Dr Rashid Kadhim

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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Rashid Kadhim on 10 May 2016. The practice was rated as inadequate and placed into special measures. Because of the concerns found at the inspection we served the provider with a Section 31 of the Health and Social Care Act 2008 ("the Act") notice to impose an urgent suspension of the regulated activities from the location for a period of three months from 16 May 2016 to 16 August 2016.

We undertook a focused inspection on 9 August 2016 to check whether the provider had made sufficient improvements to allow the suspension to end and if further enforcement action was necessary. The practice was not rated on this occasion.

This report covers our findings in relation to our focused inspection. You can read our findings from our last comprehensive inspection by selecting the 'all reports' link for Dr Rashid Kadhim on our website at www.cqc.org.uk.

Summary of findings

Following our focused inspection we found the provider had implemented sufficient improvements to allow the period of suspension to end.

Our key findings across all the areas we inspected were as follows:

We found the practice had taken action to repair and clean the premises and to replace damaged fittings. A review of all policies and procedures was underway. Staff had undergone training in a number of areas, for example safeguarding, the Mental Capacity Act, chaperoning and basic life support; and additional training had been booked, for example in infection prevention and control.

We found there were several areas where progress was ongoing and new documentation was not yet available, for example the complaint and significant event logs. Some of the changes implemented can only be assessed once the new methodology has been put into practice – then the appropriateness, workability and sustainability of the new systems and processes can be determined.

There were areas where the provider told us action had been taken and we still found issues – such as out of date single use equipment, a clogged up air vent and the lack of a defibrillator. We were told the practice had assessed the risk of not having a defibrillator – and had concluded that they did need one. Documentation provided prior to this inspection stated the defibrillator had been ordered; however, this proved not to be the case.

The provider had engaged an interim practice manager and had given an undertaking to recruit permanently to the post.

It should be noted that as part of the provider's factual accuracy response we were sent new, additional documentation that had not been provided previously. This included further audits; a Level 3 children safeguarding certificate for the GP from April 2014 and a copy of the Southwark clinical commissioning group (CCG) primary care quality dashboard which outlined the performances of the GPs within the CCG's area.

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?

We found that the practice had taken action to address a number of the concerns identified at the inspection on 10 May 2016. They had put a new significant event policy into place and had introduced a new template so that a log could be maintained.

Staff had undergone e-learning in infection prevention and control and steps were being taken to address the issues highlighted in the infection prevention audit carried out by the clinical commissioning group in May 2016. Further infection control training had been booked.

Repairs had been made to the premises, a cleaning schedule was in place and a deep clean had been carried out.

Electrical equipment had been tested and medical equipment calibrated. Staff had begun to carry out fire alarm tests and a fire risk assessment was booked to take place later in August.

Staff had undergone child safeguarding training. The GP had completed this to level three.

The practice manager told us they were in the process of drafting risk assessments. They were able to show us the start of their health and safety risk assessment. We were told that a defibrillator had been ordered however it later transpired that the order had not yet been placed, but was 'imminent'.

We still found some single use equipment that was out of date (syringes and blood sample vials).

Are services effective?

We found that the practice had taken action to address a number of the concerns identified at the inspection on 10 May 2016. We were told that a number of areas had been identified for audit, and the GP had recently begun one on patients who did not attend for bowel cancer screening.

Training had been provided in a number of areas including the Mental Capacity Act, health and safety, chaperoning, basic life support, and infection prevention and control. The phlebotomist had refresher training booked for October.

Staff appraisals had been carried out, and staff told us they felt more confident in their work, although they still wanted additional training on the new processes and systems that had recently been introduced.

Summary of findings

Are services caring?
Not assessed on this inspection.

Are services responsive to people's needs?
We found that the practice had taken action to address a number of the concerns identified at the inspection on 10 May 2016. A protocol had been drafted for reception staff to refer to when asking questions of patients who called for an on the day appointment. We were told staff had had training in this; however, we found the staff team were still very unsure of the new system.

The practice had revised its complaints procedure and had produced a template for staff to record complaints. The GP was in the process of populating this.

Are services well-led?
We found that the practice had taken action to address a number of the concerns identified at the inspection on 10 May 2016. We found patient records were stored in lockable cabinets and in locked rooms. The GP had taken steps to appropriately file test results.

We were told that once patients were back in the practice, a new protocol for dealing with incoming correspondence would be put in to place. We saw that policies and procedures were in the process of being revised.

The interim practice manager told us she had provided a training session for staff regarding the duty of candour. We found staff were able to demonstrate a better understanding of this subject.

Dr Rashid Kadhim

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 practice manager specialist adviser.

Background to Dr Rashid Kadhim

Dr Kadhim's practice provides services to approximately 3100 patients in south east London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Southwark Clinical Commissioning Group (CCG) which has 44 member practices serving a registered patient population of approximately 300,000. Dr Kadhim's practice provides a number of enhanced services including minor surgery; remote care monitoring; unplanned admissions and rotavirus & shingles immunisation.

The staff team at the practice consists of one full time male GP, a part time female practice nurse (one day per week), two part time receptionists and a secretary who was also trained as a phlebotomist. There had not been a practice manager in post for the past 18 months, although at the time of this inspection an interim practice manager had been in post for several weeks. A locum female GP provides two sessions per week for patients who wish to see a female doctor. The service is provided from this location only, and is located in a purpose built property.

The premises are accessible for patients with mobility difficulties with consulting rooms on the ground floor of the two storey building. The practice is open between 8.00am and 6.30pm Monday, Thursday and Friday, and between 8.00am and 7.30pm on Tuesdays and Wednesdays. Appointments are available between 9.15am – 1pm and 3pm – 6.30pm on Mondays, Thursdays and Fridays; and between 9.15am – 1pm and 3pm – 7.30pm on Tuesdays and Wednesdays. This falls below the expected core appointment hours of 8.00am – 6.30pm. Patients who wish to see a GP outside of these times are referred to an out of hour's service. The practice provides an online appointment booking system and an electronic repeat prescription service.

The practice is registered with the Care Quality Commission as an individual, to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, family planning, surgical procedures, and diagnostic and screening procedures.

The practice has a lower percentage than the national average of people with a long standing health conditions (46% compared to a national average of 54%). It has a higher percentage of unemployed people compared to the national average (19% compared to 5.4%). The average male and female life expectancy for the CCG area and the practice is in line with the national average for both males and females.

The population in this CCG area is 54% white British. The second highest ethnic group is black or black British (27%). The practice sits in an area which rates within the second most deprived decile in the country, with a value of 35.8 compared to the CCG average of 29.5 and England average of 21.8 (the lower the number the less deprived the area).

The patient population is characterised by a below England average for patients, male and female, over the age of 55; and an above England average for male patients between the ages of 25 and 49 and female patients between the ages of 25 and 44.

Detailed findings

We previously inspected this practice on 3 February 2014 at which time the provider was not meeting the standards with regard to the care and welfare of people who used the service and requirements relating to workers. We followed this up in September 2014 when the provider was found to have made improvements. We carried out a comprehensive inspection on 10 May 2016 at which time the provider was rated Inadequate in all areas.

Why we carried out this inspection

We undertook a focused inspection of Dr Rashid Khadim's practice on 9 August 2016. This was carried out because at the May 2016 inspection the service was identified as being in breach of the legal requirements and regulations associated with the Health & Social Care Act 2008.

Specifically breaches of Regulation 12 Safe care and treatment; Regulation 13 Safeguarding service users from abuse and improper treatment; Regulation 16 Receiving and acting on complaints; Regulation 17 Good Governance; Regulation 18 Staffing and Regulation 20 Duty of candour of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our concerns led us to impose a suspension of the provider's registration for a period of three months from 16 May 2016 under the powers granted to us by section 31 of the Health and Social Care Act 2008.

At the May 2016 inspection we found areas where the provider must make improvements:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with infection prevention and control practice.
- Put in place appropriate systems and processes to enable it to respond to medical emergencies.
- Complete clinical audits to ensure improvements have been achieved.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision, including health and safety risk assessments, electrical testing and regular calibration of equipment.
- Put in place governance arrangements to deal with all incoming clinical correspondence in a timely way, which includes appropriate review by a GP.
- Securely store patient records.
- Maintain a clear audit trail to indicate when patient test results have been actioned.
- Provide all clinical staff with child protection and safeguarding training to Level 3; and confirm that staff are aware how to report concerns to external authorities.
- Introduce a whistleblowing policy and procedure and ensure that staff understand it and their duty to escalate safety concerns if necessary.
- Put into place a documented process to enable the GP to effectively and safely triage patients based on information gathered by non-clinical staff.
- Keep Patient Group Directions up to date in accordance with legislation.
- Provide staff with appropriate, up to date policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Establish and operate effective systems and processes to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Provide staff with annual appraisals and appropriate training, for example, training in infection prevention and control, the Mental Capacity Act 2005, basic life support and fire safety.
- Confirm staff are familiar with the duty of candour and their responsibilities in relation to it.
- Introduce a system to document, analyse and learn from complaints.
- Review the security of blank prescriptions.

This inspection was carried out to check whether the provider had made sufficient improvements to allow the suspension to end or if further enforcement action was necessary.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed the issues found at the 10 May 2016 inspection. We also reviewed the information supplied by the provider as evidence of the actions taken to address those issues. We carried out an announced visit on 9 August 2016.

During our visit we:

- Spoke with reception and administrative staff; the interim practice manager and the GP.
- We inspected the premises.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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 safe?

Our findings

At the 10 May 2016 inspection we found the following areas of concern:

- There was no central log of significant events. The practice did not carry out any analysis of significant events. Staff meeting minutes did not contain evidence that significant events were discussed, lessons learnt or action taken even though staff told us these issues were discussed.None of the staff had received infection prevention and control training, including the (single handed) GP who was the infection control lead.
- The CCG completed an infection control audit in September 2015 where the practice achieved 17% compliance, including 0% compliance relating to personal protective equipment, vaccines and specimen handling and transportation. A re-audit on 5 May 2016 found little had improved, with the practice achieving 25% compliance, and nothing done in relation to the aforementioned 0% issues.
- The GP told us he had an electronic cleaning schedule however this had not been downloaded and the cleaner was not expected to complete any record of the cleaning carried out.
- The cleaning materials were stored haphazardly in a cupboard. COSHH cleaning substances were in unlocked cupboards.
- Carpets in corridors and consulting rooms were stained.
- Some of the chairs in the waiting room were fabric covered. These were stained.
- Some single use equipment was out of date (syringes and lancets).
- Not all sharps bins were dated on assembly and locking.
- Pedal bins were clearly marked 'clinical waste' however the lining bags were white plastic and the same as the lining bags used for non-clinical waste.
- High level dust was found – particularly in the air vents.
- Parts of the floor covering in the waiting room were torn and presented a trip hazard.
- The outer glaze of one window in a consulting room was shattered, presenting a security and health and safety risk. This window was directly above a consulting couch and baby changing mat.
- The vaccine fridge in the nurses' room was only accessible by standing on a chair, putting staff at risk of falls.
- A number of fire doors were propped open. Fire drills were not carried out. Fire alarms and extinguishers were checked annually by an external contractor (last check March 2015) however in the intervening period staff did not periodically test the alarm.
- No portable appliance (PAT) testing had been carried out.
- Equipment was not routinely checked.
- Equipment was not calibrated regularly.
- Patient Group Directions (PGDs) were out of date (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The GP stated that the nurse had appropriately signed PGD's at another practice so he felt this was acceptable.
- Blank prescriptions were loaded into a printer in the administration area behind the reception desk, and we found on arrival that this area was accessible to patients and unsupervised, leaving the practice vulnerable to theft. Non-clinical staff had recently undergone online safeguarding learning however they were unable to describe the action they would take if they had safeguarding concerns and the safeguarding lead was not available.
- Issues identified in safeguarding audits were not actioned.
- The GP could not evidence he had undergone level 3 child safeguarding training.
- No risk assessments (for example relating to health and safety, fire, infection prevention and control, blind cords, lack of defibrillator) had been carried out.

On our inspection on 9 August 2016 we found the following:

- A revised significant event policy was in place. We were told that the GP was in the process of populating a

newly introduced significant event log. It will not be possible to assess the level of learning from significant events until the log has been brought up to date and can then be shared with staff.

- Staff had completed an e-learning module about infection control. In addition, a training session with the community infection prevention and control nurse has been arranged for 12 August.
- Staff had reviewed the infection control audit and were working through the issues identified. For example, wall mounted hand cleaning gels had been purchased, and a deep clean of the premises had taken place on 4 August 2016.
- A cleaning schedule was in place and records were now being kept of the cleaning carried out.
- Cleaning materials had been tidied and COSHH substances were in a locked cupboard.
- Carpets in corridors and consulting rooms had been deep cleaned.
- Chairs with soiled covers had been removed from the waiting room.
- We still found some single use equipment that was out of date (syringes and blood sample vials). These were disposed of as soon as we pointed them out.
- Sharps bins were dated on assembly and locking.
- Pedal bins were clearly marked 'clinical waste' and appropriate orange bags were being used for clinical waste.
- The deep clean had removed most of the high level dust however one of the air vents had been missed and remained clogged.The provider told us he would arrange for it to be cleaned.
- The waiting room floor covering had been replaced.
- The broken window had been repaired.
- The vaccine fridge in the nurses' room had been relocated and was now stored underneath a consulting couch.
- Fire doors were closed. Staff had recently started to test fire alarms (one had been recorded on 5 August 2016). An external contractor had been booked for 17 August 2016 to carry out a fire risk assessment.
- PAT testing had been carried out on 4 August 2016.
- Equipment had been calibrated on 4 August 2016.
- PGDs had been signed by the practice nurse; however, they had not been 'adopted' as they had not been signed by the authorised manager (this was done during the inspection).
- Blank prescriptions had been removed from the consulting rooms that were not regularly used. Whilst they would still be loaded into a printer in the administration area behind the reception desk, we were told that at the end of each day these would be removed and securely stored. We were also told that the provider had undertaken to ensure no one receptionist was left on duty on their own.
- The local child protection safeguarding lead had delivered a level 2 course for staff on 3 August 2016. We saw a certificate indicating the GP had undergone level 3 child safeguarding training. All had done adult safeguarding training recently.Staff showed a better awareness of safeguarding; however, the training had not yet been embedded. The interim practice manager told us she was trying to set up quarterly meetings with the health visitor, and the child protection policy had been updated to include guidance on appropriate read coding. These latter two issues addressed the red rated concerns highlighted in the safeguarding audits.
- The practice manager told us they were in the process of drafting risk assessments. They were able to show us the start of their health and safety risk assessment. We were told that a defibrillator had been ordered however it later transpired that the order had not yet been placed, but was 'imminent'.

Are services effective?

(for example, treatment is effective)

Our findings

At the 10 May 2016 inspection we found the following areas of concern:

- There was little evidence of quality improvement including completed clinical audits.
- There was no record of staff appraisals over the past 18 months.
- With the exception of online safeguarding learning, no staff had undergone training in any area for the past 18 months. This included the phlebotomist who had trained in 2004 but had not undergone any form of update or refresher training since.
- Staff had not undertaken any training in the Mental Capacity Act (MCA) 2005 and were unfamiliar with the legislation.

On our inspection on 9 August 2016 we found the following:

- We were told that a number of areas had been identified for audit, and the GP had recently begun one to review patients who did not attend for bowel cancer screening.
- Staff appraisals had been carried out.
- Training had been provided in a number of areas including the Mental Capacity Act, health and safety, chaperoning, basic life support, and infection prevention and control. The phlebotomist had refresher training booked for October.

Are services caring?

Our findings

Not assessed on this inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At the 10 May 2016 inspection we found the following areas of concern:

- Reception staff would talk to patients who called in hoping to get an appointment that day. They would record the patient's concerns and pass a list to the GP who would then decide who he needed to see that day. There was a risk that patients who should be seen that day may not be offered an appointment if they had not conveyed sufficient detail to the receptionists.
- The practice could not produce a log of complaints. Reception staff told us that if a patient complained this would be passed to the GP; however, he could not recall if there had been any in the past two years.

On our inspection on 9 August 2016 we found the following:

- A protocol had been drafted for reception staff to refer to when asking questions of patients who called for an on the day appointment. We were told staff had had training in this; however, the staff team were still very unsure of the new system.
- The practice had revised its complaints procedure and had produced a template for staff to record complaints. The GP was in the process of populating this from existing information he held.

Are services well-led?

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

Our findings

At the 10 May 2016 inspection we found the following areas of concern:

- We found some patient records were not securely stored. For example in an unlocked cupboard in the nurses' room we found a patient hospital discharge summary and also a district nurse's folder containing another patient's personal details and care plan. The door of the GP's consulting room was left open, and inside we found a bundle of patient records.
- We found correspondence from external health professionals (i.e. hospitals or labs) was scanned into patients' records without the GP seeing it. The GP relied on the other professionals calling him if any follow up was needed.
- We found the GP did not file test results but kept them stored in his email inbox. Whilst there was nothing to suggest he had not appropriately actioned them, nevertheless there was a risk that he may overlook some, as there were 12000 records stored in this fashion.
- We found policies and procedures were out of date and incomplete.
- Staff were not familiar with requirements under the duty of candour.

On our inspection on 9 August 2016 we found the following:

- Patient records were stored in locked rooms/cabinets.
- We saw the GP had appropriately filed over 11000 of the 12000 test results that had been stored in his inbox.
- We were told that, once patients were using the practice, a new protocol for dealing with incoming correspondence would be put in to place.
- Policies and procedures were in the process of being revised.
- Staff showed a better awareness of the duty of candour, and had received training in this area.