

# Peel Precinct Surgery

## Inspection 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 location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at Dr Abubakr Shaikh (Peel Precinct Surgery) on 5 November 2014. The overall rating for the practice was requires improvement.

We carried out an announced comprehensive inspection on 31 March 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. In addition, we issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become complaint with the law by 15 July 2016.

We carried out an announced comprehensive inspection on 8 December 2016 following the period of special measures. Overall the practice remained rated as inadequate as they had not met the requirements of the warning notice and, as a result, further enforcement action was taken in respect of safe care and treatment and good governance.

We carried out an unannounced focused inspection on 4 July 2017 to follow-up on the warning notice and to check that the necessary improvements had been made, or whether further enforcement action was required. At the inspection we found significant improvements had been made to prevent enforcement action although we still found continuing areas of non-compliance in respect of safe care and treatment and good governance.

We carried out an announced comprehensive inspection on 14 December 2017 to review in detail the actions taken by the practice since our December 2016 and July 2017 inspections to improve the quality of care and to confirm that the practice was now meeting legal requirements. At the inspection, we found further improvements had been made and the practice were rated good overall. However, we still found continuing areas of non-compliance in respect of good governance. The practice was taken out of special measures.

The full comprehensive reports on the November 2014, March and December 2016 inspections, the focused follow-up inspection in July 2017 and the comprehensive inspection report of December 2017 can be found by selecting the 'all reports' link for Dr Abubakr Shaikh on our website at .

This inspection, carried out on 29 May 2019, was an announced comprehensive inspection to follow-up on the breaches of regulation identified at our previous inspection

on 14 December 2017. In addition, the practice moved location in August 2018 and failed to inform and submit registration paperwork to CQC until prompted. Completed paperwork was received in December 2018 and the new location, registered as Peel Precinct Surgery, was inspected by the registration team in March 2019 and formally registered.

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, patients, the public and other organisations.

## We have rated this practice as inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- The provider did not have clear systems and processes in place to keep patients safe and safeguarded from abuse.
- The provider did not carry out recruitment checks in accordance with regulations.
- The provider had not addressed the findings of some premises risk assessments.
- The provider did not have a process in place to ensure electronic patient-related correspondence was reviewed and actioned in a timely manner.
- The provider did not have systems and processes in place to monitor and safety-net urgent two-week wait referrals.
- The provider did not have systems and processes in place to manage and monitor cervical smear screening.
- The provider did not have a consistent process for monitoring patients' health in relation to the use of high-risk medicines prior to prescribing.
- The provider did not monitor the prescribing of controlled drugs, for example, investigation of unusual prescribing, quantities, dose, formulations and strength.
- The provider had not taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.
- The provider did not have effective systems in place to ensure that safety alerts were appropriately actioned.

# Overall summary

We rated the practice as **inadequate** for providing effective services because:

- There was no effective process in place to ensure that clinicians were aware of relevant and current evidence-based guidance and standards and were practising in line with guidance.
- There was limited monitoring of the outcomes of care and treatment. The provider did not have a systematic process in place for patient recall.
- The provider was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles.

These areas affected all population groups, so we rated all population groups as **inadequate**.

We rated the practice as **inadequate** for providing responsive services because:

- The practice was unable to demonstrate the responsive and proactive identification and management of vulnerable patients such as homeless and drug-dependant patients.
- The provider could not demonstrate that care was consistently delivered and coordinated with other services, including multi-disciplinary reviews, for some patient population groups.
- Patients were unable to access the surgery in person during normal core working hours of 8am to 8.30am.
- Feedback from patients was positive about accessing care and treatment in a timely way.

These areas affected all population groups, so we rated all population groups as **inadequate**.

We rated the practice as **inadequate** for providing well-led services because:

- The provider could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The provider did not have clear and effective processes for managing risks, issues and performance.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

We rated the practice as **good** for providing caring services because:

- Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.
- Staff helped patients to be involved in decisions about care and treatment.
- The practice respected patients' privacy and dignity.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of 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 to varying the terms of their registration within six months if they do not improve.

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.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist adviser.

## Background to Peel Precinct Surgery

Dr Abubakr Shaikh is an individual GP who provides NHS primary care services through a General Medical Services (GMS) contract from Peel Precinct Surgery to approximately 1600 patients in the Kilburn area of Brent in North West London. The practice is part of NHS Brent Clinical Commissioning Group (CCG).

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

The male GP provides 11 clinical sessions per week and is supported by a long-term locum female GP (one session per week), two practice nurses (10 hours per week), a part-time practice manager (5 hours per week) and four part-time receptionists (2.4 whole time equivalent).

The practice is open between 8.30am and 6.30pm Monday to Friday and Saturday from 9am to 11am. Appointments are available Monday to Friday from 8.30am to 11am and 4pm to 6.30pm. On-line services, which include appointment booking and repeat prescriptions can be accessed from the practice website [www.peelprecinctsurgery.nhs.uk](http://www.peelprecinctsurgery.nhs.uk).

The practice serves a multi-ethnic mix of population who have varied socio-cultural and religious needs. The information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>The provider had failed to ensure that persons received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</b></p> <ul style="list-style-type: none"><li>• The provider was unable to demonstrate up-to-date safeguarding children training, basic life support training and some role-specific training for some clinical staff members.</li></ul> <p><b>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>The provider did not have established recruitment procedures that were operated effectively to ensure that persons employed met the conditions in – (a) paragraph (1). In particular:</b></p> <ul style="list-style-type: none"><li>• The provider could not provide evidence of a CV, interview summary, photo-ID, references and hepatitis B for a clinical staff member.</li></ul> <p><b>This was in breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users. In particular:</b></p> <ul style="list-style-type: none"><li>• The provider could not demonstrate clear systems and processes in place to keep patients safe and safeguarded from abuse.</li><li>• The provider had not addressed the findings of some premises risk assessments.</li><li>• The provider did not have a process in place to ensure electronic patient-related correspondence was reviewed and actioned in a timely manner.</li><li>• The provider did not have a consistent process for monitoring patients' health in relation to the use of high-risk medicines prior to prescribing.</li><li>• The provider did not monitor the prescribing of controlled drugs, for example, investigation of unusual prescribing, quantities, dose, formulations and strength.</li><li>• The provider had not taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.</li></ul> <p><b>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

## Enforcement actions

Surgical procedures

Treatment of disease, disorder or injury

**There were inadequate systems or processes to enable the registered persons to assess, monitor and improve the quality and safety of the services being provided. In particular:**

- There were no effective systems in place to ensure that safety alerts were appropriately actioned.
- There were no effective processes in place to ensure that clinicians were aware of relevant and current evidence-based guidance and standards and were practising in line with guidance.
- There were no systematic processes in place for patient recall.
- There were no systems and processes in place to monitor and safety-net urgent two-week wait referrals.
- There were no systems and processes in place to manage and monitor cervical smear screening.

**This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**