

Dr Gulzar Ahmed

Inspection report

1 Crompton Street
London
W2 1ND
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Date of inspection visit: Visual Records Review: 14
December 2020, Site Visit: 07 January 2021, Remote
Interviews: 08 January - 12 January 2021
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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Dr Gulzar Ahmed also known as Crompton Medical Practice on 07 & 08 January 2021 to follow up on breaches of regulation identified in virtual records reviews carried out in September and December 2020 where we found:

- The provider did not have systems to ensure that care was conducted in a safe manner.
- The provider did not have governance structures that were effective.

Following a comprehensive inspection on 30 October 2019 the practice was rated “Requires Improvement” overall and issued requirement notices for breaches of Regulation 12 and 17 of the Health and Social Care (HSCA) 2008 (Regulated Activities) Regulations 2014.

In September 2020, we received information of concern. In response, we carried out an assessment of patient records through virtual access of the provider’s IT system on the 11 September 2020. This resulted in a warning notice for Regulation 17 of the Health and Social Care (HSCA) 2008 (Regulated Activities) Regulations 2014. On the 14 December 2020, we conducted a virtual records review to review this warning notice, and in view of the concerns identified we made a decision to inspect the practice in person as the requirements of the warning notice were not met.

We reviewed specific documentation including policies and audits virtually. (In light of the current Covid-19, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time inspection teams

spend on site. In order to seek assurances around potential risks to patients, we are currently piloting a process of remote working as far as practicable. This provider consented to take part in this pilot and some of the evidence in the report was gathered without entering the

practice premises).

The activity on 7, 8 and 12 January found continuing concerns in the areas previously identified despite the provider taking some actions..

We are mindful of the impact the COVID-19 pandemic has on our regulatory function. We will continue to discharge our regulatory and enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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 organisations.

We have rated the practice as requires improvement overall and requires improvement for all population groups except people with long term conditions and working age people (including those recently retired and students) which were rated inadequate due to the ongoing length of time concerns have been held regarding patient outcomes without sufficient improvement.

We rated the practice as **requires improvement** for safe services because:

Overall summary

- Clinical governance did not facilitate full and complete clinical records which led to concerns associated with medicines management.
- Safety alerts were not reviewed on an ongoing basis with the patient population which led to concerns.
- Safeguarding processes ensured that patients were safe and protected from potential harm.

We rated the practice as **inadequate** for effective services because:

- Performance data and thus outcomes for patients was below local and national averages and had been low for a significant period with limited improvement identified.
- The practice did not have evidence of appraisals and performance reviews for eligible staff working at the practice.
- Supervision of staff was not formalised and clinical supervision of staff was not documented in specific roles.
- The practice could demonstrate how they assured the competence of some staff employed in advanced clinical practice.

We rated the practice as **good** for caring services because:

- Patients told us that staff treated them with care and compassion.
- National GP Patient Survey results were in line with local and national averages.

We rated the practice as **requires improvement** for responsive services because:

- The practice did not record complaints in a suitable manner, and we did not see how these were used to improve services.
- The practice did not conduct a continuous patient survey to establish patient experience of the practice.
- Appointments were seen to be available through a variety of access routes in a timely way.
- National GP patient survey results for the practice were in line with local and national averages.

We rated the practice as **requires improvement** for well led services because:

- The practice did not have clear and effective processes for managing risks associated with poor clinical governance.
 - Concerns raised at our virtual records review in September 2020 had not been fully addressed.
 - We saw clinical management of risk was ineffective when reviewing clinical records of medication reviews, safety alerts and medication management.
 - Learning from significant events and complaints was not demonstrated.
 - The practice did not have clear systems and processes to keep patients safe.
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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.

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

- Improve processes for staff appraisals and ensure that staff wellness and disciplinary policies are adhered to using documentation to demonstrate this.
- Develop quality improvement initiatives to improve patient care and experience in conjunction with continued audit activity.
- Develop a carers board for the waiting area of the practice.

Overall summary

- Develop a way to show the practice has evidence to support that staff are qualified to work within their designated remit.
- Improve the uptake of cervical screening and childhood immunisations so that they are in line with local and national standards.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires Improvement 
People with long-term conditions	Inadequate 
Families, children and young people	Requires Improvement 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Requires Improvement 
People experiencing poor mental health (including people with dementia)	Requires Improvement 

Our inspection team

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

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 3,600 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 most common 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 two long-term female locum GPs and one male locum GP undertaking a total of ten clinical sessions. The GPs are supported by a full-time locum clinical pharmacist who conducts ten sessions per week. In addition, the practice have two part-time practice nurses and two healthcare assistants. The administration team comprises a full-time business manager, part-time practice 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 8pm. 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 also 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 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 Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services Family planning services	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints <ul style="list-style-type: none">The registered person had failed to ensure that any and all complaints received were investigated and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. In particular:We were not assured that clear documentation, action and learning was taken following complaints being submitted.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <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> <ul style="list-style-type: none">Some examples of clinical records reviewed held documentation gaps which did not demonstrate safe care in line with national guidance.Significant events were not reviewed in an effective manner to identify learning or prevention of an event.

Enforcement actions

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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:</p> <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 patients prescribed medicines which required ongoing monitoring.