

Dr Abdul-Razaq Abdullah

Quality Report

Rainham 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 service

Good 

Are services effective?

Good 

Are services well-led?

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 Abdul-Razaq Abdullah on 4 August 2016. The practice was rated requires improvement for providing effective and well-led services, this resulted in an overall rating of requires improvement. The full comprehensive report for the 4 August 2016 inspection can be found by selecting the 'all reports' link for Dr Abdul-Razaq Abdullah on our website at www.cqc.org.uk.

This inspection was an announced focussed follow-up carried out on 24 May 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 4 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The ratings for providing effective and well-led services are now good resulting in an overall rating of good for this practice.

Our key findings were as follows:

- There was a system in place for monitoring staff appraisals, all staff had been appraised or were scheduled to be appraised at the time of our visit.
- The practice provided a completed two-cycle clinical audit that was completed within the last 12 months.
- The practice has shown improvement for several indicators in patient outcomes for diabetes.
- Outcomes were still below national and local averages for one diabetes indicator and for hypertension; however the practice has employed three nurses and increased clinical consulting space to improve patient outcomes.
- The practice has reduced the rate of exception reporting overall apart from two areas: cervical screening and mental health care planning. The practice has increased the number of clinical staff and clinical consulting space to improve patient engagement and reduce exception reporting for these areas.
- More than one per cent of patients at the practice have been identified as carers. The practice had a comprehensive information leaflet detailing support services available to carers.

Summary of findings

- The practice provided evidence that internal clinical meetings were recorded.
- The practice discussed patients' satisfaction with the Patient Participation Group. Patient satisfaction in relation to accessing the practice by phone was comparable to other practices in the area.
- The practice had a contract in place for annual calibration and portable electrical appliance testing.
- The practice had updated their business continuity plan; the plan included emergency contact details.

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing effective and well-led services as there were no completed clinical audits, not all staff had been appraised and outcomes for patients with long-term conditions such as diabetes and hypertension required improvement. At this inspection we found that the practice had put focus on quality improvement by completing a two-cycle clinical audit.

We found that outcomes for patients with long term conditions had mostly improved and additional clinical consulting space and clinical staff had been sourced to allow for further improvements. We also found that the practice had updated and improved the appraisal system and all staff had been appraised or had been scheduled for an appraisal.

However there were areas of practice where the provider should make improvements:

- The practice should continue to review and improve outcomes for patients with long term conditions, particularly those with hypertension and diabetes.
- The practice should consider ways to improve patient engagement in health checks for cervical screening and mental health care planning.

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 effective?

The practice is rated as good for providing effective services.

- The practice provided evidence of a focus on quality improvement through a completed two-cycle clinical audit.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes had improved for patients with long term conditions as result of investment in additional clinical consulting space and three additional members of clinical staff.

Good



Are services well-led?

The practice is rated as good for being well-led.

- There was evidence of appraisals and personal development plans for all clinical and non-clinical staff.

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 practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of vulnerable people. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should continue to review and improve outcomes for patients with long term conditions, particularly those with hypertension and diabetes.
- The practice should consider ways to improve patient engagement in health checks for cervical screening and mental health care planning.

Dr Abdul-Razaq Abdullah

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Advisor.

Background to Dr Abdul-Razaq Abdullah

The Dr Abdul-Razaq Abdullah practice is located in Rainham, North London within the NHS Havering Clinical Commissioning Group. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, improving patient online access, influenza and pneumococcal, learning disabilities and rotavirus and shingles Immunisation.

The practice is registered with the Care Quality Commission to carry on the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services and family planning.

The practice has a patient list size of approximately 4,984 at the time of our inspection.

The staff team at the practice includes one principal GP (male), one nurse practitioner (female), two practice nurses (female), and one practice manager. The practice has 10 administrative staff. There are nine GP sessions and eight nurse sessions available per week.

The practices opening hours are:

- Monday, Tuesday and Friday from 8.00am to 7.00pm
- Wednesday from 8.00am to 8.00pm
- Thursday from 8.00am to 1.00pm

Appointments with GPs are available at the following times:

- Monday, Tuesday and Friday from 8.00am to 6.30pm
- Wednesday from 8.00am to 8.00pm
- Thursday from 8.00am to 1.00pm

Appointments with the practice nurses are available at the following times:

- Monday and Friday from 9.00am to 6.30pm
- Tuesday from 2.00pm to 6.30pm
- Wednesday 9.00am to 7.30pm
- Thursday 9.00am to 12.00pm

Outside of these times patients are directly diverted to the out of hour's provider. Patients can also access hub locations for out of hour's treatment. To assist patients in accessing the service there is an online booking system, and a text message reminder service for scheduled appointments. Urgent appointments are available daily and GPs also complete telephone consultations for patients.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Abdul-Razaq Abdullah on 4 August 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 overall. The full comprehensive report following the inspection on 4 August 2016 can be found by selecting the 'all reports' link for Dr Abdul-Razaq Abdullah on our website at www.cqc.org.uk.

We undertook a follow-up focused inspection of Dr Abdul-Razaq Abdullah on 24 May 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

We carried out a desk-based focused inspection of Dr Abdul-Razaq Abdullah on 24 May 2017. This involved reviewing evidence that:

- All staff were appraised on annual basis.
- Systems were in place to identify quality improvement including completed two-cycle clinical audits.
- Recommendations identified in the inspection on 4 August 2016 had seen improvements.

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 effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and outcomes for patients with diabetes and hypertension required improvement.

At the follow-up inspection on 24 May 2017 we found that the practice had placed focus on quality improvement and completed a two-cycle clinical audit. We also found that outcomes for patients with diabetes and hypertension were improved.

Management, monitoring and improving outcomes for people

Following the inspection in August 2016 the practice employed a nurse practitioner in October 2016 and two practice nurses, one began employment in January 2017 and the second began employment in February 2017. The practice also increased the clinical consulting space from one full-time room and one part-time room to a total of three full time clinical rooms. The practice had shown improvements in patient outcomes and planned to make further improvements through the use of additional clinical staff and clinical consulting space.

When we inspected in August 2016 we found that outcomes for diabetic patients were lower than the local and national averages. The practice told us this was a result of limited clinical consulting space for patient health checks and limited appointments with clinicians. The practice expected to see further improvements for all indicators with the addition of three clinicians and the full-time use of three consulting rooms.

At our inspection in May 2017 we found that outcomes for this patient cohort had shown improvement. For example, data from 2014/15 compared to data from 2015/16 showed improvement in the following areas:

- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 64% in 2014/15 and had increased to 75% in 2015/16. In 2015/16 the performance for this indicator was 87% locally and 86% nationally.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol

(measure within the preceding 12 months) is 5 mmol/l or less was 67% in 2014/15 and had increased to 69% in 2015/16. In 2015/16 the performance rate of 69% against this indicator was comparable to other practices in the area. In 2015/16 the performance for this indicator was 74% locally and 80% nationally.

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 60% in 2014/15 and had increased to 64% in 2015/16. In 2015/16 the performance rate of 64% against this indicator was comparable to other practices in the area. In 2015/16 the performance for this indicator was 70% locally and 78% nationally.

Data for 2015/16 did not show improvement for the indicators below. On the day of inspection we asked the practice what the current performance was against these figures, the current data showed the practice was moving towards improved performance in both areas. The current data provided by the practice was unpublished at the time of our inspection.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured within the preceding 12 months) is 150/90 mmHg or less was 74% in 2014/15 and decreased to 65% in 2015/16. In 2015/16 the performance for this indicator was 82% locally and 83% nationally. Only two months into the QOF year for 2017/18 the practice was already at 70% for this indicator. This data was unpublished at the time of our inspection. The service was achieving this improvement through additional nursing staff.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured within the preceding 12 months) is 140/80 mmHg or less was 56% in 2014/15 and decreased to 52% in 2015/16. In 2015/16 the performance for this indicator was 78% locally and nationally. Only two months into the QOF year for 2017/18 the practice was already at 50% for this indicator. This data was unpublished at the time of our inspection. The service was achieving this improvement through additional nursing staff.

There was evidence of a focus on quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

In an effort to improve patient outcomes, the practice completed a two-cycle audit to review the number of appointments lost through patients not attending, known as DNAs. In 2015/16 the practice found that the number of appointments lost through DNA was:

- Number appointments of DNAs for doctors - 917
- Number DNA appointments for nurses - 1474
- The Total DNAs appointments for doctors and nurses were - 2391

The practice conducted a second audit in 2016/17 and found that the number of DNAs had increased for both doctors and nurses:

- Number of appointments of DNAs for the doctors - 2497
- Number of appointments of DNAs for the nurses were - 1609
- Total number of the DNAs appointments for doctors and nurses were – 4106

The audit showed that the actions taken in 2016 had not been effective in reducing the number of DNAs. Lessons learned from the second audit showed that the practice would need to take new measures to reduce the overall DNA rate. As a result the practice has added new measures as well as maintain the measures followed in in 2016.

The practice took the following action in 2016 to reduce the number of DNAs:

- Sending letter to patients every time they DNA
- Keeping poster on display in patient waiting areas displaying the number of wasted appointments
- Providing patients with an educational leaflet about the impact DNAs have to accessing the service
- Opportunistically discussing DNAs with patients during health checks.

The practice has added the following additional measures to decrease the number of DNAs:

- To have DNA as a standing agenda item on practice meetings.
- To canvas other practices for ideas on how they have improved DNAs.
- To seek advice from Clinical Commissioning Groups on ways to reduce the DNA rate.

The practice will conduct a further audit within six months to assess whether the additional measure have been effective.

Are services well-led?

Good 

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

Our findings

When we inspected in August 2016, we found that the practice nurse had not been appraised within the last 12 months along with several non-clinical members of staff.

At the follow-up inspection on 24 May 2017 we found that the practice maintained a schedule of appraisals for all clinical and non-clinical staff.

Leadership and culture

Following the inspection in August 2016 the practice developed a system to monitor appraisals for every

member of staff. We saw evidence that all staff had been appraised or had an appraisal scheduled. The appraisal system indicated when each member of staff needed an appraisal to ensure every member was appraised within a 12 month period. Development plans were in place for all staff that have been appraised.

Since our inspection in August 2016 the practice had employed a nurse practitioner and two practice nurses. We found that six month reviews were scheduled for the two new practice nurses to support their development and the new nurse practitioner had been appraised.