

# Dr Roshanali Moman

## Quality Report

Station Road Surgery  
33b Station Road  
Barnet  
London  
EN5 1PH  
Tel: 020 8440 2912  
Website:

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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

Good



Are services effective?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary

Page

2

### Detailed findings from this inspection

Our inspection team

3

Background to Dr Roshanali Moman

3

Why we carried out this inspection

3

How we carried out this inspection

3

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Roshanali Moman on 13 January 2017. The provider was found to be outstanding in the provision of caring services, good in the provision of safe, responsive and well-led services and requires improvement in the provision of effective services. The overall rating for the practice was good. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr Roshanali Moman on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a focused follow up inspection carried out on 26 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 13 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had implemented an action plan to address the issues identified during the previous inspection.
- The practice had improved their approach to clinical audit and it was now seen to be driving quality improvement.
- Language interpretation services were now visibly available to any patient who needed them.
- Expired controlled drugs had been disposed of in accordance with legislation and local guidelines.

### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Dr Roshanali Moman

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC Inspector.

## Background to Dr Roshanali Moman

Dr Roshanali Moman is based at Station Road Surgery, 33b Station Road, Barnet, EN5 1PH and provides GP services under a General Medical Services contract. The surgery has private parking for those with a disability available directly in front of the building. There is step-free access from the street to the waiting area and one of two clinical rooms.

Dr Roshanali Moman at Station Road Surgery is one of a number of GP practices commissioned by Barnet Clinical Commissioning Group (CCG). It has a practice list of 1856 registered patients.

The practice is in the fourth least deprived decile out of 10 on the national deprivation scale.

The practice has a similar percentage of unemployed patients (6.1%) compared to the local and national averages of 5.4%.

The clinical team includes one male principal GP who provides 10 sessions per week and one female practice nurse. The practice is led by a practice manager and a secretary and receptionists provide non-clinical support. If patients requested to see a female GP, the practice used an agreement with a nearby practice to provide this.

The practice is open during the following hours:

Monday, Tuesday, Wednesday and Friday – 9am to 1pm  
and from 5pm to 7pm

Thursday – 9am to 1pm

Saturdays – 9.30am to 11am

Appointments are available during the following hours:

Monday, Tuesday, Wednesday and Friday – 9.15am to 1pm  
and from 5pm to 7pm

Thursday – 9.15am to 1pm

Saturdays – 10am to 11am

The practice has an agreement with a nearby hospital emergency department to provide an urgent walk-in service to relieve pressure on the department at times of high demand. Out of these hours, cover was provided by the NHS 111 service, staff at which had direct-line access to the GP.

## Why we carried out this inspection

We undertook a focused follow up inspection of Dr Roshanali Moman on 26 October 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.

## How we carried out this inspection

We carried out a focused follow up inspection of Dr Roshanali Moman on 26 October 2017. This involved reviewing evidence that:

- The practice had implemented an action plan to address the issues identified during the previous inspection.

## Detailed findings

- The practice had improved their approach to clinical audit and quality improvement.
- The practice had ensured the availability of language interpretation services to any patient who needed them.
- Expired controlled drugs had been disposed of in accordance with legislation and local guidelines.

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 effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 13 January 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of two cycle clinical audits, provision of language translation services and procedures for disposal of expired controlled drugs needed improving.

These arrangements had significantly improved when we undertook a desk-based focused inspection on 26 October 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

In October 2017, we saw that the practice had reviewed their approach to clinical audit. We were shown the results of a lipid audit of stroke/TIA patients with the first audit being done in September 2016. We saw evidence of further audits in March 2017 and September 2017.

The aim of the audit was to assess if the practice was following current NICE guidance which states: For secondary prevention of cardiovascular disease (CVD), aim to reduce non-HDL cholesterol by 40% from baseline. If baseline is unknown, as a minimum, patients should be treated to achieve at least non-HDL cholesterol  $\leq 3.8\text{mmol/L}$ .

In September 2016, 12 out of 18 patients were within target of  $\leq 3.8\text{mmol non-HDL}$ . Results of the audit were analysed

and various interventions were discussed with patients, including medication and lifestyle changes. By March 2017 this had increased to 16 out of 18 patients being within target of  $\leq 3.8\text{mmol/non-HDL}$ . This audit has brought awareness of the latest Lipid management guidance from NICE and has contributed to an improvement in outcomes for the patients.

We also saw evidence of second cycle audits taking place on the two single cycle audits we reviewed in January 2017. Both of these showed continued follow up of results and continued compliance with best practice guidance.

During our previous inspection in January 2017 we found a stock of controlled drugs that had an expiry date of June 2016 but were still on site. We spoke with the practice manager who said a pharmacy visit arranged for 3 December 2016 had not taken place and they would ensure this was prioritised.

We saw evidence in the controlled drugs destruction log that this took place on 2 February 2017 and was witnessed by the head pharmacist from Barnet CCG.

During our previous inspection in January 2017 we found that language interpretation services were not visibly available to any patient who needed them. During this inspection we saw a poster advising patients that interpreter services were available. We also saw an Interpreter Services Policy (published in February 2017) and a form to be used when booking interpreter services.