

Dr Iftikhar Ali

Quality 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 service

Good 

Are services safe?

Good 

Are services effective?

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 Iftikhar Ali on 26 January 2016. Breaches of the legal requirements were found.

- The practice had been unable to demonstrate all appropriate recruitment checks had been undertaken prior to directly employing locum GPs.
- The practice was unable to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- Although the practice carried out clinical audits, they were unable to demonstrate how these were driving quality improvement.
- The practice was unable to demonstrate that locum GPs employed directly were up to date with attending mandatory courses or had received annual appraisals.

- The practice had a number of policies and procedures to govern activity. However, some were not dated so it was not clear when they were written or if they were up to date.
- The practice had been unable to demonstrate there was a programme of continuous clinical audit which was used to monitor quality and to make improvements.
- The practice had failed to identify or consider some potential risks. For example, the potential risk of infection from legionella in the building's water system and the risks associated with failing to carry out all recruitment checks prior to the direct employment of locum GPs.

Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook this focussed inspection on 19 October 2016, to check that the practice had followed their plan and to confirm that they now met the legal requirements. At our focussed follow-up inspection on 19 October 2016, the practice provided records and information to demonstrate that the requirements had been met. This

Summary of findings

report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Iftikhar Ali on our website at www.cqc.org.uk.

The areas where the practice should continue to make improvements are:

- Ensure further risk assessment is carried out to include all potential risks from legionella (a germ found in the environment which can contaminate water systems in buildings).
- Create a practice website.

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 safe?

At our previous comprehensive inspection on 26 January 2016 the practice had been rated as requires improvement for providing safe services.

- The practice had been unable to demonstrate all appropriate recruitment checks had been undertaken prior to directly employing locum GPs.
- The practice was unable to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

At our focussed follow-up inspection on 19 October 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice had revised recruitment procedures which now included all appropriate recruitment checks being undertaken prior to employing staff including locum GPs.
- The practice had introduced a system for the routine management, testing and investigation of legionella. However, further action should be considered in regard to some aspects of legionella risk assessment.
- The practice had revised emergency equipment availability and was now able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

Good



Are services effective?

At our previous comprehensive inspection on 26 January 2016 the practice had been rated as requires improvement for providing effective services.

- Although the practice carried out clinical audits, they were unable to demonstrate how these were driving quality improvement.
- The practice was unable to demonstrate that locum GPs employed directly were up to date with attending mandatory courses or had received annual appraisals.

At our focussed follow-up inspection on 19 October, the practice provided records and information to demonstrate that the requirements had been met.

Good



Summary of findings

- The practice was able to demonstrate how the clinical audits they carried out were driving quality improvement.
- The practice no longer employed locum GPs.

Are services well-led?

At our previous comprehensive inspection on 26 January 2016 the practice had been rated as requires improvement for providing well-led services.

- The practice had a number of policies and procedures to govern activity. However, some were not dated so it was not clear when they were written or if they were up to date.
- The practice had been unable to demonstrate there was a programme of continuous clinical audit which was used to monitor quality and to make improvements.
- The practice had failed to identify or consider some potential risks. For example, the potential risk of infection from legionella in the building's water system and the risks associated with failing to carry out all recruitment checks prior to the direct employment of locum GPs.

At our focussed follow-up inspection on 19 October 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice had revised their system to manage governance documents. Policies and protocols that we looked at were now up to date.
- The practice had introduced a programme of continuous clinical audit which was used to monitor quality and to make improvements.
- The practice had considered potential risks and carried out actions to reduce these where possible. For example, in relation to the risk of infection from legionella in the building's water system and the risks associated with failing to carry out all recruitment checks prior to the direct employment of locum GPs. However, further action should be considered in regard to some aspects of legionella risk assessment.

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

At our previous comprehensive inspection on 26 January 2016 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 19 October 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People with long term conditions

At our previous comprehensive inspection on 26 January 2016 the practice had been rated as requires improvement for the care of people with long-term conditions. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 19 October 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



Families, children and young people

At our previous comprehensive inspection on 26 January 2016 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 19 October 2016, the practice provided records and information to demonstrate that the

Good



Summary of findings

legal requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Working age people (including those recently retired and students)

At our previous comprehensive inspection on 26 January 2016 the practice had been rated as requires improvement for the care of working age people (including those recently retired and students). The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 19 October 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People whose circumstances may make them vulnerable

At our previous comprehensive inspection on 26 January 2016 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 19 October 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People experiencing poor mental health (including people with dementia)

At our previous comprehensive inspection on 26 January 2016 the practice had been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider had been rated as requires improvement

Good



Summary of findings

for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 19 October 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Dr Iftikhar Ali

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Why we carried out this inspection

We undertook an announced focused inspection of Dr Iftikhar Ali on 19 October 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 26 January 2016.

We inspected this practice against three of the five questions we ask about services; is the service safe, is the service effective and is the service well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. During our visit we spoke with the GP, the practice manager as well as one receptionist and reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Overview of safety systems and processes

- Staff told us that the practice did not currently directly employ any locum GPs. The practice had revised their recruitment processes to help ensure all appropriate recruitment checks would be undertaken prior to directly employing locum GPs if they should need to do so. Staff told us this was unlikely as the practice was going into partnership with another provider and staff from the other provider's location would be used to cover any GP absences.

Monitoring risks to patients

- The practice had introduced a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). A risk assessment had been carried out and an action plan made to reduce identified risks. The risk assessment did not include all potential sources of risk

from legionella, such as 'dead legs' (disused or blind pipes of the building's water system). However, records demonstrated that water samples had been sent off for legionella testing and results showed no traces of the legionella bacteria. The practice recorded the water temperature from hot and cold outlets as well as regular flushing of taps that were used infrequently. Staff told us they would carry out further risk assessment activity to include all potential risks from legionella.

Arrangements to deal with emergencies and major incidents

The practice had revised the availability of emergency medicines and was now able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

- The practice had purchased medical oxygen and we saw that the oxygen cylinder was in good working order and within its expiry date.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

There was evidence of clinical audits driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, an audit of the treatment of patients at risk of bone fractures. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.

- Other clinical audits had been carried out. For example, a medicines audit. The practice had analysed the results and produced an action plan to address the findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.

Effective staffing

- The practice no longer directly employed locum GPs. However, the practice had introduced a system to help ensure that when locum GPs were employed directly they were up to date with attending mandatory courses, such as safeguarding, fire safety and basic life support.

Are services well-led?

Good 

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

Our findings

Governance arrangements

The practice had revised governance arrangements to help ensure they were implemented effectively.

The practice had revised their system to manage governance documents. Policies and protocols that we looked at were now up to date.

The practice had introduced a programme of continuous clinical audit which was used to monitor quality and to make improvements.

The practice had considered potential risks and carried out actions to reduce these where possible in relation to:

- The risk of infection from legionella in the building's water system. However, further action should be considered in regard to some aspects of legionella risk assessment. For example, from potential sources of risk from legionella such as 'dead legs' (disused or blind pipes of the building's water system).
- The risks associated with not keeping medical oxygen for use in an emergency.