

Dr Mujib ul Haq Khan




Quality Report

Granville Road Surgery
78 Granville Road
Southfields
SW18 5SG
Tel: 020 8874 2471
Website:

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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

Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services well-led?	Inadequate	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Granville Road Surgery on 6 January 2015. Breaches of legal requirements were found in relation to: staff recruitment; safeguarding of vulnerable adults and children; dealing with medical emergencies; lack of induction for locum GPs and training for all staff and equipment was not checked at the required intervals. After the comprehensive inspection the provider failed to write to us to say what they would do to meet legal requirements in relation to the breaches. The CQC sent two letters reminding the provider of his responsibility to send an action plan to show how he intended to become compliant with the Regulations. The provider did not respond to these letters.

Granville Road Surgery was not providing a GP service because the CQC suspended the providers registration to provide regulated activities for a four month period from 9 January 2015 until 8 May 2015, to protect people who use the service from avoidable harm and to give the provider the opportunity to make the necessary improvements. Overall the practice was rated inadequate at an inspection carried out on 6 January 2015, in particular it was inadequate for providing safe and

effective services and for being well led. It was also inadequate for providing services to all population groups. Improvements were required to ensure the service was responsive and caring.

We undertook this focussed inspection on 7 May 2015 to check that the provider had made the required improvements and now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Granville Road Surgery on our website at www.cqc.org.uk

There is one GP who has conditions imposed on his GMC registration which restrict his ability to practice and who, after the inspection terminated his contract with NHS England. The provider attended the inspection for one and a half hours and had to leave, this meant we did not receive information to confirm the required improvements had been made. The CQC sent the provider a letter requesting information to confirm suitable arrangements were in place should the practice open after the suspension ended on 9 May 2015. A

Summary of findings

second letter was sent which gave the provider further opportunity to show how they were meeting or planning to meet all the Regulations. The provider did not respond to these letters.

While we found some improvements had been made, there were also areas that still required improvement and there were some things we were not able to check.

Improvements included:

- a new medical bag had been purchased and emergency medicines were accessible and within their use by date;
- the carpet had been replaced with linoleum flooring in the entrance, waiting room and consultation room;
- toilet roll was in place;
- a disaster plan had been developed;
- a fire plan was in place and the fire risk assessment had been updated;
- a number of policies had been updated and were accessible and an induction programme had been developed for new staff;

However there were a number of issues which had not been addressed, in particular:

- the provider was not able to tell us if he planned to open the practice;
- if the practice was to open there was no clarity about how reception staff would deal with patients who walked in requiring urgent medical assistance;
- there were no arrangements in place for patients to see a female clinician;
- no progress had been made with developing a Patient Participation Group;
- the provider had not completed training in child protection since August 2012; reception staff had not completed updated child protection training since 2010; the practice manager had not completed updated child protection training;
- portable electrical appliances had not been tested;
- there was no system to check or calibrate equipment

- a risk assessment had not been completed regarding whether the practice needed a defibrillator;
- there was no risk assessment or evidence of consideration taken regarding whether reception and practice management staff needed a DBS check;
- there was no evidence that the cleaner had completed training in infection control, or any other training;
- there was only one reference for a new member of staff.

We were not able to check:

- that the recruitment process for locum GPs was safe and in line with requirements;
- that the provider was aware of the induction programme the practice manager had developed for new staff;
- that the provider had information to confirm the training locum GPs had completed in particular regarding basic life support and child protection and any other training;
- the arrangements to ensure locum GPs were able to provide the cover required;
- how important messages would be communicated between the provider and any locum GPs;
- the arrangements for sharing best practice;
- what if any clinical audits had been completed;
- the arrangements to review significant events and ensure any learning was shared amongst staff and locum GPs;
- if there were arrangements to review referrals;
- how the practice was going to work with other health and social care providers;
- how the practice planned to engage with the CCG and NHS England regarding the needs of the local population;
- the strategy and values for the practice;
- governance arrangements.

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 was rated inadequate for providing safe services at our inspection carried out on 6 January 2015 and improvements were required.

Patients were put at avoidable risk because suitable arrangements to monitor safety were not in place. Arrangements for safeguarding were not suitable, while there were policies in place and the contact details of the local authority were available, staff had not completed recent updated training in child protection.

Emergency medicines were available. Reception staff had completed first aid training in 2014 although the certificate did not show the course covered basic life support. The practice manager had not completed any training recently.

Improvements had been made to the environment, carpets had been replaced with linoleum. The replacement of woodchip wallpaper was the only area that remained outstanding from the infection control audit carried out by NHS England in July 2014.

Improvements had been made regarding fire safety, the evacuation plan was displayed and the fire risk assessment had been updated. However suitable arrangements were not in place to ensure portable electrical appliances were checked at the required intervals and for equipment used to be calibrated annually.

Recruitment policies were in place, however the recruitment checks for one new member of staff did not include two references being sought. We were not able to check that recruitment processes for locum GPs were suitable and in line with requirements.

Inadequate



Are services effective?

The practice was rated inadequate for providing effective services at our inspection carried out on 6 January 2015 and improvements were required.

Patients had not been seen at the practice since 9 January 2015. There was no programme to ensure staff had access to training and updates to ensure they were able to carry out their role. We were not able to check the arrangements for ensuring locum GPs were up to date with the required training. We were not able to check the arrangements for the practice to work with colleagues and other services to provide multidisciplinary care and treatment for patients. We were not able to check the arrangements for information sharing within the practice.

Inadequate



Summary of findings

Are services well-led?

The practice was rated inadequate for being well led at our inspection carried out on 6 January 2015 and improvements were required.

The provider has failed to meet the requirements of the regulations despite repeated regulatory action by the CQC. The provider has failed to understand their obligations under the Health and Social Care Act 2008 and has not demonstrated that they had the necessary skills and experience to carry on the regulated activities.

The provider failed to notify the CQC of the conditions imposed on their professional registration by the GMC and their suspension from NHS England's Performer's list as required under regulation 18 (2)(g)(i) of the Care Quality Commission (Registration) Regulations 2009.

The provider failed to submit an action plan to demonstrate how they would meet the requirements of the regulations after our inspection 6 January 2015. The provider failed to respond to two further letters from CQC reminding them of their obligation to send an action plan to demonstrate how they would meet the Regulations.

The provider failed to answer inspectors questions and left part way through the inspection carried out on 7 May 2015. The CQC wrote to the provider requesting they send information to confirm the required improvements had been made. The provider failed to respond to this and a second request for information, demonstrating a lack of awareness of their responsibilities as the registered provider of regulated activities.

Inadequate



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- the provider had not completed training in child protection since August 2012; reception staff had not completed updated child protection training since 2010; the practice manager had not completed updated child protection training;
- portable electrical appliances had not been tested;
- there was no system to check or calibrate equipment and
- there was only one reference for a new member of staff.

Action the service **SHOULD** take to improve

- the provider was not able to tell us if he planned to open the practice;

- if the practice was open there was no clarity about how reception staff would deal with patients who walked in requiring urgent medical assistance;
- there were no arrangements in place for patients to see a female clinician;
- no progress had been made with developing a Patient Participation Group;
- a risk assessment had not been completed regarding whether the practice needed a defibrillator;
- there was no risk assessment or evidence of consideration taken regarding whether reception and practice management staff needed a DBS check;
- there was no evidence that the cleaner had completed training in infection control, or any other training;

Dr Mujib ul Haq Khan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC lead inspector and a GP specialist advisor.

Background to Dr Mujib ul Haq Khan

The provider operates from a single location in Southfields in the London Borough of Wandsworth and has a list size of just under 400 patients, although no patients had been seen since 9 January 2015. While the conditions imposed on the provider by the GMC in December 2015 remain in place, he is not able to practice. A part time receptionist and part time practice manager had remained at the practice during the last four months to ensure patients were directed to other practices for their primary medical needs to be met. We were told that blood test results, hospital letters and other correspondence was referred to a locum GP who visited when such correspondence arrived at the practice.

The provider had a General Medical Services contract with NHS England, although the provider resigned from this contract after this inspection. (I need to check this)

The CQC have inspected the practice four times in the last eighteen months and found issues relating to patient safety, medication management, infection control, staff recruitment, risk management, equipment not being checked at the required intervals, staff supervision and appraisal and quality assurance with new issues found at every inspection. Compliance actions, warning notices and

suspension of the providers registration were all used to require the provider to improve and while some improvements were made, they were not sufficient to reduce or eliminate the risk of harm to patients and new issues were found at each inspection.

Why we carried out this inspection

We undertook an announced focussed inspection of Granville Road Surgery on 7 May 2015. The inspection was carried out to check that improvements to meet legal requirements had been made after our inspection on 6 January 2015 and the suspension of the providers registration to provide regulated activities for a four month period from 9 January 2015 until 8 May 2015. We inspected the practice against three of the key questions we ask about services: is the service safe; effective and well led. This is because the service was not meeting some legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We had liaised with NHS England during the last four months.

We carried out a short notice announced visit on 7 May 2015. During our visit we spoke with the provider, the practice manager and receptionist. We looked at policies, records and how medicines were stored.

Are services safe?

Our findings

Safe track record

We were not given evidence to show improvements had been made to identify risks and improve patient safety.

Learning and improvement from safety incidents

We were not able to check if the required improvements were made to the reporting and reviewing of significant events. The practice manager had completed a significant event analysis regarding the doctors bag and emergency medicines not being accessible in January 2015. We were not able to check how the practice planned to disseminate national patient safety alerts.

Reliable safety systems and processes including safeguarding

While there were policies and procedures for staff regarding safeguarding vulnerable adults and children and the contact details of the local authority were available, staff had not completed recent training in child protection. The provider was not able to tell us their plans for the practice and whether they were going to use locum GPs. We were not able to check how the provider was going to assure themselves that locum GPs were up to date and trained to Level 3 in child protection.

Medicines management

The arrangements for the storage of vaccines and immunisations were suitable. The temperature of the fridge had been checked most days since January 2015 and records showed it was within the required range of 4-8 degrees Celsius. There were a number of vaccines in the fridge and all were seen to be within their expiry date.

Cleanliness and infection control

We saw the carpets had been replaced with linoleum in the entrance, reception and waiting area and consultation room which was required following an infection control audit carried out by NHS England in July 2014. The only area remaining outstanding from this audit was the woodchip wallpaper being replaced in clinical rooms.

A Legionella risk assessment had been completed which indicated that water was not stored at the practice and no further action was required.

There were no records to confirm that the cleaner had completed training in infection control.

Equipment

The fire policy had been updated and was displayed in the waiting area for staff and patients. The fire risk assessment had been updated to include correct information. There were no records to confirm portable electrical appliances had been tested. There was no evidence to show the blood pressure monitor had been checked or tested.

Staffing and recruitment

The provider still had conditions imposed on his GMC registration which restricted his ability to practice, as a result he was not practising. The provider was not able to tell us what his plans were for the practice when the CQC suspension of his registration ended. We were not able to check the arrangements for recruiting locum GPs if they were to be used to cover the practice.

One new member of staff had been recruited since the last inspection in January 2015. We saw the recruitment records only included one reference being sought, which is not in line with the requirements of the Health and Social Care Act.

Monitoring safety and responding to risk

We were not able to check the arrangements for monitoring and responding to risk.

Arrangements to deal with emergencies and major incidents

There was no clarity about the arrangements to deal with patients who walked in of the street and needed medical advice when there was no locum GP at the practice.

There was a range of medicines to deal with medical emergencies, although it was not clear if the provider was going to use locum GPs to cover the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

It was not possible to check the arrangements for sharing best practice guidelines and the quality assurance checks the provider planned to use.

Management, monitoring and improving outcomes for people

The practice manager told us she was responsible for contacting patients to attend for medication reviews and worked with the provider to monitor QOF. Although patients had not been seen since 9 January 2015 so this work was not taking place at the time of this inspection.

Effective staffing

The practice staffing included a part time receptionist and part time practice manager. The provider had conditions imposed on his GMC registration which restricted his ability to practice and the CQC had suspended the providers registration to provide regulated activities at the practice so patients were not being seen at the time of this inspection.

Working with colleagues and other services

Patients were not being seen at the time of this inspection and we were not able to check how the practice planned to work with other health and social care services to provide multidisciplinary care to patients.

Information sharing

We were not able to check how information was to be shared within the practice and with other health and social care professionals.

Consent to care and treatment

Patients were not being seen at the time of this inspection and we were not able to check the arrangements for seeking patients consent and the providers understanding of their responsibilities under the Mental Capacity Act 2005 and the Children Acts 1989 and 2004.

Health promotion and prevention

Patients were not being seen at the time of this inspection and we were not able to check the arrangements for health promotion within the practice.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

We were not shown evidence of strategy or values for the practice.

Governance arrangements

There were no governance arrangements in place. We were not shown systems and processes which ensured patients safety would be maintained.

Leadership, openness and transparency

The CQC suspended the providers registration to provide regulated activities for a four month period from 9 January 2015 until 8 May 2015, to protect people who use the service from avoidable harm and to give the provider the opportunity to make the necessary improvements. This inspection was carried out to check if the required improvements had been made. The provider attended for one and a half hours and then had to leave so it was not possible for inspectors to get the information needed to show the necessary changes had been made. The provider failed to send an action plan after the inspection on 6 January 2015 to show how he planned to meet the Regulations. The provider failed to respond to letters from the CQC to show: that locum GP recruitment was in line with Regulations; details of the monitoring process to be

used ensure locum GPs work was at the required standard; details of locum GP training in child protection and basic life support; a copy of the locum GP rota; plans to ensure locum GPs were able to cover all surgeries; details of how they planned to ensure locum GPs worked with other health and social care professionals to provide multidisciplinary care to patients; details of how they planned to engage with the Clinical Commissioning Group and NHS England local area team; and the governance arrangements including the systems to assess, monitor and improve the quality and safety of the services provided.

The provider failed to respond to letters and requests from the CQC, demonstrating their lack of understanding of their responsibility as a registered provider.

Practice seeks and acts on feedback from its patients, the public and staff

While patients were not being seen, progress had not been made with developing a Patient participation Group. Staff meetings were not being held.

Management lead through learning and improvement

We were shown records of one significant event completed in January 2015, although there was little analysis of the event.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The providers recruitment procedures did not ensure the required checks were completed before new staff started work.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider had not made suitable arrangements to ensure people who use the service were protected from abuse.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had not made arrangements for staff to attend regular training courses.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not made suitable arrangements to ensure portable electrical appliances and medical equipment was checked and calibrated at the required intervals.