

Dr A Hayat & Partners

Inspection report

Belle Isle Health Park
Portobello Road
Wakefield
West Yorkshire
WF1 5PN
Tel: 01924 334451
www.maybushmedicalcentre.co.uk

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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 

Overall summary

We carried out an announced comprehensive inspection at Dr A Hayat & Partners on 14 February 2018. The overall rating for the practice was good, with a rating of requires improvement for providing safe services. The full comprehensive report on the February 2018 inspection can be found by selecting the 'all reports' link for Dr A Hayat & Partners on our website at .

In addition to the areas for improvement identified under the key question of providing safe services, at the inspection on 14 February 2018 we also said the practice should consider improving the following areas:

- Review the areas of low patient satisfaction contained in the National GP Patient Survey linked to timely access to the service and take steps to improve patient satisfaction in these areas.
- Review and complete the current work developing capacity to enable support and mentoring processes to be in place for all clinical areas.

This inspection was an announced focused inspection carried out on 11 September 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified at our previous inspection on 14 February 2018. This report covers our findings in relation to those requirements, and also additional improvements made since our last inspection.

Overall the practice is now rated as good, with the practice rated as good for providing safe services.

Our key findings were as follows:

- The practice had adopted a suite of health and safety risk assessments which had been embedded within the practice. We saw that health and safety issues had been discussed at team meetings.
- The practice had reviewed and updated a number of key policies and procedural documents such as safeguarding, chaperoning and infection prevention and control. These had been reissued and were available to staff on the practice computer system and in hard copy format.

- Issues identified in relation to the infection prevention and control audit carried out in September 2017 had been addressed, with improvements made.
- New processes and procedures had been put in place for issuing and recording blank prescriptions. Staff had been informed of the revised processes and, as required, had been given specific duties in the operation of these new procedures.
- The practice had proactively carried out an extensive risk assessment exercise regarding key areas of practice activity. This had resulted in the identification and subsequent improvement of workstreams which included prescription handling, pathology processes and chaperoning.
- In the previous inspection report we had informed the practice that they should review and complete work that was underway to develop capacity to increase support and mentoring processes for clinical activities. We saw during the inspection that the practice had increased capacity in this area, improved induction processes, and expanded training opportunities and workforce development.
- In the previous inspection report we had informed the practice that they should review areas of low patient satisfaction contained in the National GP Patient Survey linked to timely access. Whilst areas of satisfaction had not improved in the latest release of this survey data in August 2018 (from views collected January to March 2018), the practice was able to demonstrate that it had:
 - Reviewed the latest data and developed an action plan to improve satisfaction. Activities included increasing the salaried GP's availability.
 - Recruitment of extra GP sessional cover.
 - Worked with the Patient Participation Group to improve the understanding and expectations of patients with regard to appointment access.

The practice told us that they would continue to seek improvement in this area.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Dr A Hayat & Partners

The practice surgery is located at Maybush Health Centre, Belle Isle Health Park, Portobello Road, Wakefield, West Yorkshire WF1 5PN. The practice serves a patient population of around 9,100 people and is a member of NHS Wakefield Clinical Commissioning Group.

The surgery is located in purpose built premises and is readily accessible for those with a physical disability or with mobility issues, for example the entrance door is wide enough to allow wheelchair access. There is parking available on site for patients and an independent pharmacy is located close to the practice.

The practice age profile shows that 23% of its patients are aged under 18 years (compared to the CCG average of 20% and the England average of 21%), whilst it is below both the CCG and England averages for those over 65 years old (15% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 77 years for males and 81 years for females (CCG average is 78 years and 82 years and the England average is 79 years and 83 years respectively). Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population is primarily composed of White patients, although there are significant numbers (15%) of patients from other ethnic backgrounds.

The practice provides services under the terms of the Personal Medical Services (PMS) contract. In addition, the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Minor surgery
- Learning disability support

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including diabetes and coronary heart disease.

Attached to the practice or with the ability to work closely with the practice is a team of community health professionals that includes health visitors, midwives, members of the district nursing team and health trainers.

Practice staffing comprises two GP partners (one male and one female), and a wider clinical team of two salaried GPs (one male, one female), an advanced nurse practitioner (male), a nurse prescriber (female), two practice nurses (female), a healthcare assistant (female) and a phlebotomist (female). Clinical staff are supported by a practice manager, a reception manager and an extensive administration and reception team. The practice also uses the services of a pharmacy technician (female) who works at practices across the network.

The practice appointments include:

- Pre-bookable appointments which can be made from two to three weeks in advance
- Same day access
- 48-hour access
- Urgent appointments which are assessed on a triage basis
- Home visits
- Telephone consultations where patients could speak to a GP or advanced nurse practitioner.

Appointments can be made in person, via telephone or online.

The practice is open between 8am and 6.30pm Monday to Friday with appointments available between 8am to 11am and 3.30pm to 6pm.

The practice also participates in a local telephone triage service, Trinity Care, which operates across the local network. Once capacity is full at the practice, patients who request to be seen on the same day will be put onto a triage list. This service operates during normal

operating hours. Calls are triaged and an appointment made with a doctor should this be necessary. Patients also have the ability to ring direct to the service and bypass the practice.

Extended hours care is provided by GP Care Wakefield and the practice telephone system automatically diverts to this service between 6.30pm to 10pm Monday to Friday, and 9 to 3pm Saturdays, Sundays and bank holidays, for same day GP appointments. Patients can also book a routine nurse appointment at GP Care Wakefield between 6.30pm to 8pm Monday to Friday, and 9 to 1pm Saturdays, Sundays and Bank Holidays. Outside of the above times patients can access services provided by Local Care Direct Limited and NHS111.

The practice has been approved as a teaching practice and is to support Year 1 to 3 medical students from September 2018. In addition, the practice supports the training of student nurses.

The rating in relation to the last comprehensive inspection is clearly displayed in the practice waiting room and on the practice website.

Dr A Hayat & Partners is registered with the Care Quality Commission to deliver services in relation to:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.
- Maternity and midwifery services
- Family planning
- Surgical procedures

Are services safe?

At our previous inspection on 14 February 2018, we rated the practice as requires improvement for providing safe services as:

- Health and safety risk assessments had not been fully embedded within the practice.
- A number of key policies and procedural documents such as safeguarding, chaperoning and infection prevention and control were out of date and in need of review.
- Issues in relation to an infection prevention and control audit carried out in September 2017 had not been fully complied with within timescales.
- The practice procedure for issuing and recording blank prescriptions was not understood by all staff involved in the process.

These areas of non-compliance had shown significant improvement when we undertook a follow up inspection on 11 September 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice, via a consultancy company, had adopted a suite of health and safety risk assessments. We saw that these had been embedded within the practice and that health and safety issues were discussed at team meetings. Staff received health and safety information for the practice as part of their induction and refresher training. The practice had developed and adopted a Control of Substances Hazardous to Health (COSHH) assessment and this was fully in place.
- The practice had systems in place to safeguard children and vulnerable adults from abuse. The practice had developed a safeguarding policy and this had been adopted in February 2018.
- Since the previous inspection the practice had reviewed and updated key policies which included those in relation to chaperoning and infection prevention and control (IPC).
- The practice worked with stakeholders and other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We saw that the practice met regularly with partner organisations to discuss the needs of vulnerable patients.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The use of a chaperone was noted in the patient record, and chaperone posters were clearly displayed in the practice. (A chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during a medical examination or procedure).
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste which included the identification of waste.
- There were systems in place to manage infection prevention and control (IPC). An IPC audit had been carried out in September 2017 and the practice had achieved an overall compliance score of 85%. We saw that actions highlighted in the past IPC audit had been actioned by the practice. Actions taken by the practice included:
 - The inclusion of IPC duties in job descriptions
 - Publishing an IPC statement of intent on the practice website

Are services safe?

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. We saw that the practice had trained staff to multi-skill them in other duties to build resilience.
- There was an effective induction system for temporary staff tailored to their role. In particular, the locum induction pack was detailed and contained relevant information.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians and non-clinical staff knew how to identify and manage patients with severe infections, for example, staff had received specific training in the identification and handling of patients with symptoms which could indicate sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were managed in a way that kept patients safe. The care records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice had reviewed their procedure for issuing and recording blank prescriptions and processes had been put in place to effectively manage their issue and usage. Staff had been made aware of these revised processes.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had comparable prescribing rates to other practices for antibiotics and worked closely with the CCG to support good antimicrobial management.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had some measures in place to ensure safety.

- The practice monitored and reviewed their clinical activities. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The practice had proactively carried out risk assessments regarding key areas of practice activity. This had resulted in the identification of:
 - Nine short term actions (all completed)
 - 15 medium term actions (12 completed)
 - 13 long term actions (12 completed)

Improvements included changes to prescription handling and the operation of the prescription desk, improved systems to deal effectively and safely with pathology results, and the review of the chaperone policy and its implementation across the practice. Plans were in place to complete the small number of remaining actions.

Are services safe?

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a clear system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The management team within the practice supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw that untoward events were discussed at team meetings and that these were recorded in detailed team meeting minutes.
- We saw that there was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence table for further information.