

Dr Navaid Alam

Quality Report

TG Medical 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 service

Good



Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Navaid Alam (TG Medical Centre) on 17 May 2016 and at this time the practice was rated overall as good. However breaches of legal requirements were also found. After the comprehensive inspection the practice wrote to us and told us that they would take action to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, Safe care and treatment.

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, Safeguarding service users from abuse and improper treatment.

On 5 October 2016 we carried out a focused review of this service under section 60 of the Health and Social care Act 2008 as part of our regulatory functions. The review was carried out to check whether the provider had completed the improvements needed and identified during the comprehensive review in May 2016. This report only covers our findings in relation to those requirements. The report from our last comprehensive inspection can be read by selecting the 'all reports' link for Dr Navaid Alam on our website at cqc.org.uk

The findings of this review were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Effective systems were now in place to safeguard people and prevent abuse. Staff had been suitably trained and policies and procedures reflected current guidance and legislation.
- Effective systems were now in place to monitor and mitigate the risks relating to the health, safety and welfare of patients and others. In particular in relation to the risks of general environmental risks, infection, storage of vaccines, medical equipment use and the management of prescription security.

We found that the practice had acted upon other recommendations made at the previous inspection to improve the service and care. For example:

- There was an effective system in place to monitor clinical staffs professional registration such as with the General Medical Council (GMC) and Nursing and Midwifery Council (MNC).
- An audit policy and plan was in place.
- Patient reviews were undertaken and an effective system was in place to recall patients needing reviews.

Summary of findings

- A nurse practitioner had been appointed which will increase capacity to care and treat patients.
- A NICE guidance policy had been implemented to set out the processes for implementing, monitoring and reporting progress in relation to NICE guidance and quality standards.

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 safe?

At this review we asked the question - Are services safe - to follow up the concerns identified at the last inspection.

The practice is rated as good for providing safe services.

- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- All staff had been trained to an appropriate level and safeguarding policies and procedures had been updated and reflected current guidance.

Health and safety risks were now well managed:

- There was a risk register in place which identified practice risks and controls were in place to mitigate those risks.
- Relevant health and safety practice specific policies and procedures were in place such as a control of substances hazardous to health (COSHH) and fire safety policies.
- A safety alert and notices register had been implemented.
- Portable appliance testing (PAT) had been undertaken and documented. Medical equipment had been tested and calibrated.
- Prescription pads and storage of vaccines were managed safely.
- The risks associated with healthcare infections including Legionella were assessed and managed.
- Other recommended actions had been taken and addressed.

Good



Summary of findings

Dr Navaid Alam

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was undertaken by a CQC Lead Inspector.

Background to Dr Navaid Alam

Dr Navaid Alam is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 4,100 patients living in Wirral and is situated in a suitably furnished medical centre. The practice has three female GPs, three male GPs, two practice nurses, one healthcare assistant, administration and reception staff and a practice management team. It is a teaching practice and occasionally has medical students working at the practice. Dr Navaid Alam holds an Alternative Provider Medical Services (APMS) contract with NHS England and is part of the NHS Wirral Clinical Commissioning Group (CCG).

Telephone lines are open from 8am – 6.30pm Monday – Friday.

The practice is open Monday – Friday 7.30am – 6.30pm with extended hours until 8pm on Thursdays.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG). The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hours service provider. Information regarding out of hours services is displayed on the website and in the practice information leaflet.

Why we carried out this inspection

We carried out a follow up review of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had completed the requirements identified during the comprehensive inspection carried out in May 2016. The checks made were to ensure the provider was now meeting the legal requirement and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

Before visiting, we reviewed information the practice sent to us including the action plan that had been submitted by the practice. The action plan told us how they had intended to become compliant with the regulations identified as being breached at the last inspection. We carried out a desk based review on 5 October 2016 to assess the concerns identified at the last inspection and check that they had made the necessary improvements and were now meeting the regulations.

Are services safe?

Our findings

When we inspected the practice in May 2016 we were concerned with the way the practice managed safeguarding. Improvements were needed to the systems, processes and practices in place to keep patients safe and safeguarded from abuse:

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection. The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Policies and procedures had been reviewed and revised to include relevant guidance and local requirements.
- The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of staff (one of the GP partners) for safeguarding supported by a deputy.
- Staff had all received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Other clinical staff were trained to level two or above and non-clinical staff level one.

When we inspected the practice in May 2016 we were concerned with the way the practice managed safety. The practice did not have effective systems and processes in place to monitor, and mitigate the risks associated with health and safety, infection control, medicines management (vaccine storage) and prescription pad security.

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection. The practice had systems, processes and practices in place to keep patients safe from harm and the associated health and safety risks:

- A risk assessment register had been implemented that identified risks to the practice and business. This plan had control measures in place and was regularly reviewed by the practice management team and partners.
- A fire safety policy was in place and fire drills were now undertaken and documented on a regular basis.
- Infection control was suitably managed. A Legionella risk assessment had taken place by a competent person and actions taken to mitigate such risks were documented.
- Infection control was led by the lead GP who received suitable support and training. An infection control audit had been undertaken and the practice had scored 98% compliance with the infection control standards.
- There was a documented cleaning schedule in place for clinical equipment.
- The vaccine fridge was now secure.
- Staff had documented evidence of their Hepatitis B status.
- A system was in place to keep prescription pads secure and to monitor their use.
- Medical records storage was being addressed with evidence of consideration of a suitable new storage system.
- A system was in place to document and monitor any health and safety alerts or notices that were relevant to the practice.
- All medical equipment had been tested for effectiveness and safety.
- Emergency medical equipment such as oxygen and the automated external defibrillator were checked regularly and these checks were documented.