

# Dr Ahsanulhaq Goni

## Quality Report

50 Shakespeare Road

Rotherham

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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



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	5

### Detailed findings from this inspection

Our inspection team	6
Background to Dr Ahsanulhaq Goni	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ahsanulhaq Goni practice on 25 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Dr Ahsanulhaq Goni on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 6 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 25 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- The system for reporting and recording significant events had been improved and applied consistently with learning shared across staff groups.

- Action had been taken to address grouting missing from tiles around the sink and to remove marks/stains on the flooring in consulting rooms at Shakespeare Road Surgery.
- Arrangements for the storage and transportation of blank prescription forms had been risk assessed and procedures brought into line with NHS guidance.
- Two written references had been obtained prior to employment when employing new staff.
- Copies of health and safety risk assessments undertaken by the landlord for the branch site had been obtained and actions taken had been monitored.
- A warning sign had been provided where oxygen was stored.
- The Department of Health guidance relating to blinds and blind cords to minimise the risk of serious injury due to entanglement had been implemented.

However, there were also areas of practice where the provider should make improvements.

- Implement procedures to ensure privacy curtains in consulting rooms are changed at least six monthly.

# Summary of findings

- Implement plans to redecorate the main site.

Chief Inspector of General Practice

Professor Steve Field CBE FRCP FFPH FRCGP

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

We saw improvements had been made since the last inspection and the practice is now rated as good for providing safe services.

- The system for reporting and recording significant events had been improved and applied consistently with learning shared across staff groups.
- Action had been taken to address grouting missing from tiles around the sink and marks/stains on the flooring in the health care assistant's room at Shakespeare Road Surgery.
- Arrangements for the storage and transportation of blank prescription forms had been risk assessed and procedures brought into line with NHS Protect: Security of prescription forms guidance.
- Two written references had been obtained prior to employment when employing new staff.
- Copies of health and safety risk assessments undertaken by the landlord for the branch site had been obtained and actions taken had been monitored.
- A warning sign had been provided where oxygen was stored.
- The Department of Health guidance February 2015 relating to blinds and blind cords to minimise the risk of serious injury due to entanglement had been implemented.

However, there were also areas of practice where the provider should make improvements.

- Put procedures in place to ensure privacy curtains in consulting rooms are changed at least six monthly.
- Implement plans to redecorate the main site.

Good



### Are services well-led?

We saw improvements had been made since the last inspection and the practice is now rated as good for providing well led services.

- Improvements had been made to the arrangements for identifying, recording and managing risk.
- Systems relating to management of significant events, infection prevention and control, monitoring the health and safety at the branch site and management of blank prescriptions had been improved.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 25 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 25 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 25 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 25 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 25 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 25 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Dr Ahsanulhaq Goni

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector

## Background to Dr Ahsanulhaq Goni

The provider, Dr Ahsanulhaq Goni, provides services for 5,401 patients within the Rotherham CCG under a Personal Medical Services (PMS) contract. Services are provided from two purpose built sites:

#### Main site

50 Shakespeare Road  
Rotherham  
S65 1QY

#### Branch site

Ridgeway Medical Centre  
14-16 Ridgeway  
Rotherham  
S65 3PG

There is car parking at the rear of the surgery at the main site and road side at the branch.

The practice patient population has a higher than average under 35 year old age group and significantly lower 50 plus age group. The practice is situated in one of the most deprived areas nationally.

Dr Goni is the provider and lead GP. The clinical team also has two male salaried GPs, two practice nurses and a health care assistant.

There is a practice manager supported by five receptionists including a Slovakian/Czech interpreter and a secretary.

Shakespeare Road Surgery is open between 8am and 6.30pm weekdays except Tuesday when the practice is open until 7pm and Thursdays when it is open until 8.30pm.

Ridgeway Medical Centre is open between 9am and 1pm weekdays.

Appointment times:

Shakespeare Road

9am to 11.30am Monday to Friday, 4pm to 6.30pm Monday, Wednesday, Thursday and Friday.

Extended hours are provided 6.30pm to 7pm, Tuesday Evening and 6.30pm to 8.30pm Thursday evening.

Ridgeway Medical Centre

9am to 11.30am Monday, 10am to 12.30pm Tuesday and Friday, 9am to 12.30pm Wednesday.

The practice also operates a telephone triage system.

The out-of-hours service can be accessed by telephoning the normal surgery telephone number.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Ahsanulhaq Goni practice on 25 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires

# Detailed findings

improvement. The full comprehensive report following the inspection on October 2016 can be found by selecting the 'all reports' link for Dr Ahsanulhaq Goni on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Ahsanulhaq Goni practice on 6 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (Practice manager and reception staff).
- Observed how patients were being cared for in the reception area.
- Visited both practice locations.
- Looked at information the practice used to manage the practice and deliver care.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

**At our previous inspection on 26 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of managing significant events, infection prevention and control (IPC), monitoring the health and safety at the branch site, recruitment procedures in relation to references and management of blank prescriptions were not adequate.**

**These arrangements had improved when we undertook a follow up inspection on 6 July 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

The practice had implemented a new proforma for recording significant events to improve records. We observed significant events had been recorded in detail and the records included the actions taken in response to an incident. Evidence that the incidents and required actions had been discussed in meetings and learning had been shared with staff was recorded in the meeting minutes. For example, we observed where there had been an issue relating to diagnosis of diabetes the issue was recorded in detail, there was evidence the findings and learning had been discussed with staff and the diabetes protocol had been reviewed and updated. A learning event had also been completed for the clinicians with a hospital consultant in how to improve diabetes care in the practice.

### Overview of safety systems and process

The chaperone policy and procedure had been reviewed and updated to reflect staff responsibilities for recording in patient notes when they had acted as a chaperone.

Infection prevention and control audits had been completed since the last inspection which had identified some areas of concern. We observed in meeting minutes these areas of concern had been discussed in clinical meetings and actions and timescales for improvement had been agreed. We observed work had been completed to improve processes and further audits had been completed to check the work had been satisfactorily implemented. For example, a policy and procedure relating to needle stick injuries had been reviewed and updated following an audit. Meeting minutes showed the new needle stick policy

had been shared with staff. We observed privacy curtains in consultation rooms had not been changed within a six month period. The practice manager sent us written confirmation that the curtains had been changed immediately after the inspection.

We observed maintenance work to grouting and paintwork had been completed in consulting rooms at the main site. We observed new flooring had been provided in the treatment room and health care assistant's room. Plugs had been removed from sinks to minimise the risk of cross infection. Hand turn taps rather than elbow taps were still in place in consulting rooms and staff had been instructed to use hand towels to turn taps on/off to minimise the risk of cross infection. Staff knowledge relating to this was checked and included in the IPC audit although this procedure had not been included in the written IPC policies. At the last inspection we recommended the main site would benefit from redecoration and meeting minutes showed this work had been agreed following the inspection and three quotes had been requested. However, only one quote had been received which was dated October 2016. The practice manager told us they were struggling to find someone willing to undertake the work but they would take a more proactive approach in this. We observed the carpet in the reception area was stained. The practice manager told us the carpet had been steam cleaned since the last inspection but there had been little improvement in the carpets appearance. The practice manager had told us at the last inspection this area was to be re-carpeted but this had not been completed yet due to the redecoration plans.

A new policy and procedure had been developed and implemented to improve the arrangements for the storage and transportation of blank prescriptions. A GP, nurse or the practice manager delivered blank prescriptions to the branch surgery and records of receipt into the practice and at the branch surgery were maintained. Serial numbers of prescriptions were recorded when issued to different members of staff to maintain an audit trail through the practice. Procedures had been improved to ensure the prescriptions were held securely.

We checked the records of the two staff employed since the last inspection and found two written references had been obtained prior to commencement of their employment.

### Monitoring risks to patients

## Are services safe?

The practice had contacted the landlord's service provider with responsibility for health and safety checks at Ridgeway Medical Centre and had obtained copies of the health and safety risk assessments. The practice manager had identified which actions were the responsibility of the service provider and which were the responsibility of the tenant and had implemented monthly checks to ensure

actions were completed. General environmental risk assessments had also been completed. Fire drills had been completed regularly since the last inspection and weekly fire alarm checks had also been completed. We observed work had been completed to ensure blinds in the practice met Department of Health guidance and a warning sign had been provided where oxygen was stored.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

**At our previous inspection on 25 October 2016, we rated the practice as requires improvement for providing well-led services as the management and oversight of significant events, infection prevention and control (IPC), health and safety, recruitment procedures and management of blank prescriptions were not adequate.**

**We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 6 July 2017. The practice is now rated as good for being well-led.**

### Governance arrangements

The practice manager had reviewed and improved governance procedures and records and learning had been shared with staff.

- The system for reporting and recording significant events had been improved and applied consistently with learning shared across staff groups.
- Arrangements for the storage and transportation of blank prescription forms had been risk assessed and procedures brought into line with NHS Protect: Security of prescription forms guidance.
- Recruitment procedures had been consistently applied.
- Improvements had been made to management of health and safety. Copies of health and safety risk assessments undertaken by the landlord for the branch site had been obtained and actions taken had been monitored.