

# Dr Gulzar Ahmed

## Inspection report

1 Crompton Street  
London  
W2 1ND  
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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 location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

# Overall summary

We carried out an announced inspection at Crompton Medical Centre, a GP practice operated by Dr Gulzar Ahmed, on 24 November 2021. Overall, the practice is rated as good.

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires improvement

Following our previous comprehensive inspection which took place from 14 December 2020 to 8 January 2021, the practice was rated requires improvement overall. It was rated good for providing caring services; requires improvement for providing safe, responsive and well-led services; and inadequate for providing effective services.

We carried out a focused, unrated follow-up inspection on 20 July 2021 and found that the practice had made required improvements to its clinical record keeping and monitoring of higher risk medicines. It had addressed a breach of regulation 17 (Good governance).

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Gulzar Ahmed on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

- All key questions
- Breaches of regulations 12 (Safe care and treatment) and 16 (Receiving and acting on complaints)
- Areas we said the practice should improve

## How we carried out the inspection

We carried out a site visit on 24 November 2021. The inspection team observed social distancing guidelines and wore face coverings in line with guidelines to prevent the spread of Covid-19.

The visit included:

- Provider and staff interviews
- Clinical searches of the practice's electronic patient records system and related discussions with the provider and staff
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Reviewing documentary evidence
- Observation and inspection of the premises and relevant systems and procedures

## Our findings

# Overall summary

We based our judgement of the quality of care at this service 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 rated this practice as good overall**

We rated the practice as good for providing safe, effective, caring and responsive services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients' needs were assessed and care and treatment was delivered in line with current guidelines.
- The practice had made improvements to its monitoring of clinical performance and was undertaking long-term condition reviews and medicines reviews in a timely way.
- The practice was able to provide assurance that clinicians working as advanced practitioners and independently prescribing were working within their competencies and were appropriately supervised.
- Staff dealt with patients with kindness and respect and were committed to involving people in decisions about their care.
- Patients could access care and treatment in a timely way.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The practice had improved how it responded to complaints.

We rated the practice as requires improvement for providing well-led services because:

- Clinical record keeping of consultations had improved. However, there remained gaps in the documentation of asthma reviews and mental capacity assessments.
- Governance had improved but there remained some gaps in systems and lines of accountability were not always clear.
- We received mixed feedback from staff about the practice as a place to work.
- The practice had not yet carried out its own feedback surveys with patients to help improve the service.
- The practice provided supervision, competency assessment and oversight to clinicians working in advanced practice and documented annual appraisals. However, supervision and competency assessment of the wider team was largely reactive in nature and not always clearly documented.
- The practice had an incident reporting system in place but not all incidents were being formally reported.

We found a breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider **should**:

- Continue its work to improve uptake of childhood vaccinations and participation in national cancer screening programmes.
- Ensure that all relevant information relating to Do Not Attempt Cardiopulmonary Resuscitation decisions is accessible through its records system and staff know how to access this information.

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

# Overall summary

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor and two members of the CQC pharmacy team.

## Background to Dr Gulzar Ahmed

Dr Gulzar Ahmed, also known as Crompton Medical Centre, is located at 1 Crompton Street, London W2 1ND. The practice is located on the ground floor of a purpose-built health centre. The premises are shared with another GP practice.

The practice provides NHS primary care services to approximately 3600 patients and operates under a General Medical Services (GMS) contract (GMS is a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract). The practice is part of the North West London Clinical Commissioning Group (CCG) and a primary care network of local GP practices.

The practice is operated by the lead GP who employs three long-term locum GPs. The GPs are supported by a full-time senior clinical pharmacist who is an independent prescriber. In addition, the practice employs a part-time locum practice nurse and a healthcare assistant. The administration team comprises the business manager, an interim practice manager and a team of administrative and reception staff. Patients have the choice of a male or female GP.

The practice is open between 9am and 12.30pm and 1.30pm and 6.30pm Monday to Friday. Extended opening is provided on Monday from 6.30pm to 8pm. Patients who call the surgery between the core hours of 8am and 9am are advised to call NHS 111 or hold to be transferred to the GP out-of-hours service.

The practice population is characterised by higher than average levels of income deprivation and unemployment. Data also shows that around half of patients in the local area are from Black and Minority Ethnic groups.

The provider is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; maternity and midwifery services; family planning; and, surgical procedures.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular we found:</p> <ul style="list-style-type: none"><li>• Governance systems in relation to the oversight of delegated responsibilities, staff performance, competency assessment and clinical supervision were not fully developed or recorded.</li><li>• The provider was not maintaining accurate, complete and contemporaneous patient records. This was particularly evident in relation to the level of detail included in some long-term conditions reviews and recorded mental capacity assessment.</li><li>• Not all relevant incidents had been formally reported through the incident reporting procedure.</li><li>• The practice had not satisfactorily investigated the reasons for continuing staff turnover.</li><li>• The practice had not yet taken action to obtain meaningful patient feedback about its service to shape improvement.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>