

Dr Abdul-Kader Vania

Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Dr Abdul-Kader Vania on 27 January 2020. We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions;

- Safe
- Effective
- Caring
- Responsive
- Well-led

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 requires improvement overall and in the safe and well-led key questions. The practice is rated as inadequate in the effective key question and the “Working age people” and “Families, children and young people” population groups. All other population groups were rated as good, as were the caring and responsive key questions.

We rated the provider as **inadequate** for providing effective services because;

- The practice cervical screening and childhood immunisations uptake rates were lower than local and national averages. Although aware of this, the practice was unable to demonstrate any actions taken to address this.
- The provider was unable to evidence that systems were in place or working effectively in relation to sharing information with other organisations or professionals. For example, Multi-Disciplinary Team (MDT) meetings or those involving health visitors.
- In addition, the practice was also unable to demonstrate that the system in place to ensure quality improvement was fully effective or being used to make improvements.

We rated the provider as **requires improvement** for providing safe and well-led services because;

- The practice was not always able to demonstrate that systems in place to consider or mitigate risks were effective, or that there was an overall system of oversight to ensure systems were updated or working as intended.
- Prior to the new management, the practice was unable to demonstrate that systems to keep patients fully safe or to oversee systems and process in relation to overall governance, were effective or working as intended, which led to gaps in risk management and overall governance systems. During the inspection, the practice was unable to demonstrate that all of these had yet been resolved, but the practice was aware of the majority of these and assured us that action would be taken to address these as soon as practicable. Systems put in place since December 2019 were not yet fully embedded.

We rated the provider as **good** for providing caring and responsive because;

- The practice demonstrated that patient feedback was reviewed and acted upon where necessary and satisfaction levels in relation to both the caring key question and access to care and treatment were in line with local and national averages.

The areas where the provider **MUST** make improvements are;

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

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

The areas where the provider **SHOULD** make improvements are;

- Review cancer screening and childhood immunisation uptake systems to ensure that improvements in uptake are made.
- Ensure that oversight of training for staff is fully established and staff remain up to date.
- Review arrangements for appraisals and support mechanisms for staff to ensure that learning and development needs are addressed, and staff are held to account.
- Continue to identify and support those who are in a caring role.

Overall summary

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist advisor.

Background to Dr Abdul-Kader Vania

Dr Abdul-Kader Vania, also known as Ar-Razi Medical Centre is located in the Evington Valley area of Leicester within the Leicester City Clinical Commissioning Group (CCG) and provides services to approximately 3044 patients under the terms of a General medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. Services are provided from a main surgery site; this surgery does not have a branch site.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, surgical procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The clinical team is comprised of a single-handed GP and two long term locum GPs (one male and one female). The practice has recently had both the practice nurse and the Health Care Assistant (HCA) leave the practice. The clinical team is supported by a newly appointed practice manager and a team of receptionists and administration staff.

The practice opens between 8.30am and 6.30pm on Monday to Friday. GP consulting times are from 8.30am until 6.20pm Mondays to Fridays. The practice also offers

additional access to appointments for their patients at local hub sites through a CCG-led service. These are each weekday from 8am to 8pm and on Saturdays from 9am until noon.

Standard appointments are 10 minutes long and patients are able to book appointments and order prescriptions online. Home visits are available for patients whose health condition prevents them from attending the surgery.

The practice profile includes a lower than average number of patients with a long-term health condition than local and national averages and higher than average numbers of patients in full time employment or education. The practice has lower levels of patients over the age of 65 compared to local and national averages. The National General Practice Profile states that 76% of the practice population is from a White background with 15% of Asian ethnicity.

Information published by Public Health England, rates the level of deprivation within the practice population group as five, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of emergency medicines and premises and clinical risk consideration. The practice also failed to demonstrate that actions resulting from risk assessments had always been completed.• The provider did not have a system or policy in place which ensured that all children who did not attend their appointment following referral to secondary care or for immunisations were appropriately monitored and followed up. They were also unable to demonstrate that information, relevant to the safety of patients, was shared with other organisations or professionals or that learning was used to implement change.• The system to ensure that staff were appropriately trained and competent for their roles was not fully effective. Staff training had expired and there was no system yet in place to address this.• The system in place for quality improvement activity was ineffective at driving improvement or outcomes for patients and highlighted risk that the practice was unable to demonstrate that they had addressed. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>