

Dr Asad Hussain

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 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 Asad Hussain (Ribble Village Surgery) on 24 November 2016. The overall rating for the practice was requires improvement with the key questions of safe and well-led rated as requires improvement. The full comprehensive report on the November 2016 inspection can be found on our website at <http://www.cqc.org.uk/location/1-543199771>

This inspection was an announced focused inspection carried out on 19 July 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 24 November 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:

- At our previous inspection in November 2016, we saw that reviews and investigations of significant incidents

were not thorough enough and did not include actions taken to mitigate the risk. We also saw that there was a lack of staff knowledge of their role and responsibility in sharing information regarding specific types of incidents. At this inspection, we saw that there was a comprehensive system in place for reporting and recording significant events. Staff were clear about what constituted a significant event. Actions taken as a result of significant events were reviewed in a timely way and learning from events was shared.

- At our inspection in November 2016, we saw that there was a lack of effective systems in place to manage patient safety alerts. At this inspection we saw that a new system was in place to ensure that actions taken as a result of these alerts were reviewed and shared appropriately. Minutes of discussion of these were kept for staff.
- During our previous inspection we saw that although patient safeguarding concerns were discussed between the practice and other stakeholders and agencies, these discussions were not recorded and information relating to them not entered onto the patient computerised record. At this inspection, we

Summary of findings

saw that minutes of meetings with other stakeholders were kept and details of discussion entered onto patient records. Processes had also been put in place to ensure that this happened.

- At our inspection in November 2016 we observed that equipment and furniture in one clinical area was not hygienically clean. There was a lack of infection prevention and control audit for the surgery environment. We found at this inspection that this had been addressed and that all areas of the practice were suitably clean and subject to spot checks and audit.
- At our previous inspection we saw that there was no stock control system in place for the management of vaccines, no effective monitoring of patient requests for controlled drugs and no monitoring system in place for patient uncollected prescriptions. At this inspection, we saw evidence that safe systems had been put in place and maintained to address these areas effectively.
- During our inspection in November 2016, we found that there was a lack of an effective call and recall system for patients with long-term conditions. At this inspection we saw that the practice had purchased software and introduced a procedure of patient call and recall to enable them to do this effectively.
- At our previous inspection we identified that the governance of practice policies and procedures was insufficient. We saw at this inspection that the practice had introduced a system of regular review of policies and procedures to ensure that all were current and based on best practice.

The practice had used the findings from our inspection in November 2016 to review many of the systems and processes in place to ensure that they reflected best practice and we saw evidence of this. Evidence that we saw included:

- The practice had improved its appraisal system for staff to include a mentoring system, in particular in relation to new staff.
- The security and confidentiality of patient-identifiable information had been improved.
- All staff at the practice had been subject to 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).

- Mandatory “Prevent” training had been introduced to supplement staff safeguarding training. (This training safeguards vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves). A new safeguarding folder had been produced which included training resources including a policy explaining practice responsibilities for providing care and treatment for military veterans.
- The practice had developed a new business plan and introduced a regular review of developments in relation to the plan.
- All staff were required to undertake chaperone training annually and it was part of mandatory training for new staff.
- The practice had introduced a new clinical audit policy to develop a comprehensive quality improvement programme that was embedded into all aspects of service delivery. They had reviewed the results of the national GP patient survey and produced an action plan to improve services.
- A new standard operating procedure (SOP) file had been produced setting out many of the practice procedures and was used to inform and train new staff. There was a new comprehensive staff checklist for all aspects of administration daily tasks to ensure that they were completed.
- The practice had reviewed the process by which patients were excluded from the Quality and Outcomes Framework (QOF). (QOF measures practice performance against national screening programmes to monitor outcomes for patients). We saw unverified evidence at the time of the inspection that the patient exclusion rate was 2.6% overall compared to 10% in 2015/16.
- The practice had produced a new policy for managing patient complaints and resources for patients to tell them how they could complain, and for staff to deal with complaints effectively.
- There was an overview held of practice staff clinical indemnity which enabled safe management of clinicians’ practice insurance.
- There was a programme of well-documented meetings in place which included all members of staff. Minutes of meetings were available to staff and were comprehensive, to evidence and share learning.
- The practice had employed a female locum GP to provide GP services for patients for one surgery each month.

Summary of findings

- The practice had developed several presentations to use for a dementia awareness day that they were planning to run for patients during August 2017. They told us that they also hoped to use these resources to train staff at a local care home in the management of patients with dementia.
- Since our last inspection in November 2016, the practice had continued to develop facilities to become a training practice for GPs in training. This had been approved in June 2017 and the practice hoped to start training in August 2017.
- The practice had received four awards from the local clinical commissioning group (CCG) related to patient 'flu vaccinations given during the winter of 2016/17. These were for being the highest achieving practice in the Preston CCG for giving 'flu vaccinations to healthy children aged two years and over, aged three years and over, children aged four years and over and for all patients from six months old to 65 years of age who were in a patient clinical risk group.

We saw one area of outstanding practice:

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



- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. Staff knew when incidents needed to be reported to other stakeholders and agencies. When things went wrong, patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Patient safety alerts were managed effectively.
- The practice kept records of all safeguarding discussions with other stakeholders and agencies and appropriate entries were made on computerised patient records. Staff were trained in all aspects of safeguarding.
- The practice had trained all staff in chaperoning and all staff had been checked with the disclosure and barring service (DBS). (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).
- The practice maintained patient information confidentiality.
- The practice premises were hygienically clean and comprehensive infection prevention and control systems were in place.
- There was a stock control process in place for the safe management of all medicines held in the practice. Patient uncollected prescriptions were monitored and dealt with appropriately and all controlled drug prescriptions were signed for when collected.

Are services well-led?

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

The practice had introduced a number of new systems and processes to govern activity:

- There was a new system for recording safeguarding concerns and a record of the transfer of information to computerised patient records.

Good



Summary of findings

- There was new policy in place to deal with significant events and staff demonstrated that they knew how this should be followed.
- There was a new policy in place to manage patient safety alerts effectively.
- There was a clinical audit policy in place to develop a quality improvement programme and embed it into all aspects of service delivery. Audits already undertaken showed service quality improvement.
- There was a file in place setting out staff standard operating procedures for reference purposes and to train new staff. There was a comprehensive staff checklist for all aspects of administration daily tasks to ensure that they were completed. The practice appraisal system had been reviewed and updated to include mentoring for new staff.
- The practice maintained an overview of clinical staff medical indemnity.
- There was a new cleaning company employed by the practice and spot checks were made of their work. There were new infection and prevention control policies and procedures in place and additional audits had been undertaken to ensure adherence to these.
- There was a comprehensive system in place for the call and recall of patients with chronic health conditions.
- Practice policies and procedures were regularly reviewed against a new policy for their monthly management.
- There was a new policy in place for the management of patient complaints. The practice had produced an action plan following a review of results of the national GP patient survey.
- There was a programme of meetings in place with standard agenda items for governing all aspects of service delivery. Minutes of all meetings were available to staff and were comprehensive, to evidence and share learning.
- The practice had developed a business plan to set out and monitor its strategy for future development. They had employed a female locum GP for one session each week.
- The practice had completed actions against the plan to become a training practice for GPs in training. This had been approved in June 2017 and the practice hoped to start training GPs in August 2017.
- The practice planned to offer a dementia awareness day for patients during August 2017. They told us that they also hoped to train staff at a local care home in the management of patients with dementia.

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 providing safe and well-led services identified at our inspection on 24 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-543199771>

Good



People with long term conditions

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 24 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-543199771>

Good



Families, children and young people

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 24 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-543199771>

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 24 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-543199771>

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 24 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-543199771>

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 24 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-543199771>

Good



Summary of findings

Outstanding practice

We saw one area of outstanding practice:

- The practice had received four awards from the local clinical commissioning group (CCG) related to patient 'flu vaccinations given during the winter of 2016/17. These were for being the highest achieving practice in the Preston CCG for giving 'flu

vaccinations to healthy children aged two years and over, aged three years and over, children aged four years and over and for all patients from six months old to 65 years of age who were in a patient clinical risk group.

Dr Asad Hussain

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector visited the practice and carried out a focused inspection.

Background to Dr Asad Hussain

Dr Asad Hussain, Ribble Village Surgery, is situated in the Ribble Village Health Centre at 200 Miller Road, Ribbleton, Preston, PR2 6NH. The Health Centre is a modern purpose-built building with full disabled access. There is good access to public transport and patient parking is available on the adjacent car park.

The practice is part of the NHS Greater Preston Clinical Commissioning Group (CCG) and services are provided under a general medical service (GMS) contract with NHS England.

There were approximately 3082 patients on the practice register at the time of our inspection. The practice population is predominantly patients under 50 years of age. Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Services are provided by a single-handed male GP and there is a practice nurse and a healthcare assistant. At the time of the inspection the practice was about to start advertising for a nurse practitioner vacancy. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is a teaching practice for medical students and has recently been approved to become a GP training practice.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 10.30am every morning and 3pm to 5pm daily. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service GoToDoc by calling NHS111. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Asad Hussain on 24 November 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 and requirement notices were issued in relation to safe care and treatment and good governance. The full comprehensive report following the inspection in November 2016 can be found on our website at <http://www.cqc.org.uk/location/1-543199771>

We undertook a follow up focused inspection of Dr Asad Hussain on 19 July 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

During our visit we:

Detailed findings

- Spoke with a range of staff including the principal GP, the practice manager and one member of the practice administration team.
- Observed how patients were being cared for in the reception area.
- Reviewed a range of practice documentation.

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 24 November 2016, we rated the practice as requires improvement for providing safe services as risk management systems did not effectively ensure patients' safe care and treatment. There was a lack of detail in the practice documentation of significant event analysis and a lack of effective systems in place to manage patient safety alerts; patient safeguarding concerns were not recorded appropriately. The practice had failed to assure themselves that clinical areas were hygienically clean. There was no stock control system in place for practice-held vaccines and patient prescriptions were not sufficiently monitored.

These arrangements had improved when we undertook a follow up inspection on 19 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a comprehensive system for reporting and recording significant events. The practice had a practice policy for dealing with significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff we spoke to were aware of when and how to contact other agencies regarding a significant event and contact telephone numbers were available in reception.
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed as a standing agenda item. The

practice carried out a thorough analysis of the significant events. Patient safety alerts were managed effectively with actions taken as a result of alerts recorded and discussed in practice meetings.

- We saw evidence that lessons were shared both internally and with external stakeholders and action was taken to improve safety in the practice. For example, following a patient vaccination error, shelves in the vaccine fridge were clearly labelled and the process for administering vaccinations reviewed to ensure that it was safe.
- The practice also monitored trends in significant events and evaluated any action taken and met annually to discuss possible trends.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Safeguarding policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. There was a new folder kept in the practice reception office that contained registers of vulnerable patients and all policies and procedures relevant to their care and treatment including a policy for the care and treatment of military veterans. Registers were discussed monthly at meetings with other healthcare professionals. We saw that discussions with other services were recorded on patient records and separately in meeting minutes; the practice had introduced a tick-box system to ensure that this happened.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and other clinical staff were trained to child protection or child safeguarding level three. Training had been updated to include "Prevent" training. (This training safeguards vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves). Notices in the waiting rooms and in all treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role

Are services safe?

and 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The practice carried out spot checks of cleaning standards and had introduced a communications book to communicate with the cleaning staff.
- The principal GP was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training both in house and online. The practice had collaborated with another similar-sized practice and had asked them to conduct two infection prevention and control audits for the practice. The practice also carried out an audit of their own in between these two. We saw evidence that action was taken to address any improvements identified as a result and there were no actions identified as a result of the third and last audit.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice had put comprehensive stock checks in place to manage the vaccines held in the surgery safely. There was a vaccine cold chain and 'fridge management' policy in place. There had been an audit of the practice cold chain policy and we saw audits that had been conducted every three months of vaccine storage procedures.
- The practice medicines co-ordinator carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had a protocol for dealing with uncollected patient prescriptions and staff told us how they carried this out.
- There was a new practice policy for monitoring the collection of prescriptions for controlled drugs and the practice had audited that this was being followed effectively.

The practice had purchased new lockable cabinets to store patient paper records securely and had introduced a clear desk policy. They ensured that all patient-identifiable information was covered or secured at the end of each day. There was also a new safe for locking away staff cards used for accessing the patient computerised record system when staff finished work.

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 24 November 2016, we rated the practice as requires improvement for providing well-led services as the systems in place did not effectively assess, monitor and improve the quality and safety of the services provided. There was a lack of an effective call and recall system for patients with long-term conditions and the governance of practice policies and procedures was insufficient. We identified issues with a number of systems and processes used to effectively promote and monitor the quality and safety of the service provided.

These arrangements had improved when we undertook a follow up inspection on 19 July 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. A new standard operating procedure (SOP) file had been produced setting out many of the practice procedures and was used to inform and train new staff. There was a new comprehensive staff checklist for all aspects of administration daily tasks to ensure that they were completed.
- There were good governance arrangements in relation to having an overview of staff training, medical indemnity and membership of professional bodies. There was a programme of regular meetings with standing agenda items and minutes of meetings were available to all staff. The practice had improved its appraisal system for staff to include a mentoring system which was used when needed and for all new staff.
- Practice specific policies were implemented and were available to all staff on the practice shared computer drive. The practice had introduced a system of regular review of policies and procedures to ensure that all were current and based on best practice.
- A comprehensive understanding of the performance of the practice was maintained. Regular practice meetings were held which provided an opportunity for staff to

learn about the performance of the practice. All staff were involved in the minute-taking and recording for these meetings. Patients were central to the provision of care and services and protocols were implemented to ensure patients received comprehensive care and support.

- A programme of continuous clinical and internal audit of all aspects of service delivery was used to monitor quality and to make improvements. There was a practice policy for undertaking audit and a summary kept of those audits undertaken.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints and meeting minutes were kept on the staff intranet.
- The practice had purchased new computer software that gave them a comprehensive system for the call and recall of patients with chronic health conditions. Staff had trained in its use and further staff training was planned.

Seeking and acting on feedback from patients, the public and staff

The practice had implemented a new patient complaints system. This system allowed for better recording of patient verbal complaints. A box for patient complaints had been put in the reception area and another box in a corridor where patients could leave complaints without being observed. A flowchart of the complaints process had been provided for staff use and staff told us that they found the process clear and easy to follow.

The practice had reviewed the results of the national GP patient survey and had produced an action plan.

The practice told us that they encouraged ownership of practice policy and procedure by involving staff in all areas of service development.

Continuous improvement

The practice told us that they prioritised innovation and continuous improvement.

Are services well-led?

Good 

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

- The practice had developed a new business plan and introduced a regular review of developments in relation to the plan. They had employed a female locum GP for one session each week to give patients access to a female GP.
- The practice had developed several presentations to use for a dementia awareness day that they were planning to run for patients during August 2017. They told us that they also hoped to use these resources to train staff at a local care home in the management of patients with dementia.
- The practice was a teaching practice for medical students. Since our last inspection in November 2016, the practice had continued to develop facilities to become a training practice for GPs in training. This had been approved in June 2017 and the practice hoped to start training in August 2017.
- The practice had received four awards from the local clinical commissioning group (CCG) related to patient 'flu vaccinations given during the winter of 2016/17. These were for being the highest achieving practice in the Preston CCG for giving 'flu vaccinations to healthy children aged two years and over, aged three years and over, children aged four years and over and for all patients from six months old to 65 years of age who were in a patient clinical risk group.