

Dr Gulzar Ahmed

Inspection report

1 Crompton Street

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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.

Overall summary

We carried out an announced focused inspection at Dr Gulzar Ahmed (Crompton Medical Centre) on the 11 September 2020.

The practice was previously inspected on 30 October 2019 when the practice was rated requires improvement overall (requires improvement in safe, effective and well-led). This inspection was undertaken following a review of information available to us regarding the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection was focused on a review of clinical records only.

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 organizations.

This was an unrated inspection of the service.

We found that:

- The practice did not have clear systems and processes to keep patients safe.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks associated with poor clinical governance.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) inspector and a GP specialist adviser.

Background to Dr Gulzar Ahmed

Dr Gulzar Ahmed, also known as Crompton Medical Centre, is located at 1 Crompton Street, London W2 1ND and is situated on the ground floor of a purpose-built health centre. The practice is co-located with another GP practice which occupies the first and second floor. The practice has access to four consultation rooms.

The practice provides NHS primary care services to approximately 3,400 patients and operates under a General Medical Services (GMS) contract (GMS is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of NHS Central Clinical Commissioning Group (CCG).

The practice is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice staff comprises one male lead GP and three long-term female locum GPs undertaking a total of three clinical sessions. The male lead GP is currently absent from the practice and not providing clinical sessions

currently. However, he is providing clinical oversight and was present during our inspection of this service. An interim clinical lead is in place and currently undertaking six sessions per week. The GPs are supported by two part-time practice nurses and a healthcare assistant. The administration team comprises a full-time practice manager, a part-time practice development manager and five administrative staff.

The practice is open between 9am and 12.30pm and 1.30pm and 6.30pm Monday to Friday. Extended opening is provided on Monday from 6.30pm to 7pm. Patients who call the surgery between the core hours of 8am and 9am are advised to call NHS 111 or hold to be transferred to the GP out-of-hours service. The practice opted in for providing their own out-of-hours for the patient population from 6.30pm to midnight 365 days a year.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Data shows that 50% of patients at the practice area were from Black and Minority Ethnic (BME) groups, particularly from the Middle East and South-East Asia.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met.</p> <p>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:</p> <p>Some examples of clinical records reviewed held documentation gaps which did not demonstrate safe care in line with national guidance.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	State enforcement action taken ...
Maternity and midwifery services	The provider had failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular we found:
Surgical procedures	<ul style="list-style-type: none">• The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.• The provider did not have effective systems in place to ensure the safe management of some patients with long-term conditions and the prescribing of certain medicines which required ongoing monitoring.
Treatment of disease, disorder or injury	