

Dr Taj Khattak

Quality Report

Lower Farm 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 service

Inadequate



Are services responsive to people's needs?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced focused inspection on 6 July 2016 following information of concern. We were informed that the provider was on leave from the practice and a new GP partner was in day to day control of the practice. CQC received information of concern regarding the lack of GP clinical cover along with the absence of a contingency plan to manage periods of low staffing levels. During this inspection CQC only reviewed areas where concerns had been reported.

A full comprehensive inspection of Dr Taj Khattak Surgery at Lower Farm Health Centre was undertaken on 18 May 2016. The full report is available on CQC website.

Since the inspection on the 18 May 2016 Dr Taj Khattak has formed a partnership and is in the process of amending the current registration.

Our key findings across the area we inspected were as follows:

- We saw that urgent and routine appointments were not readily available on the day of the inspection.

- We were told that all patients must be triaged by a GP prior to appointments being given. Knowledge and understanding of the process differed amongst clinical and non-clinical staff.
- Some staff were not aware of roles and responsibilities of the wider team. For example, reception staff were not clear on how to triage appointments with the practice nurse, resulting in patients being booked inappropriately.
- The practice had not made appropriate arrangements for locum staff to issue prescriptions which complied with requirements. For example an independent nurse prescriber was not registered with the Clinical Commissioning Group as a prescriber at the practice and was not able to print prescriptions in their own name.

The areas where the provider must make improvements are:

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed in order to meet the requirements and care needs of patients. For example suitable clinical staff must be employed to carry out medication reviews, chronic or long term condition (LTC) management.

Summary of findings

- Ensure an appropriate appointment and triage system is in place which reception staff have the appropriate knowledge and skills to facilitate.
- Ensure arrangements are in place to respond appropriately and in good time to people's changing needs. for example ensuring adequate and appropriate appointments are available to patients.
- The provider must follow guidance and adopt control measures to ensure practitioners are working

within recognised guidance. For example, the practice must ensure that all prescribers who sign prescriptions are registered with the practice in order to carry out this role.

In addition the provider should:

- Ensure induction for all locum staff is documented and shared across the management team.

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?

The practice is rated as inadequate for providing responsive services.

- We saw that urgent and routine appointments were not readily available on the day of the inspection.
- We were told that all patients must be triaged by a GP prior to appointments being given. Knowledge and understanding of the process differed amongst clinical and non-clinical staff. Despite a triage system being in place we observed patients being told that there were no GP appointments available.
- Some staff was not aware of roles and responsibilities of the wider team. For example reception staff were not clear on how to triage appointments with the practice nurse. Staff told us that this resulted in patients being booked inappropriately. For example patients with long term conditions were not seen by the nurse and had to be rebooked with a GP at a later date.
- The practice did not follow prescribing guidelines in order to govern medication activity, for example, the practice nurse, although an independent prescriber was not appropriately registered with the practice to sign prescriptions.

Inadequate



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed in order to meet the requirements and care needs of patients. For example suitable clinical staff must be employed to carry out medication reviews, chronic or long term condition (LTC) management.
- Ensure an appropriate appointment and triage system is in place which reception staff have the appropriate knowledge and skills to facilitate.

- Ensure arrangements are in place to respond appropriately and in good time to people's changing needs. for example ensuring adequate and appropriate appointments are available to patients.
- The provider must follow guidance and adopt control measures to ensure practitioners are working within recognised guidance. For example, the practice must ensure that all prescribers who sign prescriptions are registered with the practice in order to carry out this role.

Action the service **SHOULD** take to improve

- Ensure induction for all locum staff is documented and shared across the management team.

Dr Taj Khattak

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a CQC inspection manager and a CQC pharmacist specialist.

Background to Dr Taj Khattak

Dr Khattak Surgery is located in Walsall, West Midlands situated in a purpose built single level building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Dr Khattak Surgery are comparable to the national average, ranked at five out of 10, with 10 being the least deprived.

The practice serves a higher than average population of patients aged between 40 to 85 plus. The patient list size is just below 2,000.

Dr Taj Khattak Surgery is a single handed GP practice however is in the process of taking on a second GP and registering with CQC as a partnership. Service[AB1] delivery is supported by a locum nurse, a practice manager and an administration team. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice is open between 8:30am to 6pm. GP consulting hours are 9am to 11:30am and 5:30pm to 6:30pm on Monday, 9:30am to 11:30am and 4:30pm to 5:30pm on Tuesday, Wednesday and Friday. Thursday surgery times are from 9:30am to 11:30am. Extended consulting hours are offered on Monday between 6:30pm and 7:30pm.

The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by Waldoc from 8:00am to 8:30am and 1:00pm to 3:30pm; Primecare provides services from 6:30pm to 8:00am.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was unplanned and a result of information of concern received. We inspected to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

We carried out an unannounced visit on 6 July 2016. During our visit we:

- Spoke with a range of staff for example the two GPs, locum nurse, practice manager and receptionist.
- Observed how patients were being cared for.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we arrived at the practice there was a nurse led clinic in progress, we found that there was no GP on site. We were told that the morning clinic was a minor illness clinic with the nurse and the GP led clinic would be in the afternoon.

We had received information that there were no GP appointments available on the day of the inspection. Following review of the appointment system, we saw that there were no patients booked with the GP. The appointment system recorded guidance from a GP not to book any appointments due to Eid (Eid marks the end of Ramadan, a month in the year which strict fasting is observed from dawn to sunset). It was noted that staff should contact the GP for advice if necessary. Staff we spoke with did not have a clear understanding of this requirement and we saw during the inspection patients at reception and on the telephone being told that there would be no GP on site and no appointments were available that day.

Staff we spoke with regarding clinical provision told us that if patients called requesting a GP appointment the next available appointment would be in two days' time with a locum GP. Staff told us they were advised not to book any non-urgent appointments, we were also told that the practice manager had advised staff to direct urgent appointment requests to the local Walk-in Centre.

When we spoke with the GP they confirmed their request not to book patient appointments, but to record the patient details and they would triage and see patients where appropriate. We were told that an appointment triage process was in place however there was no log of patients requiring triage or a call back from a GP to ascertain if the appointment was either urgent or could be booked. The practice agreed that this instruction had not been clearly understood by all staff resulting in patients being unable to access primary medical services on the day.

Access to the service

During CQC inspection on 18 May 2016 we were provided with the practice opening hours and clinic times, for example the practice was open between 8:30am and 6pm Monday to Friday.

Appointments were available as follows:

- from 9:00am to 11:30am and 5:30pm to 6:30pm on Mondays,
- from 9:30am to 11:30am and 4:30pm to 5:30pm on Tuesdays, Wednesdays and Fridays,
- from 9:30am to 11:30am on Thursdays.
- Extended hours appointments were offered on Mondays from 6:30pm to 7:30pm.

During this inspection staff we spoke to raised concerns regarding clinic provisions whilst the provider were on leave. For example, staff we spoke with told us previously they were able to offer morning and afternoon urgent appointments however we are now only able to offer morning urgent appointments. We saw that prior to the GP going on leave, the practice were able to offer morning and afternoon appointments with a GP. Staff we spoke to told us that once the GP had gone on leave they were told to cancel the morning clinical sessions and were only offering GP clinical sessions during the afternoon from 3:30pm to 5:30pm. We were told that nurse led clinics had been introduced each morning, however provision was limited for example patients were unable to book for long term condition reviews or immunisations. Staff told us that on one occasion they had been told to cancel the last three afternoon appointments.

Some staff were not aware of roles and responsibilities of the wider team. For example:

Reception staff we spoke with were not clear on how to triage appointments with the practice nurse. Staff told us that this had resulted in patients being booked inappropriately. Non clinical staff we spoke with told us that they were finding it difficult to decide which clinics to book patients into. For example, we were told that reception staff booked patients who required diabetic checks, child immunisations and asthma checks in with the nurse however they were later advised to cancel these appointments and to only book patients with the nurse for acute minor illnesses. We discussed this with the GP. The GP told us that the nurse was a locum nurse who had been employed to run minor illness clinics until a new practice nurse was in post. We were told that the nurse had not been employed to carry out medication reviews, chronic or long term condition (LTC) management. The GP told us that they were aware that patients were being booked

Are services responsive to people's needs?

(for example, to feedback?)

inappropriately and had discussed this with staff members. We spoke to clinical staff who told us that they had received feedback from patients regarding the difficulties of getting appointments.

We were also told that the practice had been without a practice nurse for many months therefore patients with long term conditions had not received adequate management of their condition including follow up appointments. We were assured that a new practice nurse would be starting week commencing 11 July 2016 when the full range of nursing duties would be available to provide care for patients.

The practice did not support locum staff to issue prescriptions which complied with requirements. For example an independent nurse prescriber was not

registered with the Clinical Commissioning Group as a prescriber at the practice therefore was not able to print prescriptions in their own name. The practice submitted the request during our inspection.

The arrangements for managing repeat prescription requests had not been made clear to non-clinical staff. For example, staff we spoke to told us that some repeat prescriptions had been issued late which was causing patients to complain and may also have delayed collection of medication. Staff we spoke to told us that there were 64 prescriptions which had been printed on the day of the inspection which needed to be signed by a GP. We were told that staff were concerned that these may not be signed due to lack of GP availability. However, the GP arrived during the inspection and signed all prescriptions.

We also saw that pathology results and clinical letters had been reviewed and considered in a timely manner.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The provider did not ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet the requirements of patients. Clinical staff had not been employed to carry out medication reviews, chronic or long term condition (LTC) management.

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

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

How the regulation was not being met:

The registered person did not do all that was reasonably practicable to ensure delivery of high quality care is maintained during periods of low clinical staff levels. We saw that urgent and routine appointments were not readily available on the day of the inspection.

The registered person did not establish a system to enable staff to respond appropriately and in good time to patients medical needs. For example triage system had been introduced for the day of the inspection, knowledge and understanding of the process differed amongst clinical and non-clinical staff.

This section is primarily information for the provider

Requirement notices

The registered person did not follow guidance or adopt control measures to ensure practitioners are working within recognised guidance. For example the registered person did not ensure that all prescribers who signed prescriptions were registered with the practice to carry out this role.

This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.