

Dr Abul Kashem Mohammed Zakaria

Quality Report

50 Upper Road,
Plaistow,
London
E13 0DH

Tel: 020 8552 2129

Website: www.upperroadmedicalcentre.com

Date of inspection visit: 31/03/2017

Date of publication: 30/05/2017

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

Summary of this inspection

	Page
Overall summary	1
The five questions we ask and what we found	3
Areas for improvement	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr Abul Kashem Mohammed Zakaria	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Abul Kashem Mohammed Zakaria on 17 November 2016, this inspection was a follow up to earlier

inspections carried out on 17 June 2015 and 25 February 2016. Breaches of legal requirements were found in relation the governance arrangements in the practice and for providing safe care and treatment.

Summary of findings

We issued the practice with a warning notice for regulation 17, Good governance, requiring them to achieve compliance with the regulation by 28 February 2017. We found that the provider did not have effective governance processes and systems in place to keep people safe.

We undertook a focused inspection on 31 March 2017 to check that the practice had addressed the issues in the warning notice and now met the legal requirements. This report only covers our findings in relation to those requirements and will not change the ratings.

At the inspection, we found that the requirements of the warning notice had been met.

Our key findings across the areas we inspected for this focused inspection were as follows:

- 12 patient records were looked at and there was considerable improvement on how they were completed, including recording of the decisions taken in relation to the care and treatment provided. The lead GP is being supervised by GMC who sat with him during sessions.
- Patients on high risk medicines such as methotrexate or warfarin were well managed with documented blood testing and monitoring and medicine review plans in place. The practice has

regular contact with Newham CCG prescribing team via emails and face to face discussions. There was an effective policy for the management of high risk medicines.

- Safety alerts were logged in a specific book by the assistant practice manager who would then highlight the alerts to the relevant staff who sign the log book to confirm that they have read it and note any action taken in the book as a result of the alert.
- The practice had identified 62 patients as carers (2% of the practice list). They have a designated member of staff who acts as a carers champion and have quarterly carers meetings. They also signpost them to local support groups.
- The practice had a complaints and comments leaflet which outlines the process for raising a complaint, obtaining advocacy help and routes for escalation.

The areas where the provider should make improvements are:

- Ensure that the repeat prescribing policy is always adhered to and that documentation reflects this.

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 practice is rated as inadequate for providing safe services.

- Medical record keeping had improved and the GP had attended a medical record keeping and risk assessment course.
- Patients on high risk medicines were well managed with documented blood testing and monitoring and medicine review plans in place.
- There was an effective system in place for reporting and recording significant events.
- Lessons from significant events were shared to ensure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse; however procedures for repeat prescribing of medicines were not always adhered to.
- Risks to patients were assessed and well managed.

Inadequate



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that the repeat prescribing policy is always adhered to and that documentation reflects this.

Dr Abul Kashem Mohammed Zakaria

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector a GP specialist adviser and a nurse specialist adviser.

Background to Dr Abul Kashem Mohammed Zakaria

Dr Abul Kashem Mohammed Zakaria, also known as Upper Road Medical Centre, is located in Plaistow in east London. It is one of the 62 member GP practices in NHS Newham CCG.

The practice serves a diverse community: 40% Asian, 21.5% Black, 5% mixed and 3% other non-white ethnic groups. The practice is located in the second more deprived decile of areas in England. At 77 years, male life expectancy is lower than the England average of 79 years. At 82 years, female life expectancy is lower than the England average of 83 years.

The practice has approximately 3,400 registered patients. It has many more male patients in the 20 to 44 years age range than the England average, and comparatively few patients in the 60 to 85+ years age range.

Services are provided by Dr Abul Kashem Mohammed Zakaria, a Registered Individual, under a General Medical Services (GMS) contract with NHS England.

The practice is in purpose built premises. All the patient areas are on the ground floor which is accessible to

wheelchair users. There is a reception area, two waiting areas, two GP consulting rooms and the practice nurse's treatment room. The practice is close to public transport and there is on street parking nearby.

Three GPs work at the practice, two male and one female. Together they provide up to 12 clinical sessions a week. A part time practice nurse and part time healthcare assistant each work 12 hours per week. There is a full time practice manager and medical administrator and five part time receptionist staff.

The practice's opening times are:

- 8.00am to 6.30pm on Monday and Friday
- 8.00am to 7.30pm on Tuesday (additional capacity scheme)
- 8.00am to 8.30pm Wednesday (extended hours scheme)
- 8.00am to 2.00pm on Thursday

Outside these times patients are directed to a GP out of hour's service.

GP consulting hours are:

- 10.00am to 12.00pm and 4.00pm to 6.30pm on Monday and Friday
- 10.00am to 12.00pm and 4.00pm to 7.30pm on Tuesday
- 10.00am to 12.00pm and 4.00pm to 8.30pm on Wednesday
- 10.00am to 12.00pm on Thursday

Dr Abul Kashem Mohammed Zakaria is registered with the Care Quality Commission to carry on the following regulated activities at 50 Upper Road, Plaistow, London E13 0DH: Treatment of disease, disorder or injury and Surgical procedures.

Detailed findings

The practice was previously inspected on 17 June 2015 when it was rated inadequate overall and placed in special measures. There was a follow up inspection on 25 February 2016 when the practice was rated requires improvement overall and placed in special measures for a further six months. The practice was inspected again on 17 November and was rated inadequate and placed in special measures and served with a warning notice.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 17 November 2016 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Breaches of legal

Requirements were found and a warning notice was issued in relation to good governance. As a result, we undertook a focused inspection on 31 March 2017 to follow up on whether action had been taken to address the breaches outlined in the notice.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 31 March 2017. During our visit we:

- Spoke with a range of staff including, GPs, practice manager, development advisor and administrative staff.
- Reviewed documentation relating to the practice including policies and procedures.

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

We first inspected the practice on 17 June 2015 and the practice was rated inadequate for providing safe services. At our follow up inspection on 25 February 2016 we found a number of improvements had been made including using a recognised method for identifying, recording and managing risks (significant event analysis); the practice had been equipped with medical oxygen and a defibrillator and staff had completed basic life support training; the provider had put in place an arrangement a neighbouring practice for patients to access a female GP there when required; all staff that might be called on to act as a chaperone had been DBS checked; and infection prevention and control policies and procedures had been made specific to the practice, staff had completed infection control training, and an infection control audit had been carried out.

At our inspection on 17 November 2016 we found processes had been put in place to maintain complete medical records for each patient seen at the practice and record keeping had improved further. Procedures for repeat prescribing to maximise medication safety were not always adhered to, however, increasing the risk that people were harmed. These arrangements had significantly improved when we undertook a follow up inspection on 31 March 2017.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available.
- There was a written policy to support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

The assistant practice manager logged all medical and safety alerts in a folder and ensured that all relevant staff signed and confirmed action taken as a result of the alert.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place in respect of safeguarding from abuse, chaperone arrangements, infection prevention and control and recruitment. Medical record keeping was improved and an action plan was in place to support further improvement. Many of the arrangements for managing medicines were more robust and formalised; the practice had a policy for repeat prescribing reviews however this policy was not always followed as the GP reviewed repeat medication on an ad-hoc basis.

- At the inspection on the 17 November 2016 where we looked at the records of 18 patient consultations chosen at random 14 of them included the history, a diagnosis, a follow up plan, and the investigations and / or treatment provided or arranged. Three of the four remaining records were missing one of these elements. At the inspection on the 31 March 2017 we looked at the records of 12 patient consultations chosen at random. All of them included the history, a diagnosis, a follow up plan, and the investigations and / or treatment provided or arranged.
- An action plan to improve medical record keeping was in progress and the provider was receiving external supervision and support as part of the action plan.
- Many of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, recording, handling, storing, security and disposal). The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice nurse had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the provider for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant did not administer any vaccines.

Are services safe?

- Patients on high risk medicines were well managed with documented blood testing and monitoring and medicine review plans in place. We looked at patients on methotrexate and warfarin and found that they were being managed well. The practice had regular contact with Newham CCG prescribing team via emails and face to face discussions to ensure that they follow the latest guidelines. There was an effective policy for the management of high risk medicines.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three non-clinical staff were trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The provider was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken within the previous 12 months and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the waiting area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The provider had employed a part time female locum GP and had increased the number of available appointments.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received up to date basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.