

Dr Mohamed Hazeldene

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

Inadequate



Are services safe?

Requires improvement



Are services effective?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 4 November 2015. Overall the practice is rated as inadequate. As a result of the inspection requirement notices were made and two warning notices were served. The practice was placed in special measures on 28 January 2016 and the full report is on our website.

We carried out a focused inspection on 11 February 2016 with regards to one of the warning notices. The warning notices related to regulation 12 safe care and treatment; there were shortfalls in managing risks to patients and staff when staff were working alone; and patients who received treatment away from the practice were not protected from harm. A compliance date had been set for 30 January 2016.

On the 11 February 2016 our key findings were that the warning notice had been met.

- The provider had not submitted an action plan detailing what measures they would be taking to achieve compliance in relation to the improvements needed at the practice.
- Arrangements were now in place to mitigate risks to staff who worked alone with patients and also minimise risk to patients. The lead GP reported that staff were no longer permitted to work in the building alone and we saw a lone working policy which confirmed this.
- The policy also covered arrangements if a member of staff was working away from the practice. There was an emergency medicines kit for use in anaphylactic reactions to medicines or vaccines if given away from the premises.

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?

The rating for this domain has not been reassessed as there are requirement notices which have yet to be inspected.

- Risks to patients were assessed and managed in relation to lone working and staff being available in the event of an emergency.
- The GP bag had an anaphylaxis kit in the event of an allergic to reaction to medicines or vaccines whilst a GP was carrying out a home visit.

Requires improvement



Are services effective?

The rating for this domain has not been reassessed as there are requirement notices which have yet to be inspected.

- Appropriate arrangements were in place to ensure patients consent was recorded when carrying out procedures.

Inadequate



Dr Mohamed Hazeldene

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

Background to Dr Mohamed Hazeldene

Dr Mohamed Hazeldene is a single handed GP practice who provides care and treatment to approximately 3000 patients. The practice is situated in a deprived area of Portsmouth, with a high number of single parent families and patients in the 15 to 24 age groups than the national average.

Dr Mohamed Hazeldene is the only permanent GP, who is male and there are two regular male locum GPs employed to cover regular appointment sessions at the practice. A female locum GP is employed one afternoon a week and sees mainly female patients. The practice has a practice manager and a part time female practice nurse. There is a reception and administration team who support the clinical team. Each morning a phlebotomist visits the practice for half an hour to take blood for testing.

The practice holds a Personal Medical Services contract. The practice is open between 8am and 12.30pm and 2pm and 6.30pm Monday to Friday. Appointments are from 9am to 12.30pm every morning and 2pm to 6.30pm daily. Extended hours surgeries are offered between 9am and 10.30am every Saturday, during which time reception is also staffed.

When the practice is closed patients are required to contact the NHS 111 service.

The practice operates from one location which is situated at:

15 Middle Park Way, Havant Hampshire, PO9 4AB.

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to monitor compliance with the warning notice served in relation to regulation 12.

Are services safe?

Our findings

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies.

At our inspection in November 2015 we found that the lead GP undertook minor surgery on some Saturdays, after 10:30am when no one else worked in the building. The lead GP had also given permission to one of the locums to undertake male circumcision under their own arrangements when the practice was closed. None of these activities had been risk assessed. We observed in November 2015 that one of the GPs took a flu vaccine to give to a patient at home, but did not take an emergency medicines kit in case of an anaphylactic reaction to the vaccine.

At this inspection on 11 February 2016 we found that there were adequate arrangements to manage lone working and ensure the safety of patients. The practice had a lone worker policy in place; although this was not dated the information was relevant and current and reflected the change in practice that the lead GP told us about. The lead GP stated that there had been one instance of minor surgery being carried out and there was a member of the reception team who remained in the building until the after surgery had been completed. The lead GP told us that the circumcision clinic operated by a locum GP was no longer running, as the locum had left the practice. The GP showed us the practice's GP bag which contained an anaphylaxis kit in the event of a reaction to medicines or vaccines when home visits were undertaken.

The rating for this domain has not been reassessed as there are requirement notices which have yet to be inspected.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

At our inspection in November 2015, we found that staff did not consistently seek patients' consent to care and treatment in line with legislation and guidance. When patients consented for treatment the practice informed us that they made a record on the patient's notes to this effect. There had not been any audit on whether consent had been obtained prior to minor surgical procedures, to ensure the treatment had been discussed fully with the patients and their informed consent had been given.

At this inspection we found that there were adequate arrangements to ensure patients consent had been sought and recorded. The lead GP said that consent was always recorded when they carried out procedures, and they had undertaken a check of records. We viewed a sample of five patients' records. Four of the five patients had had consent recorded. The one patient without a recorded consent had been seen by a locum GP.

The rating for this domain has not been reassessed as there are requirement notices which have yet to be inspected.