

Dr Abubakr Shaikh

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Abubakr Shaikh on 31 March 2016. The overall rating for the practice was inadequate and the practice was

placed in special measures for a period of six months. We also issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 15 July 2016.

A second inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 8 December 2016. Overall

Summary of findings

the practice remained rated as inadequate as they had not met the requirements of the warning notice, and as a result further enforcement action was taken in respect of safe care and treatment and good governance.

The full comprehensive reports on the March and December 2016 inspections can be found by selecting the 'all reports' link for Dr Abubakr Shaikh on our website at www.cqc.org.uk.

In response to the enforcement action taken, the provider sent us an action plan outlining improvements that had been put in place since our previous inspections. We then carried out an unannounced focused follow up inspection on 4 July 2017 to check that the necessary improvements had been made or whether further enforcement action was necessary. At the inspection we found significant improvements had been made to prevent enforcement action although we still found continuing areas of non compliance in respect of safe care and treatment and good governance.

Our key findings were as follows:

- Health and safety processes had improved since our previous inspections however there were still outstanding actions from a NHS England infection control audit and a legionella risk assessment.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety.

- There was not an effective system in place for monitoring patients on high risk medicines.
- Staff had the skills and knowledge to deliver effective care and recruitment checks were in place.
- Unpublished data from 2016/17 showed improvements in the practices Quality and Outcomes Framework (QOF) performance however performance for depression was still low
- Although improvements had been made since our previous inspection we observed that staff resources were marginal and not stable and systems and processes were not fully embedded. We were not assured about the sustainability of the improvements made.

The areas where the provider must make improvements are:

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

In addition, the provider should:

- Continue to monitor QOF performance and improve patient outcomes.
- Identify and support more patients who are carers.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

Ensure care and treatment is provided in a safe way to patients.

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

Continue to monitor QOF performance and improve patient outcomes.

Identify and support more patients who are carers.

Dr Abubakr Shaikh

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Abubakr Shaikh

Dr Abubakr Shaikh is an individual GP who provides primary medical services through a General Medical Services (GMS) contract at the Peel Precinct Surgery to around 1850 patients in the Kilburn area of Brent in North West London. The practice serves a multi-ethnic mix of population who have varied socio-cultural and religious needs. The majority of patients are from a relatively young population group with above national average numbers in the 0-14, 30-49 years age ranges and below average numbers in the 65-85 age ranges.

The GP provides 10 clinical sessions per week and is supported by a female GP (two hours per week), a part time practice manager (six hours per week), two part time nurses (12 hours per week) and four part time receptionists.

The practice is open and appointments are available Monday to Friday 8.30am to 11am, Monday 4pm to 7pm, Tuesday, Thursday and Friday 4pm to 6.30pm and Saturday 9am to 11am. Extended hours appointments are offered on Monday 6.30pm to 7pm and Saturday 9am to 11am. Out of hours services are provided by a local provider.

The practice is registered with the Care Quality Commission to provide the following regulated activities; Diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and the treatment of disease, disorder or injury.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Abubakr Shaikh on 31 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and effective services and was placed into special measures for a period of six months. We also issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 15 July 2016.

We undertook a further announced comprehensive inspection of Dr Abubakr Shaikh on 8 December 2016. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice was now compliant with the law and could come out of special measures. Overall the practice remained rated as inadequate as they had not met the requirements of the warning notice, and as a result further enforcement action was taken in respect of safe care and treatment and good governance.

We then carried out an unannounced focused inspection on 4 July 2017 to check whether sufficient improvement had been made or further enforcement action was necessary.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an unannounced visit on 4 July 2017. During our visit we:

- Spoke with a range of staff (the GP, a practice nurse, the practice manager and two receptionists)
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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 safe?

Our findings

At our previous inspection in December 2016, the arrangements in respect of cleanliness and infection control, medicine management, health and safety and recruitment were not adequate.

These arrangements had significantly improved when we undertook a focused follow up inspection on 4 July 2017, however further improvement was still necessary.

At our inspection in December 2016 we found shortfalls in the practices infection control procedures. There was a daily cleaning schedule in place however the schedule was not signed by the cleaner to demonstrate that the tasks had been completed. The cleaners cupboard where hazardous substances were stored was not secured which posed a potential danger to children. We also found that although the practice had undergone an extensive infection control audit by NHS England in June 2016, several improvements identified in the audit action plan had not been implemented. At this inspection we found that the majority of improvements had been made. The cleaning schedule had been signed on a daily basis and the cleaners cupboard was secured with a padlock. A number of improvements from the infection control audit action plan had been implemented. However two actions were still outstanding which were new flooring in consultation rooms and other practice areas had not been repaired, and the occupational health service had not been contacted by the provider to determine staff vaccinations against Varicella (chickenpox).

At our inspection in December 2016 we found shortfalls in respect of medicines management. The use of prescription pads were not effectively monitored as there was no record of which pad was sent to which printer. In addition, there was no instruction to the locum GP to maintain a

prescription log in the providers absence therefore there was a potential risk of the misuse of prescriptions. We found uncollected prescriptions dating back to July 2016. At our inspection in December 2016 we found multiple out of date emergency medicines, no protocol in place for vaccine cold chain management including the procedure to follow in the event of fridge failure, out of date vaccines stored in the vaccine fridge and the correct facemasks to deliver oxygen effectively from the oxygen cylinder in the event of a medical emergency were not available. At this inspection we found improvements had been made in respect of medicine management. The use of prescription pads was being effectively monitored, a cold chain policy was in place with instructions for staff to follow in the event of fridge failure, all the emergency medicines and vaccines were in date and there was evidence that expiry dates were being monitored. A new oxygen cylinder had been purchased with the correct face masks to deliver oxygen effectively.

At our inspection in December 2016 we found shortfalls in the practices health and safety arrangements. Some of the action to address compliance measures identified by a legionella risk assessment and the recommendations from an asbestos survey had not been completed. At this inspection we found that the recommendations from the asbestos survey had been addressed however although some actions from the legionella risk assessment had been implemented, three actions remained outstanding.

At our inspection in December 2016 we found shortfalls with respect to staff recruitment. We found that criminal checks via the Disclosure & Barring Service (DBS) although recent were from previous employment and one recently re-instated receptionist did not have a DBS check with no risk assessment in place for carrying out chaperone duties. At this inspection we found improvements had been made in that DBS checks had been updated for all staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in December 2016, the practice was not providing effective services as the arrangements in respect of the management, monitoring and improving outcomes for people, obtaining consent and induction and training for staff were not adequate.

These arrangements had significantly improved when we undertook a focused follow up inspection on 4 July 2017, however further improvement was still necessary.

At our inspection in December 2016 we found the practices Quality and Outcomes Framework (QOF) performance was below the Clinical Commissioning Group (CCG) and national average for a number of clinical areas. These included diabetes, heart failure and mental health. Two indicators; osteoporosis and depression were significantly below average at 0%. At this inspection we found QOF performance had improved. For example, unpublished data from 2016/17 showed diabetes performance had improved from 78% to 87%, heart failure from 88% to 100%, mental health from 89% to 100%, osteoporosis from 0% to 100% and depression 0% to 30%.

At our inspection in December 2016 we found shortfalls in relation to patients on anticoagulant medicines. We checked four records of patients on warfarin and found that it was not in all cases recorded in their notes that they had received a blood test prior to the GP issuing repeat prescriptions. In another patients notes we found no evidence that consent had been sought before they had undergone minor surgery. At this inspection we checked six patients on anticoagulant medicines and found that blood tests had been done prior to receiving their medicine. However, when we checked patients on other high risk medicines we found that one of four patients on methotrexate was issued a prescription without evidence in their notes of recent blood tests.

At our inspection in December 2016, we found one of the nursing staff did not have evidence of clinical update training and there was no formal induction training for newly appointed staff. At this inspection we saw evidence that all nursing staff had received clinical update training and there was a induction checklist in place for new staff. We saw evidence that induction training had been completed for a new staff member.

Are services caring?

Our findings

At our previous inspection in December 2016, the practice was providing caring services, however shortfalls were found in the identification and support of patients who were also carers.

This arrangements had improved when we undertook a focused follow up inspection on 4 July 2017.

At our inspection in December 2016 the provider told us that the practice had identified 143 patients as carers. We reviewed a sample of 18 of these and found that there were

no alerts on the patients medical records to show that they were a carer and only two of the 18 sampled was it clear that they were carers. The other 16 did not fit the CQC definition of a carer. Despite having a carers policy which defined carers, the provider was unclear on the role of a carer and therefore we could not report that carers were identified and offered support. At this inspection we found improvements had been made. The provider had updated their knowledge on the role of a carer. There was a register in place with 12 patients listed as carers and there was evidence that they were offered support for example access to flu vaccinations and signposting to local carer support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice was providing responsive services at our inspection in December 2016 and therefore we did not assess care in relation to this at our focused follow up inspection on 4 July 2017.

Are services well-led?

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

Our findings

At our previous inspection in December 2016, the practice was not providing well-led services as there were continuing deficiencies in the systems for identifying, recording and managing risks and issues and implementing mitigating actions. In addition not all policies and procedures were reviewed and sufficiently tailored to the practice's requirements.

At our inspection in December 2016 we found that the systems in place to monitor risk particularly in the areas of infection control, health & safety, medicine management and the monitoring of patients on high risk medicines were not effective. At this inspection we found improvements had been made in respect of these shortfalls however further improvement was still necessary. For example although health & safety monitoring had improved not all the actions identified from an infection control audit and a legionella risk assessment had been implemented. We also found there was not an effective system in place for ensuring patients on high risk medicines had a record of blood tests before receiving their repeat prescriptions.

At our inspection in December 2016 we found that not all the practice's policies and procedures had been reviewed and tailored to the needs of the practice. For example, the policy on safeguarding vulnerable adults had not been updated to include the details of local agencies to contact when there was a safeguarding concern. At this inspection we found that all the practice's policies and procedures had been comprehensively reviewed.

At our inspection in December 2016 we found that there was no mission statement on display at the practice for staff and patients and not all staff understood the requirements of the duty of candour. At this inspection the practice vision and mission statement was displayed in the patient waiting area and staff we interviewed understood the principles of a duty of candour.

At our inspection in December 2016 we observed that staff resources were marginal in relation to patient demand for the service. There was a second GP working one session a week and only 12 hours of nurse appointments. In addition there was no practice manager to support the GP run the practice. At this inspection we found that staff resources had not improved significantly. There was a practice manager working one day a week and the provider had also sought external support on an ad hoc basis to help with improving the service provided by the practice. The staffing structure was not stable and therefore we still had concerns about the sustainability of the improvements so far made.

At our inspection in December 2016 we found that the provider was unaware of the national GP survey results for his practice. Although the majority of responses were in line with national averages there was no action plan in place for below average responses. At this inspection we found that a full analysis of the practice's national GP survey results had been carried out and an action plan in place to address any issues.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met: 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> <ul style="list-style-type: none">• infection control• health & safety• the management of patients on high risk medicines <p>Regulation 12(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met: The registered person had systems and processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>Regulation 17(1)</p>