

Dr Azim and Partners

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 safe?	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 Azim and Partners on 31 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr Azim and Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 22 June 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. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice appraised all members of staff on an annual basis. New members of staff have three formal reviews within the first six months of employment as well as an annual appraisal.

- All staff had access to training via an online training programme. All staff had completed mandatory training such as basic life support training and fire safety training.
- The practice updated their recruitment policy and all new members of staff had appropriate pre-employment checks in place.
- The practice enhanced their induction programme and all new members of staff had a comprehensive six month induction with support in place.
- The practice had a system in place to ensure patient safety alerts were monitored and acted upon.
- The practice took actions to increase the uptake in cervical screening. For example the practice increased the number of clinicians trained to provide cervical screening from one nurse to three nurses and two GPs. The practice targeted patients whose first language is not English and provided an educational workshop on the importance of participating in cervical screening.
- The practice displayed a health and safety poster in the reception area with appropriate contact information.

Summary of findings

- The practice identified 97 carers, more than 1% of the patient population.
- The practice developed a three year business plan to enable management to monitor future development of services within the practice.
- The practice developed a business continuity plan which included a neighbouring practice which can provide temporary space for clinical consultations and emergency contact numbers. All staff had access to the plan.
- The practice developed a mission statement; all staff were included in creating the mission statement. The practice posted the core values in the administration area as a reminder to all staff, the mission statement was on display in the patient waiting area.

At our previous inspection on 31 August 2016, we rated the practice as requires improvement for providing safe and effective services as there was gaps in the recruitment and induction process for new staff, the system for managing patient safety alerts did not have a fail-safe mechanism and not all staff were supported with training relevant to their role and annual appraisals. At this inspection we found that the practice had taken action to improve all the areas we identified as required improvement at the inspection in August 2016. Consequently, the practice is now rated as good for providing safe and effective services which means the overall rating of the practice is good.

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?

The practice is rated as good for providing safe services.

- The practice had carried out complete pre-employment checks on all staff employed.
- There was evidence that staff had received training in safeguarding of children and vulnerable adults.

Good



Are services effective?

The practice is rated as good for providing effective services.

- There was evidence of appraisals and personal development plans for all staff.
- Staff had completed all mandatory training including: basic life support training; and fire safety training.
- There was evidence of a fail-safe system to ensure that clinical staff reviewed and acted upon medicines alerts.
- There was evidence of a comprehensive induction programme for new members of staff.

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider had resolved the concerns for safe and effective identified at our inspection on 31 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe and effective identified at our inspection on 31 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe and effective identified at our inspection on 31 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and effective identified at our inspection on 31 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and effective identified at our inspection on 31 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and effective identified at our inspection on 31 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Azim and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Azim and Partners

Dr Azim and Partners provides primary medical services in the London Borough of Barnet to approximately 8516 patients and is one of 62 member practices in the NHS Barnet Clinical Commissioning Group (CCG). The practice shares its building with another GP service, the two practices had previously formed one practice but had separated in 2013.

The practice population is in the fifth least deprived decile in England. It has higher than CCG and national average representation of income deprived older people of 21% compared to a CCG average of 18% and a national average of 16%. The practice has a below average number of patients in all age groups above age 45. For example six percent of patients are aged over 65 (CCG average 14%, national average 17%), and less than 1% of patients are over 85 years of age (CCG and national averages are both over 2%).

The practice has surveyed the ethnicity of approximately 94% of the practice population and had determined that 56% of patients identified as having white ethnicity, 20% Asian, 6% black and 12% as having mixed or other ethnicity. The practice operates from a purpose built property with patient facilities on the ground floor. The ground floor is wheelchair accessible. There are offices for

administrative and management staff on the first floor. Both floors are accessed via stairs. The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The enhanced services it provides are: alcohol intervention; childhood vaccination and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; improving patient online access; influenza and pneumococcal immunisations; learning disabilities; minor surgery; patient participation; risk profiling and case management; rotavirus and shingles immunisation; and unplanned admissions. The clinical team at the surgery is made up of two full-time male partners, one full-time female partner, one part-time female partner, one long term locum. The doctors provide 41 clinical sessions per week.

The nursing team consists of one female nurse practitioner, two part-time female practice nurses and two part-time phlebotomists. There are nine administrative clerical and reception staff, and a full-time practice manager.

The practice is open between 8.00am and 6.30pm Monday to Tuesday, and Thursday to Friday, and from 8.00am to 8.00pm on Wednesday. It is also open from 9.00am to 11.00am on alternate Sundays. Appointments are available from 8.30am to 12.00pm and from 2.00pm to 6.30pm daily. Extended surgery hours are offered from 6.30pm until 8.00pm on Wednesdays and from 9.00am to 11.00am on alternate Sundays.

The practice has opted out of providing out of hours (OOH) services to their own patients and when closed directs patients to the OOH provider for NHS Barnet CCG.

Detailed findings

Dr Azim and Partners is registered as a partnership with the Care Quality Commission to provide the regulated activities of: surgical procedures; treatment of disease, disorder or injury; family planning; and diagnostic and screening procedures.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Azim and Partners on 31 August 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. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Dr Azim and Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Azim and Partners on 22 June 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

We carried out a focused inspection of Dr Azim and Partners on 22 June 2017. This involved reviewing evidence that:

- Staff were supported through a programme of annual appraisals.
- Staff were given access to training relevant for their roles.
- All new members of staff went through appropriate recruitment checks as specified in Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- All new members of staff were supported in their new role through an induction programme.
- There was a fail-safe system in place for ensuring patient safety alerts were acted upon, particularly those involving medicines.

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 on 31 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of ensuring staff completed safeguarding children and adult training and pre-employment checks when recruiting new staff were not robust.

These arrangements had significantly improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

When we inspected the practice on 31 August 2016 there was a lack of evidence of training in safeguarding for some clinical and non-clinical staff. However, staff we spoke to during the inspection were able to demonstrate their roles and responsibilities in this area.

At the inspection on 22 June 2017 we found that all non-clinical and clinical members of staff had completed children and adults safeguarding training. We found that staff completed the required level of safeguarding training relevant to their role. For example, GPs completed level 3 training, nurses completed level 2 training and non-clinical staff completed level 1 training. The practice manager maintained a log of completed training dates for all staff to ensure that training needs did not lapse.

When we inspected the practice on 31 August 2016 found that not all files contained evidence of all of the

appropriate recruitment checks that should have been undertaken prior to employment. For example missing information included: proof of having gone through an induction procedure for all employees; references for one employee; job description for one employee; evidence of having undergone a Disclosure and Barring Service checks for one employee; and evidence of membership of a medical indemnity scheme for one clinical member of staff.

At the inspection on 22 June 2017 we reviewed the recruitment process and checked staff files to identify whether the process had been followed. We spoke to the practice manager and were informed that the recruitment process had been updated since the inspection in August 2016. All of the six files we checked for clinical and non-clinical members of staff were in line with the practices' revised recruitment policy. For example, we found that staff files contained proof of an induction, references, signed job descriptions, valid Disclosure and Barring Service checks, qualifications and evidence of medical indemnity insurance.

Along with the revised recruitment policy the practice also revised their reference template for new employees. The previous reference form was one page in length and covered basic questions such as punctuality. The revised form was four pages in length and was comprehensive and captured detailed information about employee's personal responsibility, working style, quality of work and relationships within a team.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 31 August 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), the induction programme, annual appraisals and mandatory training required improvements.

These arrangements had significantly improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

When we inspected on 31 August 2016 we found that there was no fail safe arrangement to ensure that all clinical staff reviewed medicines alerts in order to deliver care and treatment that met patients' needs.

At the inspection on 22 June 2017 we reviewed the practice protocols for managing MHRA alerts and found evidence that the system contained fail safes to mitigate risks to the care and treatment patients received. For example, the practice updated the medicine and safety alert protocol and all alerts were recorded, including those not relevant to the practice. The practice manager was the lead for recording safety alerts and the reception manager deputised. Both the practice manager and reception manager received all alerts via e-mail. The alerts were recorded on the practice safety alert log. The log contained details of the alert, required action and date the alert was received. The practice manager also checked the MHRA website to ensure they have received all recent alerts. Every clinician in the practice received a copy of alerts by e-mail and we saw evidence that alerts were discussed at the weekly clinical meeting. All staff at the practice had access to the alert log and the medicine and safety alert protocol.

Effective staffing

When we inspected on 31 August 2016 we found that although the practice had an induction programme for all newly appointed staff there was no evidence on file of staff having undergone the induction programme. At the inspection on 22 June 2017 we reviewed the induction programme and found that significant improvements had been made. We found that new members of staff had

evidence that an induction programme had been completed in their files. The revised induction programme was comprehensive and was supported by a receptionist/administration core competency framework.

The induction programme was used to support new staff and ensure they were competent in all aspects of their new role. The programme covered 31 areas of training. In addition to the induction programme, new members of staff were provided with a detailed module on the practices' clinical system which was approximately three to six months of training. As well as daily support and weekly informal meetings, new members of staff were supported with three formal reviews during their six month probationary period. The practice developed forms for the formal reviews which measured competency levels and also allowed new members of staff to identify where improvements could be made within the practice.

When we inspected on 31 August 2016 we found that the learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However, not all staff had received an appraisal within the last 12 months and not all staff had completed training that was mandatory for their roles.

At the inspection on 22 June 2017 we reviewed the process for monitoring staff appraisals and training. We found that there was a system in place to ensure all staff were appraised on an annual basis. The practice manager kept a log of all appraisal dates and reminders of when staff required an appraisal. We checked the files for eight members of staff and found that the appraisals had been completed and matched the information recorded on the appraisal log. The appraisal policy and documentation used to support the appraisal process had been revised and was much more comprehensive than the documentation previously used by the practice. The new appraisal forms allowed for development plans to be created for staff through the appraisal process.

The practice had signed up to an online training provider and all staff were allocated training time on a quarterly basis to stay up to date with training such as fire safety, basic life support and information governance. The practice manager maintained a training log with details

Are services effective? (for example, treatment is effective)

around completed and required training for all members of staff. We checked the files of eight members of staff and found that all required training was complete and that certificates were kept on file.