Dr Abdul-Kader Vania

Inspection report

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Date of inspection visit: 22 April 2021
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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 well-led?	**Inadequate**

Overall summary

We carried out an announced inspection at Dr Abdul-Kader Vania on 22 April 2021. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - inadequate

Caring – not inspected

Responsive – not inspected

Well-led - inadequate

Following our previous inspection on 27 January 2020 the practice was rated requires improvement overall, and in the safe and well-led domains. The practice was rated as inadequate in the effective domain and in the working age people and families, and children and young people population groups. All other population groups were rated as good, as were the caring and responsive key questions.

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

Why we carried out this inspection.

This inspection was a focused inspection to follow up on:

- Breaches of regulations and 'shoulds' identified in previous inspection
- Ratings carried forward from previous 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
- 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
- A short site visit
- The inspection incorporated both the GP practice and the private circumcision clinic held on site twice a week.

Overall summary

Our findings

This inspection looked at the following key questions;

- Safe
- Effective
- 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 and inadequate for the population groups of people with long-term conditions, families, children and young people, and working age people. The population groups of older people, people whose circumstances make them vulnerable, and people experiencing poor mental health (including dementia) are rated as requires improvement.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, supervision and appraisal necessary to enable them to carry out the duties.

In addition, the provider **should**:

- Review the remote searches undertaken by the GP specialist advisor and take action to learn and make improvements in relation to medicines management.
- Develop and improve the approach to the Accessible Information Standard, particularly in respect of providing information in languages appropriate for their patients.
- Continue to identify and support carers, with a focus towards younger carers due to the demographics of their registered patients.
- Review and improve access and the availability of appointments, particularly for patients to be offered a choice in when they see the nurse.
- Implement reviews of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) notices to be undertaken if they are not determined as being indefinite.

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

Overall summary

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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	**Requires Improvement**
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	**Requires Improvement**
People experiencing poor mental health (including people with dementia)	**Requires Improvement**

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities, reviewed information remotely, and undertook a site visit. 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. A second CQC inspector led the inspection of the circumcision clinic which took place on 19 April 2021.

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) and delivers General Medical Services (GMS) to a patient population of just over 3,000. This is part of a contract held with NHS England.

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 lower proportion of patients experiencing a long-standing health care condition, and there are lower number of patients aged 65 and over registered with the practice.

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, supported by three long-term locum GPs (one male, two females) who individually work between one to three sessions on site per week. The practice did not have a substantive practice nurse

in post at the time of the inspection but uses two locum practice nurses who provide input for one session per week on the same day. A part-time health care assistant also works at the practice. The GPs are supported at the practice by a team of six reception/administration staff, including the practice manager and assistant practice manager who provide managerial oversight.

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 are telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment at the GP practice.

Extended access is provided locally by local hub sites through a CCG-led 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.

The provider also provides a private circumcision clinic from the practice for two mornings each week. This service, known as 'Circumcision Solutions', is covered by the provider's CQC registration and was therefore included within our inspection. This service is available to male babies up to the age of six months old. This service has its own webpage at https://circumcisionsolutions.co.uk/

This section is primarily information for the provider

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **In relation to the safe management of medicines.** • The practice did not have a risk assessment for hydrocortisone injections and required this if it was not stocked as an emergency medicine. • The practice had implemented a system to undertake weekly checks of stock and expiry dates of medicines, but oversight was not sufficient to ensure this was completed within the required timescales. **There was limited assessment of the risk of, and preventing, detecting and controlling infections. In particular:** • There was no spillage/protocol for spillages of body fluid. • There was no policy for the cleaning of medical equipment. • Infection control audits needed to be embedded with clinical oversight and include evidence of improvements being made. **There was additional evidence that safe care and treatment was not being provided. In particular:** • The process for actioning safety alerts needed strengthening in line with the system in place temporarily in 2020, overseen by the PCN pharmacist. **This was in breach of Regulation 12(1) (2) (a) (b) (f) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

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 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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:** • The provider's approach to assess, identify and manage risk was insufficient. For example, previous actions identified in fire and health and safety reports from 2019 had not been addressed. **Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:** • Risk assessments for the Control of Substances Hazardous to Health (CoSHH) were incomplete. **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. We also found that systems were not in place to ensure clinical staff (including locums) retained registration with their professional body, 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:** • Policies provided to us relating to infection prevention and control had not been customised to the site and were incomplete. Some infection control policies were absent.

This section is primarily information for the provider

Enforcement actions

There was additional evidence that safe care and treatment was not being provided. In particular:

- No records were being kept of blank prescriptions upon delivery or upon their onward distribution throughout the practice. We were told there was no practice policy for the management of prescription stationery.
- There was no locum pack available for locum staff to provide key information, for example on referral processes or contact details for outside agencies.
- There was no failsafe system in place for cervical cytology samples.
- Reception staff were given verbal information on signposting and other duties but there were no written protocols, or guidance for awareness of what to do with some types of presenting emergency situation.

This was in breach of Regulation 12 (1) (2) (a) (b) (c) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular:** • No safeguarding meetings were in place for either children or vulnerable adults. • We received conflicting advice regarding safeguarding registers at the practice. No evidence of a safeguarding register was provided. • There was limited evidence to show that patients who had been coded as having safeguarding concerns had been reviewed. • We did not see evidence to demonstrate that the safeguarding lead for children had completed adequate & relevant training for the role.

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Enforcement actions

- There was limited evidence of staff inductions being undertaken where safeguarding arrangements should be discussed.
- We found that safeguarding policies that we were provided with had not been updated since 2019. The adult safeguarding policy had not been customised sufficiently to reflect the practice and did not contain the name of the designated lead in the practice, nor did it reflect the internal arrangements for reporting a safeguarding concern.
- Safeguarding alerts were not 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.
- Staff interviews did not demonstrate that staff were fully aware of how to respond if a safeguarding concern was identified, for example, how to escalate a concern to the local authority.

This was in breach of Regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:** • There was no effective system for the oversight of new or locum staff to provide assurances that their input was safe and of high quality. For example, consultation and prescribing audits had not been undertaken. • There was a significant lack of oversight in the clinical leadership and governance systems required in relation

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Enforcement actions

to staff training and the induction and mentoring arrangements for new staff. For example, competency assessments, probation reviews and completion of the practice's mandatory training requirements.

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **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:** • There was insufficient evidence provided to us that actions had been taken to address the issues highlighted during the last inspection, with no coordinated action plan involving the practice team. • 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. **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** • The approach to assess, identify and manage risk was insufficient. For example, previous actions identified in fire and health and safety reports from 2019 had not been addressed. **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:** • There was no established programme of meetings in the practice. • We were not assured that the system in place was recording all appropriate incidents for review.

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The registered person had limited systems or processes in place to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The systems to oversee staff training and the induction and mentoring arrangements for new staff were not adequate.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- There was no system to oversee performance and develop actions where variances were below local and national averages for example, QOF performance, screening and immunisations data.

There was additional evidence of poor governance. In particular:

- Staff and locum personnel files contained inconsistencies and gaps in the recruitment checks undertaken prior to employment.
- Practice policies provided to us were not customised to reflect what happened on site.

Managers were not aware of the CQC notification process, the provider's Statement of Purpose (SoP) was out of date and had last been last updated in 2018, and the practice had not displayed their ratings from the previous inspection within the practice in a public area.

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