

Dr Latif Hussain

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Latif Hussain on 18 October 2016. Breaches of legal requirements were found and a warning notice was served for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance.

A warning notice was served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Latif Hussain on our website at www.cqc.org.uk.

We undertook a focused follow up inspection on 10 January to check that the practice had taken urgent action to ensure they met the legal requirements of Regulation 17 of the Health and Social Care Act 2008

Summary of findings

(Regulated Activities) Regulations 2014 - Good Governance. This report only covers our findings in relation to the warning notice. A follow up inspection will be carried out within six months to check that the practice had followed their action plan for the other issues identified at the previous inspection and to confirm they meet legal requirements.

Our key findings were:

The practice had responded positively to the warning notice and had effectively addressed all of the previously identified shortcomings.

- The practice had developed an audit policy and a schedule of planned audits. We saw evidence of four audits completed since the last inspection. There was a schedule in place to complete the audit cycle for each one.
- There was a new process in place to monitor patients on high risk medicines and we saw how the practice followed the policy to ensure that these patients were kept safe.

- The practice had introduced a new process to ensure that patient safety alerts from third parties were effectively acted upon.
- We saw evidence that the practice was implementing and monitoring the use of best practice guidance and standards, including National Institute for Health and Care Excellence (NICE) guidance.
- The practice was communicating effectively with other services about the care and treatment of vulnerable patients when the practice was closed.
- The practice had introduced a system to monitor and manage uncollected prescriptions.
- There was an up to date safeguarding policy in place.
- The practice business plan had been reviewed and updated since our last inspection.

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 well-led?

Good



Dr Latif Hussain

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Adviser.

Background to Dr Latif Hussain

Dr Latif Hussain is registered with the Care Quality Commission (CQC) as a single handed GP practice in Newcastle, Stoke-on-Trent. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 2273 patients. The practice age distribution is in line with the national and CCG area however 5% of the practice population is aged 85 years and over. This is higher than the CCG and national averages of 2%. The percentage of patients with a long-standing health condition is 49% which is lower than the local CCG average of 57% and the national average of 54%.

The practice is open between 8.15am and 7pm Monday to Friday except Thursdays when it closes at 1pm. They provide a sit and wait surgery between 9am and 10.30am and 4.15pm and 6pm Monday to Friday. Patients can pre-book appointments Tuesday between 4.30pm and 6pm and Wednesday between 5pm and 7pm. Appointments can be booked four weeks in advance. Extended hours appointments are available on Monday

and Wednesday between 6.30pm and 7pm. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out-of-hours service, Staffordshire Doctors Urgent Care when the practice is closed.

The practice team consists of:

- One male GP partner
- A practice nurse
- A health care assistant
- A practice manager
- Two reception and administrative staff.

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for child health developmental checks and immunisations, travel vaccinations and NHS health checks.

The practice is a training practice for medical students to gain experience and higher qualifications in general practice and family medicine.

Why we carried out this inspection

This inspection was carried out under Section 60 of the Health and Social Care Act 2008 to follow up from our previous comprehensive inspection at Dr Latif Hussain on 18 October 2016. At our previous inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Good Governance. We took action against Dr Latif Hussain by issuing a warning notice.

Detailed findings

This inspection was to ensure that the provider had met the requirements and timescales of the warning notice issued to them against Regulation 17 of the Health and Social Care Act 2008.

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.

How we carried out this inspection

We carried out a focused follow up inspection on 10 January 2017. We reviewed policies, procedures and other information the practice provided during the inspection. We spoke with a GP partner and the practice manager.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection in October 2016, we found that care and treatment was not being provided in a safe way for patients. This was because:

- The practice was not auditing or monitoring its clinical work.
- Patients on high risk medicines were not always kept safe.
- Patient safety alerts were not always acted upon.
- Best practice guidelines were not always followed.
- Communication with other service providers needed to be improved.
- There was no system in place to monitor uncollected prescriptions.
- The practice safeguarding policy was out of date.
- The practice business plan did not reflect the current situation in the practice.

Vision and strategy

The practice had produced an entirely new business plan since our last inspection. The new plan took into account the possibility of new housing being built in the area and included details of how more clinical resources could be added. It also included a succession plan for the single partner at the practice.

Governance arrangements

There had been a significant improvement in governance arrangements at the practice since our last visit.

- The practice had developed an audit policy and a schedule of planned audits. We saw evidence of four audits carried out since the last inspection. There was a schedule in place to complete the audit cycle for each one.

- There was a new process in place to monitor patients on high risk medicines and we saw how the practice followed the policy to ensure that these patients were kept safe. We carried out searches on the practice's IT system and found that all patients taking high risk medicines were being effectively monitored.
- The practice had introduced a new process to ensure that patient safety alerts from third parties were effectively acted upon. We saw a spreadsheet that listed all recent alerts from a variety of sources. The spreadsheet showed what action the practice had taken in response to each one.
- We saw evidence that the practice was implementing and monitoring the use of best practice guidance and standards, including National Institute for Health and Care Excellence (NICE) guidance. The practice showed us how they had implemented new guidance in five different areas, including the prevention of sexually transmitted infections and contraception for patients under 18.
- The practice was communicating effectively with other services about the care and treatment of vulnerable patients when the practice was closed. The practice had produced a new process to ensure that the local out-of-hours service, which saw patients when the practice was closed, was alerted to the particular needs of vulnerable patients. The practice had developed a new template to ensure that information was shared in a consistent way.
- The practice had introduced a system to monitor and manage uncollected prescriptions. We saw evidence of a new protocol which staff followed to ensure that GPs were alerted if patients did not collect repeat or higher risk medicines.
- There was an up to date safeguarding policy in place. The new policy included reference to the latest categories of abuse such as modern slavery.