

Dr Toqeer Aslam

Quality Report

Princes Park Medical Centre Dove Close
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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 well-led?

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 Toqeer Aslam on 4 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Dr Toqeer Aslam on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 March 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 on 4 October 2016. 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:

- Since our inspection in October 2016 staff who had sustained a needlestick injury had received appropriate support. The practice's needlestick injury procedure had been discussed at a staff meeting to help ensure all staff were aware of the correct process to be followed.

- The practice had revised the arrangements for managing medicines and sterile equipment in the practice to help ensure patients were kept safe.
- The practice was able to demonstrate that risks to patients, staff and visitors were being assessed and well managed.
- The practice had revised the way patients' records were stored to help ensure they were not accessible to unauthorised people.
- The practice had introduced a system that identified patients who were also carers. The practice had identified 26 patients on the practice list who were also carers.
- Governance arrangements had been revised to help ensure they were effectively implemented.
- The practice was able to demonstrate how learning from accident investigations was shared with relevant staff.

However, there were also areas of practice where the provider needs to make improvements.

In addition the provider should:

Summary of findings

- Continue to improve the system that identifies patients who are also carers to help ensure they are offered relevant support.

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.

Good



- Since our inspection in October 2016 staff who had sustained a needlestick injury had received appropriate support. The practice's needlestick injury procedure had been discussed at a staff meeting to help ensure all staff were aware of the correct process to be followed.
- The practice had revised the arrangements for managing medicines and sterile equipment in the practice to help ensure patients were kept safe.
- The practice had revised the way they assessed and managed risks to patients, staff and visitors. Records showed that risks from substances hazardous to health and legionella (a germ found in the environment which can contaminate water systems in buildings) were now being assessed and well managed.
- The practice had revised the way patients' records were stored to help ensure they were not accessible to unauthorised people.

Are services well-led?

The practice is rated as good for providing well-led services.

Good



- Governance arrangements had been revised to help ensure they were effectively implemented.
- The practice was able to demonstrate that risks to patients, staff and visitors were being assessed and well managed.
- The practice was able to demonstrate how learning from accident investigations was shared with relevant staff.

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 the provision of safe and well-led care identified at our inspection on 4 October 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 the provision of safe and well-led care identified at our inspection on 4 October 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 the provision of safe and well-led care identified at our inspection on 4 October 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 the provision of safe and well-led care identified at our inspection on 4 October 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 the provision of safe and well-led care identified at our inspection on 4 October 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 the provision of safe and well-led care identified at our inspection on 4 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Toqeer Aslam

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Toqeer Aslam

Dr Toqeer Aslam (also known as Princes Park Medical Centre) is situated in Walderslade, Chatham, Kent and has a registered patient population of 2,847. There are more patients registered between the ages of 5 and 24 years, as well as between the ages of 45 and 59 years than the national average. There are less patients registered between the ages of 0 and 4 years as well as over the age of 70 years than the national average.

The practice staff consists of one GP (male), one practice manager, one assistant practice manager, one practice nurse (female), one healthcare assistant (female) as well as administration and reception staff. The practice also directly employs locum GPs. There are reception and waiting areas on the ground floor. Patient areas on the ground floor are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not a teaching or training practice (teaching practices have medical students and training practices have GP trainees and FY2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from Princes Park Medical Centre, Dove Close, Walderslade, Chatham, Kent, ME5 7TD only.

Dr Toqeer Aslam is open Monday to Friday between the hours of 8.30am to 12pm and 3pm to 6pm. Extended hours appointments are offered Tuesday 6.30pm to 8pm. Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours (including Monday to Friday between the hours of 12pm and 3pm).

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Toqeer Aslam on 4 October 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 in October 2016 can be found by selecting the 'all reports' link for Dr Toqeer Aslam on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Toqeer Aslam on 14 March 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

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the

Detailed findings

comprehensive inspection had been addressed. During our visit we spoke with the practice manager as well as reviewed information, documents and records kept at the practice.

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 4 October 2016, we rated the practice as requires improvement for providing safe services.

- There was an open and transparent approach to safety and a system for reporting and recording significant events. However, an accident report showed that practice staff had not followed the practice's written policy when managing a needlestick injury.
- Some sterile equipment and some medicines held in the practice were out of date.
- Risks to patients were not always assessed and well managed.

These arrangements had significantly improved when we undertook a follow up inspection on 14 March 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

Records demonstrated that since our inspection in October 2016 the member of staff who had sustained a needlestick injury had received appropriate support. For example, relevant blood tests had been carried out in order to establish that they had not contracted any blood borne infections. Staff told us that the practice's needlestick injury procedure had been discussed at the staff meeting on 13 October 2016 to help ensure all staff were aware of the correct process to be followed. Records confirmed this and showed that there had been no further needlestick injuries since our inspection in October 2016.

Overview of safety systems and process

The practice had revised the arrangements for managing medicines and sterile equipment in the practice to help ensure patients were kept safe.

- Staff told us that an inventory of all medicines and sterile equipment held in the practice had been

introduced. Records confirmed this and demonstrated that monthly checks were carried out to help ensure all medicines and sterile equipment held in the practice were within their expiry date and fit to use.

- We checked a random sample of medicines and sterile equipment held in the practice and found they were within their expiry date and fit to use.

Monitoring risks to patients

The practice had revised the way they assessed and managed risks to patients, staff and visitors.

- A control of substances hazardous to health (COSHH) risk assessment had been carried out in February 2017. The practice had developed and implemented an action plan to address identified issues. For example, the cupboard where cleaning fluids were stored was now kept locked.
- The practice had introduced a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). A legionella risk assessment had been carried out and the practice had developed an action plan to address identified issues. Results of water samples sent for legionella testing showed that legionella was not present. Records showed that the practice was monitoring and recording the water temperature from hot and cold outlets on a regular basis.
- The practice had revised the way patients' records were stored to help ensure they were not accessible to unauthorised people. For example, the doors of the rooms where patients' records were kept were now locked unless the room was in use by a member of staff. We saw that patients' records were no longer left unattended on work surfaces in rooms that were accessible to unauthorised people.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 4 October 2016, we rated the practice as requires improvement for providing well-led services.

- Governance arrangements were not always effectively implemented.
- Not all accident investigations demonstrated that the practice shared learning.

We issued requirement notices in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 14 March 2017. The practice is now rated as good for being well-led.

Governance arrangements

The practice had revised governance arrangements to help ensure they were effectively implemented.

- The practice had revised the way it assessed and managed risks to patients, staff and visitors. They were able to demonstrate that risks from substances hazardous to health and legionella were now being assessed and well managed. Patients records were now being stored securely and were no longer accessible to unauthorised people.

Continuous improvement

The practice had revised the way they shared learning from accident investigations. Records showed that learning from accidents was shared with all relevant staff at staff meetings. For example, the procedure for dealing with a needlestick injury had been discussed at a staff meeting following a reported accident where a member of staff sustained a needlestick injury.