

Dr Naseem Akbar

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



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 Naseem Akbar on 16 August 2016. The overall rating for the practice was good, with the rating for providing safe services requires improvement. The full comprehensive report on the 16 August 2016 inspection can be found by selecting the 'all reports' link for Dr Naseem Akbar on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 27 February 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 16 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as Good for providing safe services. The overall rating remains unchanged from our previous inspection.

Our key findings were as follows:

- Controlled drugs were no longer kept on the premises (Controlled drugs require specific measures in place for their safe handling, storage,

security, prescribing, administering, recording and destruction). Controlled drugs previously held on the premises had been appropriately denatured and destroyed in line with the relevant guidance.

- The practice had reviewed and improved arrangements for the security and use of blank prescription forms, including implementing a prescription security protocol. The practice now maintains a register to monitor blank prescriptions, received and distributed, and all staff had been made aware of the security requirements and the administrative procedures in respect of prescription management. The practice told us blank prescription forms were no longer left in printers overnight but are locked away.
- The practice had reviewed stocks of emergency medicines, ensuring these were in line with guidelines and the needs of the practice patient population, implementing a reviewed emergency medicines protocol.
- The practice had reviewed the need for non-clinical staff acting as chaperones to have checks through the disclosure and barring service and all staff now had these checks carried out.

We also reviewed the areas we identified where the provider should make improvement:

Summary of findings

- The practice had made copies of its business continuity plan available off site as well as on site for use in emergencies.
- The practice had continued to hold, record, monitor and review weekly governance meetings.
- The practice had reviewed how patients were informed about how to make a complaint and had ensured the practice complaints policy was available to patients in the reception area.

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?

At our previous inspection on 16 August 2016, we rated the practice as requires improvement for providing safe services as the controlled drugs kept on the premises were not managed in line with the Misuse of Drugs Act 1971, emergency medicines had not been reviewed to ensure the range available was in line with guidelines, the systems for managing blank prescriptions did not keep them safe and secure and non-clinical staff acting as chaperones had not had checks carried out through the disclosure and barring service (DBS).

When we undertook a follow up inspection on 27 February 2017 we found these arrangements had significantly improved. The practice is now rated as good for providing safe services.

Good



Dr Naseem Akbar

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead inspector carried out this desk based review.

Background to Dr Naseem Akbar

Dr Naseem Akbar provides primary medical services in Balham to approximately 1600 patients and is one of 44 member services of the NHS Wandsworth Clinical Commissioning Group (CCG). 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).

Wandsworth has 50% more 20 to 40 year olds, but 33% fewer older people than other south west London boroughs. This is reflected in the patient demographics for the practice with 14% of patients aged 65 or over, 64% of patients aged 18-65 years old and 22% aged 18 or younger.

The practice population is in the fifth less deprived decile with income deprivation affecting children and adults in line with local and national averages.

Dr Naseem Akbar provides services from within the purpose built Balham Health Centre which is owned and operated by NHS Property Services. The health centre is shared with local Clinical Commissioning Group (CCG) services and a GP group practice. There are car parking

facilities, an automatic door at the entrance and step free access throughout the building. The health centre is within walking distance of Balham train station and is served by local bus services.

Dr Naseem Akbar operates from one GP consulting room and one practice nurse treatment room, one practice manager office, shared staff facilities, shared records management room with separate purpose built records storage unit, a shared reception and waiting area with a separate reception desk and receptionist for Dr Naseem Akbar patients. There are toilets for staff and patients with disabled access and baby change facilities. Breast feeding areas are made available on request. All of these facilities are located on the ground floor.

Dr Naseem Akbar is a full time female GP providing 11 clinical sessions per week and is supported by two female part time practice nurses who each provided services one day per week. The non-clinical team consists of one part time practice manager and three part time administrative and reception staff.

Reception and telephone lines are operational between 9.00am and 1.00pm and 4.00pm and 6.30pm Monday to Friday. Appointments are available between 10.00am and 12.30pm Monday to Friday and between 4.30pm and 6.30pm on a Monday, Tuesday, Wednesday and Friday.

Patients are able to request a telephone consultation with the GP to be held daily after the morning session. Extended hours are available on Monday evening from 6.30pm until 7.30pm and Friday evening from 6.30pm until 7.00pm for pre booked appointments.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 9.00am when the practice directs patients to seek assistance from the locally agreed out of hours provider. Between 12.30pm and 4.30pm on a Monday, Tuesday, Wednesday and Friday,

Detailed findings

and between 12.30pm and 6.30pm on a Thursday, calls to the practice are diverted to the locally agreed out of hours provider who will call Dr Akbar with any patients needing to be seen urgently.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Naseem Akbar on 16 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and requires improvement for providing safe services. The full comprehensive report following the inspection on 16 August 2016 can be found by selecting the 'all reports' link for Dr Naseem Akbar on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Dr Naseem Akbar on 20 February 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 desk-based focused inspection of Dr Naseem Akbar on 20 February 2017. This involved reviewing evidence that:

- Controlled drugs were managed in line with the misuse of drugs act 1974.
- The practice had reviewed and improved arrangements for the security and use of blank prescription forms.
- The practice had reviewed stocks of emergency medicines.
- The practice had reviewed the need for non-clinical staff acting as chaperones to have checks through the disclosure and barring service.

Are services safe?

Our findings

At our previous inspection on 16 August 2016, we rated the practice as requires improvement for providing safe services as the controlled drugs kept on the premises were not managed in line with the Misuse of Drugs Act 1971, emergency medicines had not been reviewed to ensure the range available was in line with guidelines, the systems for managing blank prescriptions did not keep them safe and secure and non-clinical staff acting as chaperones had not had checks carried out through the disclosure and barring service (DBS).

These arrangements had significantly improved when we undertook a follow up inspection on 20 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

Non-clinical staff acting as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Blank prescription forms and pads were securely stored after delivery. There were now systems for recording and

monitoring serial numbers of prescriptions when they arrived in the building and when they were issued. The practice told us blank prescriptions were not left in printers overnight but were instead kept under lock and key.

Controlled drugs previously held on the premises had been appropriately denatured and destroyed in line with the relevant guidance. (Controlled drugs are required by law to have specific measures in place for their safe handling, storage, security, prescribing, administering, recording and destruction).

The practice had implemented a controlled drugs policy and safety and security measures including a controlled drug register until such time as the controlled drugs could be safely destroyed. The practice contacted the Controlled Drugs Accountable Officer (CDAO) at NHS England who gave advice and guidance on the appropriate procedures which were then followed.

Arrangements to deal with emergencies and major incidents

The practice had reviewed stocks of emergency medicines, ensuring these were in line with guidelines. The practice had also implemented a reviewed emergency medicines protocol. Reviewed processes included increased monitoring of emergency medicines expiry dates and stock levels.