

Dr M Aslam's Practice

Inspection report

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Pitsea
Basildon
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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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced focused inspection at Dr M Aslam's Practice on 24 June 2021. Overall, the practice is rated as Good.

Safe - Requires improvement

Effective – Good

Caring - Good

Responsive - Good

Well-led – Good

We did not inspect the key questions Caring and Responsive therefore these ratings were carried over from our inspection in 2015.

Following our previous inspection on 12 November 2019, the practice was rated Requires Improvement overall and for the key questions Effective and Well led. The practice carried over the Good ratings for Safe, Caring and Responsive from our 2015 inspection.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr M Aslam's Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused follow-up inspection to follow up on:

- The breaches of the regulations from the last inspection.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing where possible and through questionnaires sent to staff.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider pre and post inspection
- A site visit.
- Reviewing information we already held about the provider.

Overall summary

Our findings

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 Good overall. Specifically, Requires Improvement for Safe and Good for Effective and Well-led. We rated all the population groups as Good, except for working age people due to lower cancer screening data.

We found that:

- Some processes in place for keeping patients safe and protect from avoidable harm, required further strengthening.
- Patients received effective care and treatment that met their needs. Performance for patients with a long-term condition and those experiencing poor mental health had improved since our previous inspection.
- There was a structure in place that supported the use of data, feedback and other information, to review performance and promote quality improvement.
- There was an effective complaints system in place which followed NHS guidance.
- There was now effective oversight of areas where responsibilities had been delegated.
- There were systems in place for learning and dissemination of learning through incidents, complaints and other feedback.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

We found one breach of regulation. The provider **must**:

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

Whilst we found no breaches of regulations, the provider **should**:

- Improve the new system for policies and procedures once established, to check its effectiveness, also review policies and procedures generally to check that they account for staff absence and cover arrangements.
- Improve the recruitment procedure regarding the checks on immunisation of staff and implement a system for recording clinical status checks for staff.
- Continue to promote prevention activities such as cervical screening and childhood immunisations.
- Improve the timely management of pathology results

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	Good	
Working age people (including those recently retired and students)	Requires Improvement	
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 who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with clinical staff and completed clinical searches and records reviews as part of our onsite visit.

Background to Dr M Aslam's Practice

Dr M Aslam's Practice is located in Basildon, Essex at 201 Rectory Road in Pitsea. The practice is part of a local primary care network (PCN). The practice has a branch surgery at 20 Pattiswick Square, in Basildon. The branch was not inspected as part of this inspection and at the time of our inspection was being used as a vaccination hub.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning and maternity and midwifery services.

The practice is situated within the Basildon and Brentwood Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 7,526. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 91.9% White, 3.9% Black, 2.1% Asian, 1.9% Mixed and 0.3% Other.

The practice's clinical team is led by the provider (principal GP), who is supported by regular locum GPs and nursing staff, as well as management and administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is seen at the main GP location whilst the branch surgery is unavailable.

Extended access is provided locally by BB Healthcare Solutions, which operates between 6.30pm and 8pm on weeknights, and from 8am to 6pm at weekends, at "Hub" locations across the borough. Patients may book appointments with the service by contacting the practice.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed will be directed to the local out-of-hours service provider via NHS 111.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk;</p> <ul style="list-style-type: none">• The process in place for repeat prescribing process did not give assurance that, prior to prescribing, clinicians had checked that appropriate monitoring tests had been completed and were satisfactory.• The process in place for recording the outcome of monitoring tests, where a medicine was subject to shared care agreement, was not effective.• The prescribing of medication for uncomplicated urinary tract infections was higher than averages, with no plan of action to address this.• The practice was unable to show they had considered the risk in relation to decisions made regarding which emergency medicines were essential for the practice to hold and which were not required. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>