

Dr Tahir Haffiz

Inspection report

Bingfield Primary Care Centre
8 Bingfield Street
London
N1 0AL

Tel: 02077009700
www.barnsburymedicalpractice.nhs.uk

Date of inspection visit: 30 October 2019
Date of publication: 29/05/2020

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 location

Requires improvement 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive re-inspection of Dr Tahir Haffiz's practice on 30 October 2019, to follow up concerns noted at past inspections.

We have rated this practice as Requires improvement overall and for providing an Effective, Responsive and Well-led service. We have rated it as Good for a Safe and Caring service. We rated the practice as Requires improvement in relation to the six patient population groups.

We had inspected the practice previously in May 2018 and January 2019.

In May 2018 we had rated the service as Inadequate for providing an Effective and Well-led service; Requires Improvement for providing a Safe and Responsive service; Good for providing a Caring service and consequently as Inadequate overall. The service was placed in special measures to give people who use the service the reassurance that the care they get should improve.

At our inspection in January 2019 we noted some improvements and revised some of the ratings: Inadequate for providing an Effective service; Requires Improvement for providing a Responsive and Well-led service; and Good for providing a Safe and Caring service. The overall rating for the service was revised to Requires Improvement, but it remained in special measures.

Our previous inspection reports can be found by going to <https://www.cqc.org.uk/location/1-485343677> and selecting the Reports tab.

For this inspection, we based our judgement of the quality of care at this practice on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations

We have again rated this practice as Good for providing a Safe service because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- There was an effective system for reporting and recording significant events.
- The practice learned and made improvements when things went wrong.

- Staff had the information they needed to deliver safe care and treatment to patients.

We have rated the practice as Requires improvement for providing an Effective service because:

At our inspection in January 2019, we rated the practice as Inadequate for providing an Effective service. We found that although the practice had taken positive action in a number of areas, the Quality Outcomes Framework (QOF) scores for 2017 / 18 showed some clinical indicators remained significantly below local and national averages. We saw that positive action had been taken to identify and implement improvement since our previous inspection in May 2018, but this had yet to have a significant impact. At this inspection we noted further action had been taken by the practice to improve performance and have revised the rating to Requires improvement.

- The practice had taken further action to improve clinical performance by appointing additional nursing staff and increasing GP's clinical sessions, which was likely to have a positive impact on the effectiveness of the service.
- The QOF results for the year 2018 / 19, although remaining below average, showed an improvement in the practice's performance over time with a reduction in exception reporting.
- The practice's performance in relation to caring for patients with diabetes remained low, together with its results for cervical screening and childhood immunisations.
- There was improved monitoring of the outcomes of care and treatment. However, the provider was not familiar with revised best practice guidance relating to the monitoring process of patients prescribed Direct Oral Anticoagulants, dated June 2019.
- The practice was able to show that all staff had the skills, knowledge and experience to carry out their roles.

We have again rated the practice as Good for providing a Caring service because:

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice proactively identified carers and supported them.
- Staff understood patients' personal, cultural, social and religious needs.

Overall summary

- The practice gave patients timely support and information.

We have again rated the practice as Requires improvement for providing a Responsive service because:

At our inspection in January 2019, we rated the practice as 'Requires improvement' for providing a Responsive service. We found the provider had taken some action to address past concerns with regard to planning and providing services to meet the needs of the local population. However, patient survey results continued to identify patient dissatisfaction with accessing the service. At this inspection, we have again rated the practice as Requires improvement.

- We noted further action taken by the practice, but this has not been sufficient to bring about the required improvement to patient outcomes.
- The results of the latest GP Patient Survey show some fluctuation, but most remained below local and national averages, in some cases significantly so.
- The practice had appointed extra nursing staff and was providing more nurse appointments throughout the week. A female GP had been appointed and GPs' weekly clinical sessions were to increase from 10 to 12 the week following our inspection.
- Feedback from patients at the inspection and via comments cards was generally positive regarding action taken by the practice regarding access and in relation to it providing a responsive service.

We have again rated the practice as Requires improvement for providing a Well-led service because:

At our inspection in January 2019, we rated the practice as 'Requires improvement' for providing a Well-led service. We found the provider had taken some action to address previous concerns, but further improvement was still needed. The practice's systems and processes for improving clinical indicators for patients had not been embedded and Quality and Outcomes Framework (QOF) scores for some clinical indicators remained significantly below local and national averages. In addition, a review of practice policies and protocols was ongoing. At this inspection, we have again rated the practice as Requires improvement.

- Although further action had been taken since our last inspection, it had not yet been fully effective to bring about the necessary improvements to performance and patients' outcomes. The changes made remain to be fully embedded and should be monitored to ensure they bring about improvement.
- Some processes should be formalised by implementing formal written policies. These include a system to ensure correspondence was dealt with speedily and effectively in the absence of the provider, and in relation to monitoring the care of older patients discharged from hospital and for following up patients experiencing poor mental health who failed to collect prescriptions for long term medication. During the factual accuracy process, the issue relating to correspondence was addressed by the provider.

The areas where the practice **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, to bring about the necessary improvement in clinical performance and patient outcomes and to sustain the improvement.

(Please see the specific details on action required at the end of this report).

The areas where the practice **should** make improvements are:

- Maintain complete and accurate records of staff training on sepsis awareness.
- Maintain a full range of easy read and pictorial healthcare guidance materials for patient with learning disabilities.

I am taking the practice out of special measures in recognition of the improvements made since our previous inspections. However, further improvement is required in relation to the practice providing effective and well-led services and regarding the care provided to People with long-term conditions, Families, children and young people and Working age people (including those recently retired and students).

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector.

Background to Dr Tahir Haffiz

Dr Tahir Haffiz's practice, also known as Barnsbury Medical Practice, operates at Bingfield Primary Care Centre, 8 Bingfield Street, London N1 0AL. It shares the premises with community services run by the local NHS Trust and Clinical Commissioning Group, such as a baby clinic, podiatry services and an ulcer clinic. Dr Haffiz (the provider) is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Diagnostic and screening procedures, Family planning, and Treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract, a contract between NHS England and general practices for delivering general medical services to the local community, to approximately 3170 patients. The patient list has grown

by around 100 since our last inspection. The practice is part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 33 general practices. It is part of a Primary Care Network (PCN) of six local practices.

The clinical team at the practice includes the provider, who is a male GP, working six clinical sessions per week, and a regular female locum GP work works four clinical sessions. There are two practice nurses, who between them work eight sessions per week. The non-clinical team consists of a practice manager and four reception / administrative staff.

The practice's patient profile has a higher than average proportion of younger adults aged between 25 and 35, but fewer older patients. There is a higher than the local average of patients with a long-standing health condition at 59% compared to the CCG average of 46%. Deprivation levels among the practice population are high, being in the second most deprived decile.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met.</p> <p>The registered person had not established effective systems and processes to assess, monitor and improve the quality and safety of the service. In particular: -</p> <p>Although some actions had been taken since our previous inspections, these had not been effective to improve all aspects of clinical performance, patient outcomes and governance.</p> <p>Data showed an overall decline in clinical performance. Indicators relating to the care and treatment of patients with diabetes was significantly below average and rates for the uptake of cervical screening and childhood immunisations were significantly below national targets.</p> <p>The registered person did not have formal written processes to ensure correspondence was dealt with speedily and effectively in their absence to maintain up to date patient records, or in relation to monitoring the care of older patients discharged from hospital and for following up patients experiencing poor mental health who failed to collect prescriptions for long term medication.</p> <p>However, during the factual accuracy process the registered person sent us a Document Management Protocol, which set out how correspondence was dealt with in their absence.</p>

This section is primarily information for the provider

Requirement notices

No action had been taken relating to patients experiencing poor mental health who failed to collect prescriptions.

The registered person was not familiar with revised good practice guidance on monitoring patients prescribed Direct Oral Anticoagulants dated June 2019.

During the factual accuracy process, the registered person sent us the revised protocol which included reference to the guidance.