

Dr Tahir Kiyani

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.

Ratings

Overall rating for this service

Good



Are services effective?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	6
Background to Dr Tahir Kiyani	6
Why we carried out this inspection	6
How we carried out this inspection	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Tahir Kiyani on 10 November 2015. The overall rating for the practice was good. The full comprehensive report published on 20 May 2016 can be found by selecting the 'all reports' link for Dr Tahir Kiyani on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 10 November 2015. There were concerns with how the practice monitored and reviewed patient outcomes, the identification of patient carers, maintenance of a safeguarding register, patient access to a female GP and document maintenance. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Data from the Quality Outcomes Framework (QOF) showed practice achievement was comparable to the CCG and national averages as was the practices exception reporting rates.
- The practice had completed seven clinical audits in the past 18 months two of which were completed audit cycles where quality improvement was demonstrated.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice had identified 1% of their patient list as a carer and met with a local carers organisation that provided training to practice staff.
- There was a record of immunisation status for all clinical staff members.
- Practice policies and protocols were accessible to all staff members on the computer system and there was a process for ensuring these were updated at least annually and they were all version controlled.
- The practice maintained a child and vulnerable adults safeguarding register and all staff members were trained in how to access and use it.
- The practice had considered how patients could access a female GP, female locum GPs were regularly

Summary of findings

booked, the practice was actively trying to recruit to a female GP post and patients had same day access at the local HUB which provided appointments when the practice was closed.

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 effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the CCG and national averages and exception reporting was the same as the national average.
- Staff were aware of current evidence based guidance and regularly discussed update at practice meetings.
- There had been seven clinical audits in the past 18 month, two of which were completed audit cycles which demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment, all staff had completed their mandatory training, which included safeguarding training to the appropriate levels and there was internal training that looked at how to manage the safeguarding registers.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved and monthly multidisciplinary meetings were held at the practice.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for effectiveness identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for effectiveness identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for effectiveness identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for effectiveness identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for effectiveness identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effectiveness identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Tahir Kiyani

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Inspector.

Background to Dr Tahir Kiyani

Dr Tahir Kiyani Practice is located within a health centre, with two other GP practices in a residential area of East London and is a part of Waltham Forest Clinical Commissioning Group (CCG). There are approximately 3200 patients registered with the practice.

The practice has a higher than average percentage of patients aged between 25 to 39 and a higher average of patients in full time work or education at 71% compared with the CCG average of 66% and the national average of 62%.

The practice has one full time male GP carrying out nine sessions per week, two female nurses carrying out three sessions per week and a health care assistant. There is a practice manager, an assistant practice manager and 4 reception/administrative staff members.

The practice operated under a General Medical Services Contract (a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract).

The practice was open Monday to Friday from 9:00am to 6:30pm; the phone lines were open from 9:00am.

Appointment times were as follows:

- Monday 9:00am to 12:30pm and 4:00pm to 7:30pm.
- Tuesday 9:00am to 12:30pm and 4:00pm to 5:30pm.
- Wednesday 9:00am to 12:30pm and 4:00pm to 5:30pm.

- Thursday 9:00am to 12:30pm. Doors close at 1:00pm
- Friday 9:00am to 12:30pm and 4:00pm to 5:30pm.

The locally agreed out of hours provider covers calls made whilst the practice is closed.

Dr Tahir Kiyani Practice operates regulated activities from one location and is registered with the Care Quality Commission to provide diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease disorder or injury and surgical procedures.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Tahir Kiyani on 10 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in effective and good in safe, caring, responsive and well-led, which gave an overall rating of good. The full comprehensive report following the inspection in November 2015 can be found by selecting the 'all reports' link for Dr Tahir Kiyani on our website at www.cqc.org.uk.

We undertook a follow up focused follow up inspection of Dr Tahir Kiyani on 11 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out a focused follow up inspection of Dr Tahir Kiyani on 11 April 2017. This involved reviewing evidence that:

- An ongoing clinical audit plan had been implemented.
- Policies and procedures had been updated and were version controlled.
- A safeguarding register was implemented.
- There was a record of staff members' immunisation status.
- There were arrangements for patients to access a female GP.

- There was an effective process for identifying and supporting carers.

During our visit we:

- Spoke with a range of staff including a GP, managers and reception staff members.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed practice policies and protocols.
- Reviewed practice audits.

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 effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 November 2015, we rated the practice as requires improvement for providing effective services as the arrangements in respect of completing audit cycles and evidence of quality improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 11 April 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidelines and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through regular discussions at regular clinical meetings and the sharing of latest guidance through emails.
- The practice had a number of policies and protocols to govern activity these were accessible to all staff members on the practices computer system, there was a system to ensure that these were updated at least annually and were version controlled.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. There was an overall exception reporting rate of 6%, which was the same and the national average and comparable to the CCG

average of 7%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was similar to the national averages. For example 93% of patients on the diabetes register had a record of a foot examination and risk assessment compared to the national average of 90%; exception reporting for diabetes related indicators was 7%, which was lower than the CCG average of 13% and the national average of 12%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example 100% of patients diagnosed with dementia had their care plan reviewed in a face to face meeting in the preceding 12 months compared to the CCG average of 85% and the national average of 84%, exception reporting for mental health indicators was 13%, which was the same as the CCG and the national average.

There was evidence of quality improvement including clinical audit:

- There had been seven clinical audits commenced in the last 18 months, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice completed a respiratory audit which aimed to review patients' inhaler technique and step down patients to a more cost effective combination inhaler which required one puff twice a day instead of two puffs twice a day without the need of a spacer device. The first audit found four patients that were eligible to be switched to the combination inhaler, the practice met with these patients to discuss this and three out of the four patients agreed to the change in inhaler type. The audit also found that one out of the four patients had their inhaler on an acute prescription not a repeat prescription as advised by NICE guidelines. The results of the audit was discussed at a clinical meeting where the NICE guidelines were reviewed and it was agreed that clinicians would consider combination inhalers when patients are stable and inhalers should

Are services effective?

(for example, treatment is effective)

be an acute prescription not a repeat. The second audit found 24 out of a possible 25 eligible patients were being prescribed a combination inhaler, 100% of these patients had good inhaler technique and had an acute prescription not a repeat prescription.

Information about patient' outcomes was used to make improvements such as: due to the practice receiving information about a national increase in the number of patients being diagnosed with hepatitis B, the GP commenced an audit which looked at Hepatitis B serology and completed a course which focussed on this, as a result we were told that the practice was able to identify Hepatitis B cases that it would have potentially previously missed.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- There was a record of immunisation status for all staff members who administered vaccines and took samples for the cervical screening programme. They had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attending training updates and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding including how to manage the practices vulnerable

adults and children's safeguarding register, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through discussions at practice meetings.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, patients with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available on the premises and a dietician was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was similar to the CCG and national average of 81%. There was a policy to offer telephone, text or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. There were

failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Sixty two percent of women aged 50 to 70 were screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 72% and 51% of eligible patients aged 60 to 69 were screened for bowel cancer in the last 30 months compared to the CCG average of 49% and the national average of 58%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to the CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 91% to 92% compared to the national average of 90% and five year olds from 82% to 94% compared to the national average of 90%.