

# Dr Zaheer Hussain

## Inspection report

322 Lillie Road  
Fulham  
London  
SW6 7PP  
Tel: 020 7385 1964

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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

Are services safe?	
Are services effective?	
Are services well-led?	

# Overall summary

## **We did not review the ratings awarded to this practice at this inspection.**

We carried out an announced focused inspection at Dr Zaheer Hussain's practice on 8 October 2018. The purpose was to follow up on breaches of regulations identified at our previous inspection which was carried out on 24 July 2018 and 6 August 2018. Following that inspection, CQC placed urgent conditions on Dr Zaheer Hussain's registration due to breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). The provider was given set timescales to report on the actions it had taken in response to the conditions. We carried out this focused inspection to assess the immediate safety of the practice during this period and to assess the provider's progress in addressing the identified breaches.

At this inspection we found:

- The practice had taken action to improve safety including its monitoring of medicines and arrangements to respond to medical emergencies. However, safeguarding arrangements remained under-developed.
- A review of recent consultations indicated that the clinicians were aware of current evidence-based guidance and were delivering effective care and treatment. The practice had not yet undertaken its own reviews or work to demonstrate competence in its management of patients with long-term conditions.

- The practice had increased its nursing and health care assistant capacity as part of its plans to increase cervical screening coverage. There was sufficient clinical capacity to enable patients to access the service in a timely way.
- The provider had systems in place to record, monitor, analyse and share learning from significant events and patient safety alerts.
- The practice had taken action in response to our previous concerns and conditions. However, it did not yet have an overarching strategy to improve and we remained concerned about the lack of consistent, clinical leadership in the practice.

The areas where the provider **must** make improvements as they are in breach of regulations 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.

Overall summary

**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 inspector. The team included a second CQC inspector and a GP clinical adviser.

## Background to Dr Zaheer Hussain

Dr Zaheer Hussain provides primary care services to around 3100 patients from a single site at Fulham Cross Medical Centre in West London. The practice has a high street setting and is located in purposely adapted premises with three consulting rooms on the ground floor.

At the time of the inspection, the practice was led by one of two GP partners (male) with the second partner due to take on the lead role later in 2018. The practice employs two sessional GPs (female). The clinical team also includes a locum practice nurse and a healthcare assistant. There is a practice manager, an assistant practice manager and four administrative and reception staff.

The practice opens between 8am and 6.30pm Monday to Friday. Extended hours appointments are available on Monday and Tuesday from 6.30pm to 8.30pm, and on Wednesday from 6.30pm to 7.30pm. The practice does not have its own website.

The practice population is similar to the national average in terms of socio-economic indicators and is culturally and ethnically diverse. The practice has a relatively high proportion of working age adults with below average numbers of children under 14 (8% of the practice population compared to 17% nationally).

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; and, maternity and midwifery services.

# Are services safe?

**Following our previous inspection in July and August 2018, we imposed urgent conditions on the provider's registration. This was because the practice was unsafe:**

- The practice did not have effective safeguarding arrangements in place
- The practice had reduced its nursing clinical capacity although it was failing to meet screening and immunisation targets
- The practice did not have effective systems in place to respond appropriately to patients attending with urgent medical problems such as sepsis
- The practice's arrangements for monitoring and reviewing patients' medicines were inadequate
- The practice did not have effective arrangements in place for monitoring and acting on abnormal test results
- Medical indemnity arrangements for the health care assistant were inadequate.

**At this inspection we found that the practice had taken action to improve safety but safeguarding systems in particular remained under-developed and were not yet embedded in practice.**

## **Safety systems and processes**

The practice did not have clear systems to keep people safe and safeguard people from abuse.

- The practice had a safeguarding policy and procedure and staff had received safeguarding training appropriate to their role. Staff we interviewed knew how to identify and report concerns. Concerns identified at the previous inspection had been reported to the relevant lead statutory agency and closed.
- The practice was aware of one new safeguarding concern and was liaising with the other agencies who were leading on the case.
- Since our previous inspection, the practice had set up regular meetings for the clinical team and action points from the meeting were recorded. We were told that any safeguarding concerns would be discussed at this meeting.
- The practice was in the process of developing child and adult registers of patients at risk of abuse. At the time of our inspection, it had identified some patients for inclusion on the registers.

- However, their analysis was partial and incomplete. For example, where adults were included on the register, the practice had not separately included their children (if they were also patients at the practice) on the child register and flagged their records. The principal GP told us they were not sure why two patients had been included on the adult register and this was also unclear from the patient records.
- We were told that alerts had been added to the practice's electronic records system to ensure that staff and clinicians were made aware of patients at risk. However, these alerts were not immediately visible on opening the relevant records. The manager told us that more visible pop-up alerts would be added shortly.
- The practice had reviewed its recruitment procedures to ensure it had carried out all necessary checks before new staff started work at the practice including temporary and locum staff. The practice had recruited a new practice nurse since our previous inspection and carried out all necessary checks.
- The practice managers were now aware of the need to check that the clinicians were maintaining their professional registration and indemnity over time. We were told that they were in the process of implementing a calendar-based mechanism to prompt this. The health care assistant's work was now formally covered within the practice's indemnity arrangements.
- All staff had received training for infection control, basic life support, and fire safety awareness and this was documented.
- Infection prevention and control arrangements had improved, for example, in the way that cleaning materials and equipment was stored.

## **Risks to patients**

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

- The practice had increased the number of appointments available with both the practice nurse and the health care assistant since our previous inspection. The lead GP had reduced the number of sessions they worked at the practice and these sessions were being covered by locum GPs.
- At the time of this inspection, the practice appeared to have sufficient capacity to meet patient needs, for example, we saw evidence that it was able to offer pre-bookable appointments with a doctor within three

# Are services safe?

days; emergency appointments the same or next day and appointments with the practice nurse at their next session. Home visits could also be arranged if medically necessary. The patient reception was running in a calm and efficient manner on the day of the inspection. The practice had not carried out any formal analysis of demand and availability of appointments since our previous inspection.

- The practice had provided all staff with information and training on 'red flag' symptoms that should necessitate action, for example an immediate consultation with a doctor or an ambulance call-out. Staff we interviewed were aware of this guidance and confident they knew how to respond appropriately.
- The practice did not operate a formal 'triage' system at reception (that is, assigning a priority to patients depending on the nature of their symptoms). The practice told us they relied on having good access to accommodate all patients' requests for an appointment within an appropriate timescale. Emergency appointments were held in reserve daily for patients who requested an urgent consultation and for higher risk patients such as children and carers.
- Staff we interviewed were familiar with alternative primary care options in the area, for example the local primary care hub services which ran in the evening and said they offered these alternatives to patients. The practice had not carried out any formal observation or other analysis to evaluate its signposting.

## Information to deliver safe care and treatment

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

- Recent care records we reviewed showed that the information needed to deliver safe care and treatment was available to staff.
- The practice had a process in place to manage test results. Abnormal results were tracked through the electronic records system. The practice operated a duty doctor system to ensure that abnormal results were allocated and actioned quickly, for example, when the patient's own GP was away. There were no outstanding results on the day of the inspection. The practice had not yet completed the review of abnormal test results which had been imposed as a condition by CQC following the previous inspection and did not provide us with any other relevant audit or analysis.

- The practice kept a log of 'two-week wait' referrals and tracked these.
- The practice had developed its own leaflet for patients undergoing diagnostic investigations. This explained how long different test results normally took to be returned to the practice and how patients should obtain the results if they had not already been notified of them by text or telephone within the expected timeframe.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice was now holding regular, documented, internal clinical meetings which included case management reviews and information sharing.
- Recent care records showed that clinicians had made timely referrals in line with protocols.

## Appropriate and safe use of medicines

At this inspection we found that the practice was reviewing its systems for appropriate and safe handling of medicines.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed and updated its repeat prescribing policy since our previous inspection.
- The practice was aware of and participated in local prescribing initiatives to reduce waste and improve safe prescribing including monitoring of higher risk medicines. The prescribing team had highlighted lower than expected practice performance in the monitoring of patients prescribed certain diuretic medicines and this had been agreed as a target for improvement in 2018/19.
- We reviewed recent records for patients prescribed certain high-risk medicines and saw that all these patients were being monitored appropriately.
- The practice had carried out a number of individual medicines reviews since our previous inspection in line with the conditions that CQC imposed after that visit. The examples we saw were desk-based reviews. We did not see evidence that patients were being involved in regular reviews of their medicines.

## Lessons learned and improvements made

The practice had systems in place to learn and make improvements when things went wrong.

## Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice was now documenting clinical team meetings and actions arising from these discussions.
- Since our previous inspection, the practice had implemented new systems to alert staff to external safety events and patient and medicine safety alerts. These were reviewed for relevance and any actions documented.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**Following our previous inspection in July and August 2018, we imposed urgent conditions on the provider's registration. This was because the practice was not providing effective care:**

- The practice was not providing effective care to patients with long-term conditions
- Its performance on a range of clinical indicators covering the management of long-term conditions and screening uptake was consistently below average
- The practice did not provide evidence that all staff had the knowledge, skills and competence to carry out their roles. There were gaps in recorded training and supervision arrangements.

**At this inspection we found that the practice had taken some action to address these concerns.**

## **Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice. We reviewed recent clinical records which demonstrated that clinicians were assessing needs and delivering care and treatment in line with current legislation, standards and guidance. The practice made use of decision support tools and local clinical pathways to provide appropriate care. For example, the practice used electronic templates within the records system when assessing patients with longer term conditions which included evidence-based prompts for review in the consultation. The records we reviewed showed that:

- Patients' immediate and ongoing clinical needs were assessed.
- Records showed that clinicians advised patients what to do if their condition got worse and where to seek further help and support.

### People with long-term conditions

- Following the previous inspection, CQC imposed a condition on the practice to arrange an independent review of the care provided to all patients diagnosed with a long-term condition. The practice had not yet started this review and was unable to provide evidence of any internal review of the quality of its care aside from routine Quality and Outcomes Framework (QOF) monitoring.
- As reported in the previous inspection, the practice's performance on the Quality and Outcomes Framework

was lower than average with the practice scoring 72% overall compared to the local average of 93% in 2017/18. The practice scored significantly below the national average for its management of diabetes and COPD in 2016/17 and 2017/18.

- The practice had a system of call and recall which we were told operated from October to March each year to ensure that patients on the long-term disease registers received an annual review. Recent clinical meetings had included discussion of QOF monitoring.
- The recent clinical records we reviewed during this inspection did not raise any new concerns. We also saw evidence of care planning, for example, for patients with diabetes and dementia. The care plans we reviewed showed some evidence of patient involvement, for example, in setting goals.
- All members of the clinical team had a role in supporting patients with long-term conditions. The health care assistant was clear about their role and had written protocols and templates for reference.
- The practice was participating in clinical commissioning group work to improve diabetes outcomes. This involved working with the local diabetic specialist nurse to track individual patients' progress and prioritise patients for additional support. The practice was able to demonstrate recent improvement in key indicators. For example, by August 2018, 67% of newly diagnosed patients had been offered structured education compared to 13% in March 2018.

### Families, children and young people

- At our previous inspection we found that childhood immunisation rates were below average for the two-year-old cohort. Since then, the practice had identified the children who had not attended for follow-up. These tended to be families who reported they had already received the relevant immunisations elsewhere. The practice was seeking or had obtained evidence from these parents to show that the immunisations had been given before updating their records.
- The practice told us that they were developing a protocol to actively follow-up families who did not attend for vaccination and liaise with the local health



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visitors. The practice nurse had agreed to be the practice lead for this activity. The health visitors had recently been invited to attend a future clinical meeting at the practice.

- The practice had produced a pregnancy leaflet for patients which clearly explained what would happen at the first GP appointment; how to access maternity services and the full schedule of routine antenatal tests and scans including recommended pre-pregnancy supplements and relevant vaccinations.

Working age people (including those recently retired and students)

- As reported in the previous inspection, the practice's cervical screening coverage was 46% in 2016/17 which was below the local average of 57% and the national average of 72%.
- The practice had carried out an initial audit of cervical screening uptake in February 2016. At that time the practice's uptake was 18%. Actions taken since the first audit cycle included the recruitment of a practice nurse; the development of patient leaflets; a review of the practice cervical screening policy and call/recall system; weekend smear sessions; a new invitation letter and electronic invitations.
- The audit had been re-run in June 2017. Following this, the practice had recruited two female GPs to help encourage uptake.
- Actions taken since the previous inspection in August 2018 included increasing the number of sessions provided by the practice nurse from 0.5 to 1 day a week.

People whose circumstances make them vulnerable

- At our previous inspection, we were told that the practice liaised on a case by case basis with palliative care services and did not carry out care planning with patients at the end of life. Since then, the practice had made plans to hold its first multidisciplinary meeting on end of life care at the practice at the end of October and had invited relevant professionals to this. Since our previous inspection it had established a palliative care register.
- The practice had carried out an annual health review with all the patients on the learning disabilities register.
- The practice had identified 21 patients who were carers (that is less than 1% of the practice population). The managers acknowledged that this was likely to

under-represent the true number of carers in its population. In response they had displayed more material for carers in the waiting room and had developed leaflets for adult and young carers which explained the additional support that was available from the practice and other local agencies. The practice had newly identified two carers since our previous inspection.

People experiencing poor mental health (including people with dementia)

- As we reported at our previous inspection, the practice scored below average on QOF indicators related to patients experiencing poor mental health.
- At our previous inspection, we were concerned that the practice did not have a coherent system in place to protect patients assessed to be at risk of suicide or self-harm. At this inspection, we reviewed a recent case which indicated that the doctors were aware of the local mental health crisis 'pathway' and used this to ensure patients received prompt treatment. They had followed up this case with the relevant mental health team.

## Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity despite its performance being lower than average against a number of clinical indicators. It had undertaken some work to audit the effectiveness and appropriateness of the care provided, for example a three-cycle audit of cervical screening uptake rates which it had started in 2016. It had recently started an audit on identifying patients with undiagnosed atrial defibrillation. Where appropriate, clinicians took part in local improvement initiatives, for example on cost-effective prescribing.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.



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- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- There was an induction programme for new staff. The practice provided staff with ongoing support. This included one to one meetings, appraisals, mentoring, clinical supervision and revalidation. The health care assistant confirmed that they had ongoing supervision from the GPs and the local specialist diabetic nurse who sat in on a sample of their consultations and reviewed skills such as history taking. They also confirmed that they were never asked to act outside of their competencies.
- The GPs had all undergone external annual appraisal and periodic revalidation as required. The practice did not have an internal annual review process for the sessional GPs to review any development needs and performance in relation to practice priorities.

## **Coordinating care and treatment**

We carried out a review of recent records that indicated that staff were working together and with other health and social care professionals to deliver effective care and treatment. This included evidence that the practice reviewed and adjusted care after patients were discharged from hospital.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**Following our previous inspection in July and August 2018, we imposed urgent conditions on the provider's registration. This was because services were not well-led:**

- The practice could not demonstrate effective clinical leadership and oversight of the quality of care.

**At this inspection we found that the practice had taken action to address previous concerns but its approach remained reactive. The practice lacked strategic leadership and planning.**

## **Leadership capacity and capability**

Leaders did not demonstrate the capacity and skills to deliver high-quality, sustainable care.

- The lead GP and managers were visible and approachable. They worked closely with the staff team to deliver the service.
- In practice, day to day accountability for the service rested with the lead GP although the practice was formally run by a partnership of two GPs. We found that the lead GP was frequently unclear about the systems and processes in place within the practice and the recent changes which had been implemented. For example, they told us that clinical team meetings were informal and not yet documented. They also said the practice did not have a call-recall mechanism for patients with long-term conditions and there was no formal system for following up children who had missed their immunisation appointments. These statements were contradicted by other members of the clinical team, the managers, evidence from clinical records and practice meeting minutes.
- The practice was in the process of implementing succession plans. The second GP partner was due to take over the lead clinical role at the practice later in 2018. Staff members were aware of this change and positive about the likely impact on the service.

## **Vision and strategy**

The practice did not yet have a credible strategy to deliver high quality, sustainable care although it had worked to

improve various aspects of the service since our previous inspection and in response to the conditions imposed on its registration. The practice submitted an action plan after the inspection outlining progress achieved.

- The practice had a vision to provide high quality, accessible care to its patients. It was keen to expand its capacity and the range of services it could offer its patients.
- Staff were aware of and understood the vision and values and their role in achieving them. The practice had a positive working culture. Staff consistently told us they were committed to providing a high-quality service.
- However, the practice could not yet demonstrate sustained improvements in risk management, care and performance and had not yet developed a clear overarching strategy to achieve these goals.
- While the practice could point to various reviews and actions it had taken since our previous inspection, it had put in place little ongoing audit or evaluation to check and demonstrate the effectiveness and impact of the actions taken.

## **Managing risks, issues and performance**

The practice had improved some processes for managing risks, issues and performance although gaps remained.

- There was a lack of progress in relation to previously identified urgent concerns about safeguarding. The practice's systems to safeguard patients remained underdeveloped.
- The practice had addressed other concerns identified at our previous inspections. However, the action plans we reviewed were reactive in approach. The practice did not yet have a comprehensive audit and review programme that would enable it to identify and respond to issues more proactively.
- The practice had plans in place and had trained staff for major incidents.

**Please refer to the evidence tables for further information.**

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**The provider did not have effective systems in place to keep patients safe and protected from the risk of abuse. It did not have adequate systems in place to identify patients at risk of abuse.**

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
**The provider had not yet established effective systems or processes to ensure safe care. The provider had not adequately improved the quality and safety of the service and had not yet fully acted on feedback from relevant persons including previous inspection findings.**