

Dr Mahmood & Partners

Inspection report

Ravensthorpe Health 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 location	Good	
Are services safe?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Overall summary

We carried out an announced focused inspection at Dr Mahmood and Partners on 10 and 15 July 2019. The key questions of safe, effective and well-led were evaluated at that time. The overall rating for the practice was inadequate and breaches of regulation were identified. The practice was placed into special measures. The full report and evidence table from the 2019 inspection can be found by selecting the 'all reports' link for Dr Mahmood and Partners on our website at .

At the inspection carried out in July 2019 the practice was rated as inadequate and placed into special measures because:

- Support systems and guidance for clinical and non-clinical staff were not sufficiently robust to guarantee staff and patient safety. Evidence to confirm that clinical staff had accessed required training relevant to their role was not in place.
- Systems for reporting, investigating and disseminating learning from incidents and complaints were not sufficiently embedded.
- Leadership and governance arrangements in the practice were not appropriate. Systems for timely communication of learning, including quality improvement activity, could not be demonstrated.
- Appropriate monitoring for patients with long-term conditions could not be assured, as Quality and Outcomes Framework (QOF) exception reporting rates for patients with long-term conditions and mental health conditions were significantly higher than local and national average in several areas.
- We were not assured that the leadership team was taking ownership and accountability for delivering safe care for patients.

This inspection, carried out on 4 March 2020, was an announced comprehensive inspection to review the practice's response to the breaches of regulation identified at our previous inspection, and to review other improvements and changes made within the practice.

Requirement and warning notices were served at this time to compel the provider to rectify breaches in legal requirements in relation to Regulation 12(1) Safe Care and Treatment and Regulation 17(1) Good Governance.

At this inspection, carried out in March 2020, we found that the provider had made good progress in addressing many of the areas identified for action during our July 2019 inspection.

We based our judgement of the quality of care at the service on a combination of:

- What we found when we inspected.
- Information from our ongoing monitoring of data about services.
- Information from the provider, patients, the public and other organisations.

At this inspection we found:

- Significant improvements had been made in relation to systems for reporting, investigating and disseminating learning from incidents and complaints.
- Protocols and failsafe procedures had been developed for the management of correspondence and test results.
- Systems for monitoring and recording staff training and appraisal activity had been overhauled and improved.
- Quality improvement activity carried out in the practice was shared with relevant staff to improve outcomes for patients.
- Staff told us the leadership team was visible and approachable and staff felt supported to report concerns or make suggestions for improvements.
- National patient survey results had been analysed and an internal patient survey had been carried out which showed a high level of patient satisfaction.

The practice is rated as requires improvement for providing effective treatment to the population groups of people with long term conditions, families, children and young people, people experiencing poor mental health, and inadequate for providing effective treatment to working age people because:

- Targets in relation to cancer screening uptake and childhood immunisation had not been reached. We saw that uptake of cervical, breast and bowel screening were significantly below average, and had reduced since 2017/18.
- Monitoring of patients with long-term conditions and patients with mental health conditions could not be assured, as Quality and Outcomes Framework (QOF) achievement was below average in some cases, and exception reporting rates were significantly above local and national average in some cases.

Overall summary

Whilst we found no breaches of regulations, the areas where the provider **should** make improvement are:

- Improve the uptake of cancer screening at the practice, including breast, bowel and cervical screening.
- Improve the uptake of childhood immunisations.
- Improve outcomes for people with long-term conditions and mental health conditions.
- Maintain oversight of maintenance and health and safety activity carried out on their behalf by an external organisation

This service was placed in special measures in July 2019. Insufficient improvements have been made such that there remains a rating of inadequate for providing effective care to working age people. Therefore, the practice will remain in special measures. We will return to the practice to review the improvements made at a later date.

Dr Rosie Benneyworth BE BS BMed Sci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a second CQC inspector

Background to Dr Mahmood & Partners

Dr Mahmood and Partners is located at Ravensthorpe Health Centre, Netherfield Road, Ravensthorpe, Dewsbury, West Yorkshire WF13 3JY.

The premises are shared with another GP practice. Community staff are also based on site.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Treatment of disease, disorder or injury

There are currently 4,442 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England and North Kirklees Clinical Commissioning Group (CCG).

The Public Health National General Practice Profile shows that around 64% of the practice population are of black or other ethnic minority origin. The level of deprivation within the practice population is rated as one on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest. People living in deprived areas tend to have greater need of health services. The age/sex distribution shows that a higher proportion of the practice population are under 18 years, at 34%, compared with 24% locally and 20% nationally. Two percent of the practice population are aged 75 years or older compared with 7% locally and 8% nationally.

The average life expectancy for patients at the practice is 76 years for men and 79 years for women, compared to the national average of 79 years and 83 years respectively.

The practice team comprises two male GP partners, one female salaried GP, two Advanced Clinical Practitioners, one male and one female, two female practice nurses and three female healthcare assistants. All clinicians, with the exception of the salaried GP, divide their working week between this site and a sister practice which is located in the local area.

Supporting the clinical team is a practice manager who divides their time between this practice and the sister practice, an office manager and a range of reception, administrative and secretarial staff.

The practice opening times are:

Monday to Friday 8am to 6pm

In addition, extended access appointments are available, at a nearby practice, on Monday to Friday between 6.30pm and 9.30pm, Saturdays 10am to 4pm and Sundays 10am to 1pm.

The practice is part of The Three Centres Primary Care Network (PCN), which looks to develop collaborative services for the shared practice populations.

The practice is housed in purpose-built premises. All the rooms occupied by the practice are on the ground floor. The premises are accessible to people with mobility problems, including those who use a wheelchair. Limited parking, including disabled parking, is available on site. There is an informal arrangement with the children's centre next door to the practice to allow patients and visitors to the site to park in their car park.

Out of hours care is provided by Local Care Direct, which is accessed by calling the surgery telephone number, or by calling the NHS 111 service.

When we returned to the practice, we checked and saw that the ratings from the previous inspection were displayed, as required, on the practice premises and on their website.