

# Dr Abdul-Kader Vania

## Inspection report

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Date of inspection visit: 8 February 2022  
Date of publication: 14/03/2022

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?	Requires Improvement	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Inadequate	

# Overall summary

We carried out an unannounced inspection at Dr Abdul-Kader Vania on 8 February 2022. Overall, the practice remains rated as inadequate.

Safe - inadequate

Effective - inadequate

Caring – requires improvement

Responsive – inadequate

Well-led - inadequate

The practice was inspected by the Care Quality Commission (CQC) in January 2020 and was rated overall as requires improvement, with an inadequate rating for providing effective services. This led to a further inspection being undertaken in April 2021 to see if improvements had been made.

This practice was rated as inadequate at the inspection in April 2021, and was placed in special measures. Following the inspection, the practice was issued with four warning notices in relation to breaches of regulation 12 (safe care and treatment); regulation 13 (safeguarding service users from abuse and improper treatment); regulation 17 (good governance); and regulation 18 (staffing). A requirement notice was also issued in relation to regulation 12.

An inspection was undertaken in July 2021 to review compliance with the warning notices that were issued and had to be met by the end of June 2021. We found that the practice was mostly compliant with the warning notices, but further work was required in some areas, therefore further requirement notices were issued. The inspection was not rated and therefore the ratings remained unchanged.

This inspection on 8 February 2022 took place to review the practice's special measures status, and also in response to a number of whistle-blowing allegations received by the CQC. Following our inspection, the practice is still rated as inadequate.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Abdul-Kader Vania on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection/review

This inspection was a comprehensive inspection to follow up on:

- Areas of concerns which led to the practice being placed into special measures.
- Breaches of regulations and 'shoulds' identified in previous inspection.
- To seek assurances with regards to concerns reported to the CQC by a series of whistle-blowers

## 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.

# Overall summary

This inspection was carried out in a way which enabled us to spend less time on site. This was in line with all data protection and information governance requirements.

This included:

- Conducting GP and practice staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records remotely to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider to be submitted electronically
- The inspection incorporated both the GP practice and the private circumcision clinic held as these were registered with the CQC as one registration.

## Our findings

This inspection looked at the following key questions;

- Safe
- Effective
- Caring
- Responsive
- Well-led

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 inadequate overall, with inadequate ratings for the four key questions of safe, effective, responsive and well-led. Caring is rated as requires improvement.**

We found two breaches of regulations. The provider **must**:

- Ensure 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.

This service was placed in special measures in June 2021 (following our inspection in April 2021). Insufficient improvements have been made such that there remains a rating of inadequate for Dr Abdul-Kader Vania. Therefore, we are taking action in line with our enforcement procedures.

**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

## Our inspection team

Our inspection team was led by a CQC lead inspector, supported by an Inspection Manager, and a second CQC inspector who led the inspection of the circumcision clinic. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Dr Abdul-Kader Vania

Dr Abdul-Kader Vania is the registered location and provider name with the Care Quality Commission (CQC) for the Ar Razi Medical Centre in Leicester at:

1 Evington Lane  
Leicester  
Leicestershire  
LE5 5PQ

Services are provided from one main site and the practice does not have any branch surgeries.

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

The practice is situated within the Leicester City Clinical Commissioning Group (CCG)'s area of responsibility to organise the delivery of NHS services to the local population. The practice delivers General Medical Services (GMS) to a patient population of just over 3,000.

The practice is part of a wider network of GP practices in their Primary Care Network.

Information published by Public Health England report deprivation within the practice population group as five on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice caters for a much higher proportion of patients under the age of 20 in comparison to local and national averages, and a much lower proportion of patients experiencing a long-standing health care condition, and patients aged 65 and over.

The National General Practice Profile states that 62.3% of patients are Asian, 25.6% white, 5.4% black and 6.7% mixed race or other ethnicity.

There is a single-handed male GP at the practice, who was supported by four locum GPs at the time of our inspection. They individually work one or two sessions on site per week. The practice did not have a substantive practice nurse in post but use a regular locum practice nurse who provides input for three sessions over a two-week period. A part-time health care assistant also works at the practice. The GPs are supported at the practice by a team of two reception staff, the practice manager and a reception manager.

The practice opens from 8am to 6.30pm Monday to Friday with extended access appointments with a GP from 7.30am to 8am Monday to Wednesday.

Additional access is provided by local hub sites through a CCG commissioned service. These are available each weekday from 8am to 10pm and 8am to 8pm at weekends and bank holidays. Out of hours services are provided by Derbyshire Health United.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• There was insufficient evidence provided to us that actions had been completed to address the issues highlighted during the inspections in 2021.</li><li>• The practice could not demonstrate an effective system for the oversight of locum staff to provide assurances that their input was safe and of high quality.</li><li>• The systems to oversee staff training and the induction and mentoring arrangements for new staff were not adequate.</li></ul> <p>There were inadequate systems or processes that enabled 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"><li>• The approach to infection control, fire and other health and safety requirements was lacking co-ordination and effective oversight to ensure improvements.</li><li>• Processes such as the monitoring of vaccine refrigerators and responding to medical emergencies were seen to be ineffective.</li></ul> <p>There were ineffective systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none"><li>• There was no established programme of meetings in the practice. There was limited evidence that information relating to new or revised guidance, medicines safety alerts or other clinical information was being shared and reviewed across the practice.</li></ul>

## Enforcement actions

- We were not assured that the systems in place supported the effective reporting of all incidents and complaints, and that these were acted on to address any issues and ensure that learning took place.
- We were not provided with any information regarding a clinical audit or quality improvement programme.

There was additional evidence of poor governance. In particular:

- Whilst practice policies and procedures were being reviewed and updated, we were concerned at the lack of progress in this area since our inspection in April 2021. We were not assured about the process to ensure staff understood the policies. The process to review and ratify the policies was largely being undertaken independently without any direct practice staff involvement.
- Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms were not being documented in line with guidance. The process for authorising and recording DNACPR decisions required review.
- There was no system to oversee performance and develop actions where variances were below local and national averages for example, screening and immunisations data, and the management of people with long-term conditions.
- The CQC notification process was not being adhered to.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury  
Surgical procedures

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- There were insufficient numbers of appropriately trained staff on site to ensure a safe service. New recruits were not receiving the required amount of induction, and on the job training including mentorship, supervision and the signing off of competencies.
- No safeguarding meetings were in place for either children or vulnerable adults.

# Enforcement actions

- Safeguarding alerts were not always recorded on patient records to flag safeguarding concerns. This meant that clinicians would not be aware of the safeguarding issues when they accessed the home screen of the patient's records
- Insufficient evidence was available to confirm that staff, visiting locums and other support personnel with access to patients and records, had received appropriate DBS clearance.
- The child safeguarding policy made no reference to the circumcision service provided on site. There were no checks being made to see if the infant had a child protection plan in place, prior to performing the procedure.

The registered person was not able to demonstrate that people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:

- There were inconsistencies and gaps in the recruitment checks undertaken prior to employment, and that all staff had received appropriate immunisations.

There was limited evidence of assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:

- Infection control audits were not being undertaken. Cleaning schedules were not completed. The identified infection control lead had very limited time on site and had little capacity to develop compliance with infection control standards. There was no evidence available to support the monitoring of infection control in relation to the private circumcision service.

In relation to the safe management of medicines:

- Patients receiving high risk medicines were not always being appropriately monitored and reviewed to keep them safe.
- Practice staff were unable to get access to the emergency drugs when this was requested. This created a significant risk to patient safety.

## Enforcement actions

- The practice had implemented a system to undertake weekly checks of stock and expiry dates of medicines after our previous inspection. However, we noted hydrocortisone was out of date and had not been removed from stocks.
- No records were being kept of blank prescriptions serial numbers upon their distribution throughout the practice. The practice policy for the management of prescription stationery was still under development.
- The process for actioning safety alerts needed strengthening to embed the process and ensure clinical staff were made aware of these.

There was additional evidence where we identified concerns relating to safe care. In particular:

- There was a significant backlog of notes requiring summarising.
- The significant event process was not embedded and being used to actively learn when things had gone wrong.