governance arrangements in retaining records in relation to complaints, infection control audits and personnel records.

During our focused follow up inspection on 21 February 2017 we found the practice had taken action to improve and the practice is rated as good for providing well-led services.

- The practice had improved governance arrangements to ensure that records were securely maintained and managed appropriately; including those relating to complaints, infection control audits and personnel records.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for responsive and well-led identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for responsive and well-led identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for responsive and well-led identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for responsive and well-led identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for responsive and well-led identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for responsive and well-led identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Dr S A Mushtaq & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The focused follow up inspection was undertaken by a CQC Inspector.

## Background to Dr S A Mushtaq & Partners

Dr S A Mushtaq & Partners is also known as Wolverton Health Centre and provides a range of primary medical services, including minor surgical procedures from its location on Gloucester Road in Wolverton, Milton Keynes. The practice holds a Personal Medical Services (PMS) contract for providing services, which is a locally agreed contract between general practices and NHS England for delivering personal medical services to local communities.

The practice serves a population of approximately 15,200 patients with higher than average populations of males and females aged 0 to 14 and 25 to 39 years. There are lower than average populations of patients aged 45 to 85+ years. The practice population is of mixed ethnic background with a high proportion of patients of South Asian origin. National data indicates the area served is one of slightly higher than average deprivation in comparison to England as a whole.

The clinical team consists of one female and four male GP partners, one nurse practitioner, four practice nurses and two health care assistants. In addition the practice employs a pharmacist to monitor and advise on prescribing. The team is supported by a practice manager, deputy practice manager and a team of administrative staff.

The practice employs a female long term locum and was recruiting for an additional GP partner.

The practice operates from a two storey purpose built property and patient consultations and treatments take place on the ground level and first floor. There is a car park directly outside the practice for staff and patients, with designated disabled parking available.

Dr S A Mushtaq & Partners is open between 8am and 6.30pm Monday to Friday. In addition, the practice receives funds from the Prime Ministers Challenge Fund (PMCF) to provide extended hours appointments to patients across the locality, including those not registered with the practice. Other local practices also in receipt of the PMCF are involved in providing these extended hours appointments. These appointments are available from 7am to 8am Monday to Friday, between 6.30pm and 8pm on Tuesdays, Wednesdays and Thursdays and between 8am and 12 pm on Saturdays.

The out of hours service is provided by Milton Keynes Urgent Care Services and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

At the time of our inspection, the registration of Dr S A Mushtaq & Partners with CQC to provide regulated activities was not accurate and we had not been notified of changes made to the partners at the practice, as required under the CQC (Registration) Regulations 2009. The practice has now taken steps to complete the necessary application to ensure their registration with us is accurate.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr S A Mushtaq & Partners on 5 July 2016 under Section 60 of the

# Detailed findings

Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Dr S A Mushtaq & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused follow up inspection of Dr S A Mushtaq & Partners on 21 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

- An effective system was in place for managing safety alerts.
- Blank prescriptions were securely stored and managed appropriately.
- The practice was actively working to identify and support carers within its patient population.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

## How we carried out this inspection

We carried out a focused follow up inspection of Dr S A Mushtaq & Partners on 21 February 2017. This involved reviewing evidence that:

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 5 July 2016 as the arrangements in respect of recording, investigating and learning from complaints needed improving.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a focused follow up inspection on 21 February 2017. The practice is now rated as good for providing responsive services.

### Access to the service

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was slightly below local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 34% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and national average of 73%.

Following our inspection on 5 July the practice has installed a new telephone system. We noted that there had not been another patient survey undertaken since the new system was installed. The practice advised that they were regularly monitoring access and felt that patient satisfaction had improved since the new system was

installed. In addition they advised that the practice's provision of extended hours appointments for patients (including those registered at other practices within the locality) through the Prime Ministers Challenge Fund had further improved patient satisfaction with access. Lead members of staff were aware of the patient survey results and were routinely monitoring performance.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the waiting room, at reception and on the practice website.

We looked at 14 complaints received since July 2016 and found that the practice handled them objectively and in an open and timely manner. Lessons were learnt from individual concerns and complaints and actions were taken as a result to improve the quality of care. For example, we saw that when a patient complained about their dissatisfaction with a referral, the practice were prompt to investigate, before responding to the patient.



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 5 July 2016, we rated the practice as requires improvement for providing well-led services as the practice did not demonstrate robust governance arrangements.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 21 February 2017. The practice is now rated as good for being well-led.

### Governance arrangements

- The practice had improved governance arrangements to ensure that records were securely maintained and managed appropriately; including those relating to complaints, infection control audits and personnel records.

### Seeking and acting on feedback from patients, the public and staff

- The practice demonstrated improvement in seeking and responding to feedback from patients. We saw evidence that complaints were handled consistently and the practice encouraged learning and improvement as a result of complaints received. For example, the practice shared complaints with staff and discussed concerns raised during meetings to ensure risks of recurrence were reduced.