

Dr Alec Yolomoni Kapenda

Quality Report

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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 effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4
What people who use the service say	6

Detailed findings from this inspection

Our inspection team	7
Background to Dr Alec Yolomoni Kapenda	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

Overall summary

Letter from the Chief Inspector of General Practice

This is a focused desk top review of evidence supplied by Dr Alec Yolomoni Kapenda, within the key question safe conducted on 2 November 2016.

The practice was initially inspected on 5 July 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). At that inspection, the practice was rated 'good' overall. However, within the key question safe, a number of areas were identified as requires improvement, as the practice was not meeting the legislation at that time; Regulation 12 Safe care and treatment.

At the inspection in July 2016 we found that; patients were being put at risk due to inadequate risk assessment and mitigatory actions which included:

Gas and electrical safety checks had not been carried out. There was no risk assessment or stock control system for emergency drugs and equipment, and some emergency drugs were out of date. Prescription pads were not stored

securely and there was no adequate audit trail of individual prescriptions held by the GP. Blind pull cords were not risk assessed and health and safety risk assessments had not been reviewed since 2011. There was no audit trail to evidence actions taken in response to nationally issued safety alerts and clinical coding in patient medical records did not demonstrate that diagnoses were recorded and medical conditions were adequately reviewed when medication reviews were undertaken.

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the practice to be good in providing safe services. Overall, the practice is rated as good.

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 safe?

The practice is rated as good for providing safe services.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment since the inspection carried out in July 2016.

Evidence supplied included copies of the landlord's gas safety and fixed electrical appliance safety certificates. In addition the practice submitted fire and environmental risk assessments. The practice manager sent evidence to demonstrate how prescription serial numbers were being recorded when prescriptions were issued to the GP.

Good



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services well-led?

The practice is rated as good for providing well-led services.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

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.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

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 (including people with dementia).

Good



Summary of findings

This rating was given following the comprehensive inspection in July 2016. A copy of the full report following this inspection is available on our website <http://www.cqc.org.uk/search/services/doctors-gps>

Summary of findings

What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service.

Dr Alec Yolomoni Kapenda

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

Background to Dr Alec Yolomoni Kapenda

Dr Alec Yolomoni Kapenda provides primary health care services to 1472 patients in the industrial town of Accrington, East Lancashire under a General Medical Services (GMS) contract with NHS England.

Dr Kapenda is a sole GP provider and works with a small team; this includes a practice nurse who is also the practice manager and a support team of four administration staff.

The building has been converted from a residential building and comprises a reception and waiting area downstairs with a storage room and consulting room. There is a patient toilet and baby change facility on the ground floor. Upstairs is a nurse treatment room, an office and a meeting room.

The practice is open Monday, Wednesday and Friday 8am until 6:30pm, Tuesdays from 8am until 7:30pm and Thursdays from 8am until 12:30pm. Appointments are available throughout the day, from 8:30am until 6:30pm each afternoon, with extended hours on Tuesday evenings. Cover is provided by a nearby local practice on Thursday afternoons, and extended hours appointments are also available locally Monday to Friday 6:30pm to 8pm and Saturday mornings 9am until 12pm through a collaborative agreement with two other practices. OOH services provided by East Lancashire Medical Service Ltd.

2011 census data shows a varied practice population with around 10-12% Asian patients and 80% white British. The practice has also seen an increase in Eastern European patients in the last few years. Age ranges are broadly in line with national averages though the practice has fewer than average 25 – 29 year old and over 50 year old patients. Male and female life expectancy is below East Lancashire Clinical Commissioning Group (CCG) and national averages, at 75 for men and 80 for women.

Information published by Public Health England rates the level of deprivation within the practice population as two on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). East Lancashire generally has a higher prevalence of Chronic Obstructive Pulmonary Disease (COPD, a disease of the lungs), smoking and smoking related ill-health, cancer, mental health and dementia than national averages.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 5 July 2016. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Detailed findings

How we carried out this inspection

At the inspection in July 2016, we found that safe care and treatment required improvement. Following the inspection

the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed this information and made an assessment of this against the regulations.

Are services safe?

Our findings

The practice is rated as good for providing safe services.

At the inspection carried out in July 2016 we found there were shortfalls in relation to Regulation 12 safe care and treatment.

- Gas and electrical safety checks had not been carried out.
- There was no risk assessment or stock control system for emergency drugs and equipment, and some emergency drugs were out of date.
- Prescription pads were not stored securely and there was no adequate audit trail of individual prescriptions held by the GP.
- Window blind pull cords were not risk assessed and the practice health and safety risk assessment had not been reviewed since 2011.
- There was no audit trail to evidence actions taken in response to nationally issued safety alerts and clinical coding in patient medical records did not demonstrate that diagnoses were recorded and medical conditions were adequately reviewed when medication reviews were undertaken.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment since the inspection carried out in July 2016.

The practice manager told us they had undertaken a risk assessment on all emergency drugs stored at the practice and those in the GPs bag. The practice had implemented a system of checks to ensure medicines held in the practice were within their expiry dates and safe to use.

In addition the practice had nominated a named individual to take responsibility for checking the emergency medicines and single use equipment items. The serial numbers of prescriptions issued to the GP were recorded and the GP was responsible for auditing prescriptions used for home visits.

The practice staff carried out a daily visual check of the window blinds pull cords to ensure they were tied up and out of reach.

The practice manager sent us a copy of the health and safety risk assessment that had been updated on 11 July 2016. This included the safe use of window blind cords which were tied up to ensure they were out of reach and a daily check was conducted by staff to ensure the cords were appropriately tied.

We saw evidence to show a gas engineer carried out a safety check on 31 October 2016. An electrical safety check was carried out by an electrician on 1 September 2016 and will be repeated on a five year cycle.

The practice manager told us they had introduced a safety alert checklist which contained the date, and details of the safety alert, the date the alert was seen by the GP and any comments or action needed. Alerts were stored in a folder and discussed at practice meetings. The practice submitted copies of the checklists that demonstrated regular checks were taking place.

In addition the practice submitted evidence to show that a diagnosis was recorded and medical conditions were adequately reviewed when medication reviews were undertaken.

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services caring?

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

Good 

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

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>