

The Avicenna Medical Practice

Inspection report


Barkerend Health Centre
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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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Inadequate 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at The Avicenna Medical Practice on 24 October 2018 as part of our inspection programme. Our inspection team was led by a CQC inspector and included a second CQC inspector and a GP specialist advisor. The practice was previously inspected on 18 November 2014 and was rated as good.

Our judgement of the quality of care at this service is based 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 inadequate overall.

We found that:

- People were not adequately protected from avoidable harm and abuse.
- The delivery of high quality care was not assured by the leadership, governance and culture of the practice.
- Some legal requirements were not met.

We rated the practice as inadequate for providing safe services because:

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse. We saw that numerous members of the clinical team including advanced practitioners and nursing staff had not attended any child safeguarding training. For those staff that had completed safeguarding training, the provider could not evidence that they were trained to the required level. Several key staff members of staff had not attended adult safeguarding training.
- The provider did not have an effective system in place for the documentation, discussion, review and management of significant events. The provider could not evidence that reflections or learning from incidents or changes to policies or procedures were disseminated and discussed with staff team.

We rated the practice as inadequate for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment.
- The provider was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

- The provider did not carry out any quality improvement activity.

- There were significant gaps in staff mandatory training which did not align with policy requirements at the practice. A number of staff were not trained in equality and diversity, infection prevention and control, fire training, health and safety, sepsis and learning disability awareness.

We rated the practice as inadequate for providing caring services because:

- The practice did not respond in a meaningful way to patient feedback.
- National GP patient survey data showed that patient satisfaction in relation to feeling cared for were below CCG and national averages.

We rated the practice as inadequate for providing responsive services because:

- National GP patient survey data, 2018 showed that patients were not able to access services in a timely manner. Patients told us on the day of inspection that they experienced difficulty getting an appointment.
- The practice could not demonstrate they had responded to the National GP patient survey 2018 results, despite responses to the survey being significantly below national averages.
- The systems and processes for receiving and acting on complaints were not operating effectively. The practice did not document verbal complaints and therefore could not evidence that all complaints to the practice were documented and responded to appropriately. Complaints were not reviewed and discussed with the staff team. The practice could not demonstrate that complaints were responded to in accordance with the NHS complaints procedure or that changes were made as a result.

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

- The overall governance arrangements were ineffective. Systems and processes were not established or operated effectively to ensure good governance.
- A number of policies and procedures at the practice were not appropriately reviewed, dated or contained up to date or practical information. We saw that some policies contained conflicting or misleading information.

Overall summary

- The practice did not have a fully functioning and embedded system in place to safely manage the appropriate use, distribution and storage of prescription stationery in line with NHS Protect guidance.
- The practice did not conduct clinical audits or quality improvement activity.
- On the day of inspection, we saw evidence of one clinical meeting, one multi-disciplinary team meeting and two nurse meetings in 2018. We were not assured regular clinical meetings took place. Meetings minutes were unstructured and we saw that issues such as safeguarding, complaints and significant events were not discussed with the staff team.

The areas where the provider must make improvements are:

- Ensure that care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that persons employed by the service are suitably trained as is necessary to enable them to carry out the duties they are required to perform.

The areas where the provider should make improvements are:

- Review and improve the approach to the management of test results and implement a clinically led protocol to guide staff to which results or correspondence require a clinical over view.

- Review, improve and encourage the uptake of screening by patients registered with the practice, including cervical, breast and bowel screening.

After the inspection on the 24 October 2018, we wrote a formal letter to the provider. This involved an incident which was being handled by the provider as a complaint. We requested the provider forward a copy of any investigation, findings or applied learning which may occur as a result of a further review of this incident.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Population group ratings

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

Our inspection team

Our inspection team was lead by a CQC inspector and included a GP specialist advisor and a second CQC inspector.

Background to The Avicenna Medical Practice

The Avicenna Medical Practice is situated within Barkerend Health Centre, Barkerend Road, Bradford, BD3 8QH and provides services for 6,986 patients. The practice is located within a purpose-built health centre which is easily accessible and has car parking. There are several pharmacies within close walking distance.

The surgery is situated within the Bradford City Clinical Commissioning group (CCG) and provides services under the terms of a primary medical services (PMS) contract. This is a contract between general practices and primary care organisations for delivering services to the local community. The practice website address is <http://www.avicennamedicalpractice.co.uk>.

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

Within the practice population 39% of patients are aged under 18 years of age, (CCG average 31%, national average 21%), with a lower than average number of patients aged between 50 and 89 when compared to CCG and national averages.

The National General Practice Profile states that 73% of the practice population is from an Asian background with a further 6% of the population originating from black, mixed or other non-white ethnic groups.

Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Nationally, the average number of times a person visits their GP in a year is five. CCG statistics show that in Bradford City the average number of visits is between nine and 11. People living in more deprived areas tend to have a greater need for health services. Male life expectancy is 73 years compared to the national average of 79 years. Female life expectancy is 80 years compared to the national average of 83 years.

There are two part time male GP partners who work at the practice. There is one additional part time salaried GP who is female and three part time locum GPs. In addition, there are two full time and one part time female advanced nurse practitioners and one full time male advanced practitioner. The practice also has one full time trainee advanced nurse practitioner and two full time and three part time nursing staff. The practice also employs two female HCA's and one part time pharmacist. The

clinical team is supported by a practice business manager and a team of administration and reception staff. Several staff members also told us that they worked at another location managed by the provider.

The reception at The Avicenna Medical Practice is open between 7.30am- 6.30pm Monday to Friday. Appointments are available during morning and afternoon clinics.

The practice is involved in a local GP federation which provides extended hours access seven days per week at three locations across the CCG. The practice is allocated

23 appointments per month and these are available between 6pm and 9pm on weeknights and from 10am to 1pm at weekends. Patients can be referred to a range of health professionals including GPs, nurses, phlebotomy services and physiotherapists.

Out-of-hours treatment can be accessed by calling the surgery telephone number or contacting the NHS 111 service.

During our inspection we saw that the provider was displaying the previously awarded ratings in the practice and on their website.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>You had not ensured that care and treatment was provided in a safe way for service users.</p> <ul style="list-style-type: none">•The provider did not do all that was reasonably practicable to mitigate risks to the health and safety of service users. They did not have an effective system in place for the documentation, discussion, review and management of significant events. The provider did not ensure that any reflections or learning from incidents or changes in policies or procedures were disseminated and discussed with staff. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">•The provider did not ensure that all policies and procedures at the practice were appropriately reviewed, dated or contained up to date or practical information. They could not assure themselves that policies including the adult safeguarding policy, would direct staff to the correct course of action.

This section is primarily information for the provider

Enforcement actions

- The provider did not ensure that all reasonable and practicable steps to mitigate the risks of prescription stationery being stolen or misused were in place and did not have an effective system in place to safely manage the appropriate use, distribution and storage of prescription stationery in line with NHS Protect guidance.

- The provider did not conduct clinical audit or quality improvement activity for the purposes of continually evaluating and improving the services provided.

- The systems and processes for receiving and acting on complaints were not operating effectively. The provider could not demonstrate that all complaints received by the practice were documented and responded to appropriately or were reviewed and discussed with the staff team.

- The systems and processes in place to act on feedback from relevant persons on the services provided were not operating effectively. Responses to the National GP patient survey 2018 were significantly below national averages. The provider did not appropriately engage or act on feedback from the relevant persons.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure that persons employed by the service were suitably trained as is necessary to enable them to carry out the duties they are required to perform.

In particular we found:

- The provider could not evidence that all staff members had undertaken adult safeguarding training.

- The provider could not evidence that all staff had attended child safeguarding training or that other staff

This section is primarily information for the provider

Enforcement actions

were trained to the recommended level of child safeguarding training as per the guidance “Safeguarding Children and Young People: roles and competences for health care staff” (2014).

- The provider was unable to demonstrate that all staff had completed additional mandatory training in line with policies at the practice. This included equality and diversity training, infection prevention and control training, fire training, health and safety training, sepsis training and learning disability awareness training.

This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.