

Dr Tahir Haffiz

Inspection report

Bingfield Primary Care Centre
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www.barnsburymedicalpractice.nhs.uk

Date of inspection visit: 16 January 2019

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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 location

Requires improvement



Are services safe?

Good



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive re-inspection at Dr Tahir Haffiz, Barnsbury Medical Practice, on 16 January 2019. At this inspection we followed up on breaches of regulations identified at a previous inspection on 30 May 2018. At the 30 May 2018 inspection the practice was rated 'Requires Improvement' for providing a Safe and Responsive service; 'Inadequate' for providing an Effective and Well Led service; 'Good' for providing a Caring service and rated 'Inadequate' overall. Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published.

A copy of our previous inspection report can be found by going to <https://www.cqc.org.uk/location/1-485343677> and selecting the Reports tab.

We have rated this practice as 'Requires Improvement' overall.

At the last inspection on 30 May 2018 we rated the practice as 'Requires Improvement' for providing Safe services because:

- Systems to keep patients safe and safeguarded from abuse were not effective.
- Recruitment systems were not effective.
- There was no management oversight of clinical staff training.
- Systems to share learning were not effective.

At this inspection, we found the provider had satisfactorily addressed these areas. We have rated this practice as **'Good'** for providing Safe services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- There was an effective system for reporting and recording significant events.
- The practice learned and made improvements when things went wrong.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The arrangements for managing medicines in the practice helped keep patients safe.

At the last inspection on 30 May 2018 we rated the practice as 'Inadequate' for providing Effective services because:

- The practice had no assurance that clinical staff members had completed clinical updates.

- There was no system to monitor the process for seeking consent.
- Although there had been improvement in QOF further improvement was still necessary.
- Cytology uptake was below the local and national averages.

At this inspection we have again rated this practice as **'Inadequate'** for providing Effective services because:

- We found that although the practice had taken positive action in a number of areas, the Quality Outcomes Framework (QOF) scores for some clinical indicators remained significantly below local and national averages.
- We noted that positive action had been taken to identify and implement improvement since our last inspection but this had yet to have a significant impact.

At our previous inspection on 30 May 2018 we rated the practice as 'Good' for providing Caring services. At this inspection we have continued to rate the practice as **'Good'** for providing Caring services because:

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice proactively identified carers and supported them.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

At our last inspection on 30 May 2018 we rated the practice as 'Requires Improvement' for providing a Responsive service because:

- Arrangements in respect of planning and providing services to meet the needs of the local population and appointment timings needed improving.

At this inspection, we found the provider had taken some action to address these areas however, patient survey results continued to identify patient dissatisfaction with accessing the service. We have again rated the practice as **'Requires Improvement'** for providing a Responsive service because:

- Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

Overall summary

- The practice organised and delivered services to meet patients' needs and had changed its working practices. The practice was no longer closed at lunchtimes and was open until 6.30pm as opposed to 6.00pm in order to improve patient access; and plans were in place to recruit a Healthcare Assistant and increase the nursing hours offered at the practice.

At our last inspection on 30 May 2018 we rated the practice as 'Inadequate' for providing a Well Led service because:

- Leaders did not all have the capacity or knowledge to monitor and govern activity.
- There was no documented vision or strategy to achieve goals.
- Not all staff members knew how to access practice policies and were not confident with their content.
- There were no processes to identify and act on future risks.
- Equality and diversity was not actively promoted.

At this inspection, we found the provider had taken positive action to address these areas, however improvements were still required. We have rated the practice as **'Requires Improvement'** for providing a Well Led service because:

- The practice's systems and processes for improving clinical indicators for patients had not been embedded and Quality and Outcomes Framework (QOF) scores for some clinical indicators remained significantly below local and national averages.
- The review of practice policies and protocols was ongoing.

The areas where the provider must make improvements are:

- Develop and embed effective systems and processes to improve the quality of care and outcomes for patients.

In addition to the areas which were identified for improvement under the key questions of providing effective and well-led services relating to that inspection, we also said the practice should make improvements in the following area:

- Ensure the action plan developed as a result of the infection prevention and control audit is updated and documented when action points have been reviewed.

- Appoint a deputy safeguarding lead and ensure this member of staff is trained to safeguarding child protection Level 3.
- Ensure spirometry results are directly transcribed from the spirometry machine rather than manually entered into patient records.
- Monitor and audit the prescribing of controlled drugs.
- Develop an audit process to monitor clinicians are seeking consent for patients appropriately.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, its staff, patients, the public and other organisations.

We have rated this practice as 'Requires Improvement' overall and 'Requires Improvement' for all population groups.

This service remains in special measures. Where a service is rated as Inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as Inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team on the 16 January 2019 was led by a CQC inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector.

Background to Dr Tahir Haffiz

Dr Tahir Haffiz Practice, also known as 'Barnsbury Medical Practice' is located at:

Bingfield Primary Care Centre

8 Bingfield Street

London

N1 0AL

The practice is located within a health centre which it shares with community services such as a baby clinic, podiatry services and an ulcer clinic.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Diagnostic and screening procedures, Family planning, and Treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general

medical services to the local community) to approximately 3060 patients. It is a part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 33 general practices.

The clinical staff team at the practice includes a male principal GP who completes 8 sessions per week, a regular male locum who completes two to four sessions per month and a practice nurse who carries out four sessions a week. The non-clinical staff consist of a practice manager and three reception/administrative staff members.

Barnsbury Medical Practice's patient profile has a higher than average proportion of younger adults aged between 25 and 35, but fewer older patients. There is a higher than the local average of patients with a long-standing health condition at 59% compared to the CCG average of 46%. Deprivation levels among the population were high with the practice being scored two on the deprivation scale (based on a score of one to 10, one being the most deprived).

This section is primarily information for the provider

Requirement notices

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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 (1) HSCA (RA) Regulations 2014 Good governance How the regulation was not being met... The provider had not developed and embedded effective systems and processes to improve the quality of care and outcomes for patients.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	