

Dr Haffizullah Bhat

Quality Report

786 Scarborough Street
Dewsbury
West Yorkshire
WF12 9AY

Tel: 01924 461124

Website: www.saviletownmedicalcentre.co.uk

Date of inspection visit: 28 March 2017

Date of publication: 31/05/2017

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

Are services safe?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	6
Background to Dr Haffizullah Bhat	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the surgery of Dr Haffizullah Bhat on 28 July 2016. Overall the practice was rated as good; however a breach of the legal requirements was found which resulted in the practice being as rated as requires improvement for providing safe services.

Following on from the inspection the practice provided us with an action plan detailing evidence of the actions they had taken to meet the standards relating to providing safe services.

We undertook a desk based review on 27 March 2017 and visited the practice on 28 March 2017. This was to review in detail the information the practice had sent to us and to confirm that the practice were now meeting the relevant standards of care.

A full comprehensive report which followed the inspection on 28 July 2016 can be found by selecting 'all reports' link for Dr Haffizullah Bhat on our website at www.cqc.org.uk.

The practice is now rated as good for providing safe services.

Our key findings across the areas we inspected were as follows:

- The monitoring of refrigerator temperatures was now in place.
- The cold chain was maintained and staff were appropriately trained.
- A review of the policy and of emergency drugs kept in the practice and used for home visits had been amended.
- Clinical waste was now appropriately recorded and disposed of.
- The complaints policy had been updated and letters to patients informed them of the services of the ombudsman if they were not satisfied with the outcome.
- The complaints policy had been discussed with the whole staff group and they were aware of their duties in relation to this.

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 safe?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 28 July 2016. The issues at the previous inspection included:

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to health and safety of service users.

The practice had a cold chain policy to manage the preservation of the cold chain. However, practice procedures to report any temperatures out of the cold chain had not been followed and staff responsible for the cold chain were not familiar with the equipment used to monitor the temperature of the vaccination refrigerator.

The registered person did not ensure that staff followed systems to monitor expiry dates for emergency medicines and equipment. Risk assessments had not been carried out to identify a list of medicines that were suitable for the practice to stock.

Emergency oxygen was not available at the practice.

At this inspection in March 2017 we found;

- Significant events relating to vaccinations and medicines were monitored by the NHS England (NHSE) and Public Health England (PHE) and the practice and action plans were acted upon.
- The complaints policy had been reviewed and followed the standard NHS complaints policy. Letters to complainants advised them of the ombudsman service if they were not satisfied with the outcome of the complaint. We looked at two complaints and both had been handled appropriately.
- Emergency drugs kept in the practice and for home visits had been reviewed and benzyl penicillin (used in the treatment of acute meningitis) had been added due to the high number of children registered with the practice.
- The practice had reviewed their clinical waste policy and ensured all waste was appropriately disposed of and records were kept of this disposal.
- The practice had purchased a new clinical refrigerator for the storage of vaccines and had appropriately recorded temperatures; in addition they had displayed a flow chart on the refrigerator identifying what to do if the temperature fell

Good



Summary of findings

outside the recommended parameters. The practice used both a data logger for recording refrigerator temperature and manual checks twice daily. Staff monitoring the refrigerator were appropriately trained.

- Expiry dates of drugs were managed using an electronic database and were correctly rotated when stored.
- The practice had reviewed its management of the cold chain and had purchased cool boxes. Staff responsible for the maintenance of the cold chain for vaccinations had been appropriately trained.
- The skill mix in the practice had been reviewed to better meet the needs of the practice and its patient population and new clinical roles had been expanded such as the appointment of an advanced nurse practitioner.
- There was emergency equipment available, which included a defibrillator and oxygen, with pads and masks suitable for children and adults.
- Emergency medicines were stored in a secure area which was easily accessible for staff.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Families, children and young people

Good



Dr Haffizullah Bhat

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC Lead Inspector.

Background to Dr Haffizullah Bhat

Dr Haffizullah Bhat provides services for 3,044 patients and is situated in the Savile Town area of Dewsbury at 786 Scarborough Street, Dewsbury WF12 9AY.

Dt Haffizullah Bhat is situated within the North Kirklees Clinical Commissioning Group (CCG) area.

The practice is based in a rented two storey property which has been renovated to improve disabled access and infection prevention and control, and to provide an additional consulting room and office

They offer a range of enhanced services such as childhood immunisations and extended hours opening.

The practice is situated in a relatively deprived area in the second decile on the scale of deprivation. The practice has a diverse ethnic population with 91% of patients reporting themselves as being from a black and ethnic minority population.

There is one whole time equivalent male GP and a female partner who provides three clinical sessions per week. A male locum GP from another local practice provides cover as required. A female locum advanced nurse practitioner works two days per week. The clinical team are supported by a practice manager and a team of administrative staff. The practice manager and a member of the reception team were trained to provide phlebotomy services.

The practice is open between 8am and 6.30pm Monday to Fridays. Appointments are available 9.30am to 1pm every morning and 3.45pm to 6pm daily. Extended hours appointments are offered 6.30pm to 8pm on Mondays.

Out of hours services are provided by Local Care Direct and can be accessed either by using the practice telephone number or through NHS111.

When we returned for this inspection we checked and saw that the previously awarded ratings were displayed as required in the premises and on the practice's website.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and inspection programme. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and North Kirklees CCG, to share what they knew about the practice. We reviewed the latest 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

Detailed findings

We carried out an announced inspection on 28 March 2017. During our visit we:

- Spoke with the practice manager.
- Observed in the reception area how patients/carers/family members were treated.

- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

This inspection was conducted to review issues that were found in the comprehensive inspection carried out on 28 July 2016. The issues at the previous inspection included:

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to health and safety of service users.

The practice had a cold chain policy to manage the preservation of the cold chain. However, practice procedures to report any temperatures out of the cold chain had not been followed and staff responsible for the cold chain were not familiar with the equipment used to monitor the temperature of the vaccination refrigerator.

The registered person did not ensure that staff followed systems to monitor expiry dates for emergency medicines and equipment. Risk assessments were not carried out to identify a list of medicines that were suitable for the practice to stock.

Emergency oxygen was not available at the practice.

At the inspection carried out on 28 March 2017 we found:

Safe track record and learning

There was a comprehensive system in place for reporting, recording and investigating significant events.

- All significant events relating to vaccinations were monitored by NHS England (NHSE) and Public Health England (PHE) and the practice and action plans were acted upon.
- The complaints policy had been reviewed and followed the standard NHS complaints policy. Letters to complainants advised them of the ombudsman service if they were not satisfied with the outcome of the complaint. We looked at two complaints and both had been handled appropriately.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Emergency drugs kept in the practice and for home visits had been reviewed and benzyl penicillin (used in the treatment of acute meningitis) had been added due to the high number of children registered with the practice.
- The practice had reviewed their clinical waste policy and ensured all waste was appropriately disposed of and a record kept of its disposal.
- The practice had purchased a new clinical refrigerator for the storage of vaccines and had appropriately recorded temperatures. In addition they had displayed a flow chart on the refrigerator identifying what to do if the temperature fell outside the recommended parameters. The practice used both a data logger for recording refrigerator temperature and manual checks twice daily. Staff monitoring the refrigerator were appropriately trained.
- Expiry dates of drugs were managed using an electronic database and were correctly rotated when stored.
- The practice had reviewed its management of the cold chain. Staff responsible for the maintenance of the cold chain for vaccinations had been appropriately trained.

Monitoring risks to patients

- The skill mix in the practice had been reviewed to better meet the needs of the practice and its population and new clinical roles had been expanded such as the appointment of an advanced nurse practitioner.
- The practice had an overall QOF exception rate of almost 11% for the current year (unverified); this was mitigated by the high number of patients living with diabetes who found it unacceptable to use insulin injections as a form of treatment when their condition necessitated this. The relatively small patient list meant that only a few exceptions reported had a significant effect on the percentage.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was emergency equipment available, which included a defibrillator and oxygen, with pads and masks suitable for children and adults.
- Emergency medicines were stored in a secure area which was easily accessible for staff.