

# Dr Rifaat Amin

## 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 effective?

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 Rifaat Amin on 5 December 2016. We found that the practice required improvement for the provision of effective services because breaches of regulation were identified. The full comprehensive report on the 5 December 2016 inspection can be found by selecting the 'all reports' link for Dr Rifaat Amin on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 15 August 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 5 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good for providing effective services as well as good overall.

Our key findings were as follows:

- Improved systems had been implemented which had driven improvement in practice performance.

Patient outcomes had been improved through one clinical audit.

At the previous inspection in December 2016, we also told the provider that they should make improvements to ensure that loop chords on blinds were fitted with appropriate child safety devices. We saw this had been actioned within the practice.

However, there was also an area of practice where the provider should continue to make improvements.

- Ensure there is a programme of clinical audits and re-audits to monitor and improve patient outcomes.

**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?**

At the last comprehensive inspection on the 5 December 2016, we found the practice was not meeting legal requirements for providing effective services. Since our last inspection, the practice had made improvements to address the breaches in regulations we previously identified.

Specifically we found:

- Measures and improved systems had been put into place to address the lower than average Quality and Outcomes Framework (QOF) performance. (QOF is a system intended to improve the quality of general practice and reward good practice).
- We saw one clinical audit that demonstrated improved outcomes for patients. However the practice was unable to tell us of any additional audits planned in order to drive improved outcomes for patients.

**Good**



# Dr Rifaat Amin

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was undertaken by a CQC Inspector.

### Background to Dr Rifaat Amin

Dr Rifaat Amin (also known as St. Luke's Surgery) is situated in the coastal town of Saltdean, East Sussex and is registered to provide services from:

Grand Ocean

Longridge Ave

Saltdean

BN2 8BU

The practice provides services for approximately 2,340 patients living within the Saltdean and Rottingdean areas. The practice holds a general medical services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one between the practice and

NHS England where elements of the contract such as opening times are standard). The practice has larger numbers of patients aged 65 and over compared to the national average. Deprivation amongst children and older people is low compared to the national average. The practice has more patients with long standing health conditions and health related problems affecting their daily

lives than the national average, which could mean an increased demand for GP services.

In addition to the lead GP (male), the practice employs a female practice nurse, a practice manager, an administrator, two receptionists and a secretary. The

practice is open between 8am and 6.30pm on weekdays and appointments are available from 8.30am to 1pm from Monday to Friday and from 3pm to 6pm on Monday, Tuesday, Thursday and Friday. The practice has an

arrangement in place on Wednesday afternoons for urgent appointments to be available at another local practice. Extended hours appointments are available on Thursdays from 6pm to 7pm. There is a walk-in clinic available on Mondays from 8.30am to 1pm and phone appointments are available with the GP throughout each day according to patient need. Routine appointments are bookable up to six weeks in advance. Patients are able to book appointments by phone, online or in person. When the practice is closed patients are given information on how to access the duty GP or the out of hour's service (provided by IC24) by calling the practice or by referring to its website.

The practice shares its premises with another GP practice. Separate organisations providing counselling, audiology, memory assessments, anticoagulation clinic and musculoskeletal clinics rent rooms in the same premises.

### Why we carried out this inspection

We undertook a comprehensive inspection of Dr Rifaat Amin on 5 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing effective services. The full comprehensive report following the inspection in December 2016 can be found by selecting the 'all reports' link for Dr Rifaat Amin on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up focused inspection of Dr Rifaat Amin on 15 August 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

During our visit we:

- Spoke with the Practice Manager
- Analysed and evaluated data.

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 5 December 2016, we rated the practice as requires improvement for providing effective services as during that inspection we found:

- There were not effective systems and processes in place to manage and improve performance under the Quality of Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). The practice was performing below local and national averages in several areas.
- There was little evidence of quality improvement including clinical audit.

These arrangements had improved when we undertook a follow up inspection on 15 August 2017. The practice is now rated as good for providing effective services.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Published data for the practice's performance including exception reporting for the year 2016/17 was not available at the time of this inspection on the 15 August 2017; however the practice was able to demonstrate the measures that had been put into place to address the issues raised at the previous inspection. For example:

- Systems and processes to ensure that coding onto the computer which indicated that patient reviews had been undertaken had been improved.

- A member of staff had been delegated the responsibility of sending letters to patients inviting them for review. This had improved the efficiency of the process resulting in improved performance.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 92% compared to 65% the previous year.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 84% compared to 73% the previous year.

### Management, monitoring and improving outcomes for people

- There had been one clinical audit that had been repeated since the last inspection which demonstrated improved patient outcomes. This audit related to a medicine for patients diagnosed with diabetes being prescribed that could lead to kidney problems if not prescribed within recommended clinical guidelines. The initial audit undertaken prior to the first inspection in December 2016 showed that achievement was below the 95% of patients receiving the medicine within recommended guidelines. A follow up audit demonstrated that this had improved to exceed the 95% standard.
- No other clinical audits had been completed and the practice was unable to tell us of any additional audits planned in order to drive improved outcomes for patients.