

# Dr M Aslam's Practice

## Inspection report

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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced focused inspection at Dr M Aslam's Practice on 12 November 2019. We decided to undertake an inspection of this service following our annual review of the information available to us, due to the length of time since our last inspection. This inspection looked at the following key questions:

- Effective
- Well led

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 requires improvement overall.**

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

- Some performance data relating to patients with diabetes was lower than local and national averages. Performance for these indicators has been lower than average for several years.
- Performance data relating to people experiencing poor mental health was lower than the local and national averages. Performance for these indicators had reduced from previous years.
- There was some quality improvement activity in place, however, there was limited evidence of whether this was used to improve patient care and treatment.

- The practice did not have records of any recruitment checks or training records for a staff member outsourced from another provider.

Some of these areas affected all population groups so we rated all population groups as **requires improvement**.

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

- We did not have assurance that some systems relating to clinical and overall governance were effective. This included the recruitment of staff, identifying risk and managing performance.
- The system for managing complaints was not effective.
- There was a lack of quality improvement activity, including clinical audit.

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:

- Promote uptake of cancer screening.

**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

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

## Background to Dr M Aslam's Practice

Dr M Aslam's Practice is located in Basildon, Essex. The practice is part of a local primary care network (PCN). The practice has a branch surgery at 20 Pattiswick Square, in Basildon. The branch was not inspected as part of this inspection.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning and maternity and midwifery services.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 7,211 patients. The practice is part of the Basildon and Brentwood Clinical Commissioning Group (CCG).

The practice's clinical team is led by the provider (principal GP), who is supported by regular locum GPs and nursing staff, as well as management and administration staff.

Patients who have previously registered to do so may book appointments online. The provider can carry out

home visits for patients whose health condition prevents them attending the surgery. Home visits are also completed by the external provider responsible for running the extended hours provision.

The CCG has commissioned an extended hours service, which operates between 6.30pm and 8pm on weeknights, and from 8am to 6pm at weekends, at "Hub" locations across the borough. Patients may book appointments with the service by contacting the practice.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed will be directed to the local out-of-hours service provider via NHS 111.

The patient profile for the practice has lower than average numbers of patients aged 65-85 and slightly higher number of patients aged 5 to 18 years old. The locality has a higher than average deprivation level and higher than average levels of income related deprivation. Life expectancy is one year younger than average for men and 2 years younger than average for females.

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 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><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none"><li>• There was limited oversight from leaders where responsibilities had been delegated.</li><li>• There were limited quality improvement activity and performance review systems in place.</li><li>• Improvements were required for the monitoring of patients with some long-term conditions and those suffering with poor mental health.</li></ul> <p><b>There was additional evidence of poor governance. In particular:</b></p> <ul style="list-style-type: none"><li>• The system for complaints handling was not operated effectively for all complaints received.</li><li>• Evidence of learning from complaints, significant events and other feedback was limited</li><li>• Recruitment processes were not effective.</li></ul> <p><b>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>