

Dr Anjum Zaidi and Partners

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Dr Anjum Zaidi and Partners on 21 November 2019 as part of our inspection programme. At this inspection we followed up on breaches of regulations identified at a previous inspection on 18 September 2018.

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 requires improvement overall.

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

- The practice did not have clear systems and processes to keep patients safe.
- Appropriate standards of cleanliness and hygiene were not all met.
- The practice did not always have systems for the appropriate and safe use of medicines.
- The practice did not have an effective system to learn and make improvements when things went wrong.

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

- Effective monitoring was required to demonstrate leaders understood the challenges to quality and sustainability at all levels.
- Effective monitoring was required to demonstrate leaders understood the challenges to quality at all levels.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.

We rated the practice as **good** for all population groups except for the Working Age population group which was rated **requires improvement** because:

- The performance for cervical screening was significantly below national average.

We rated the practice as **good** for providing effective, caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way.

We saw an area of notable practice. Following identification of a patient with an infectious disease, the practice acted to ensure all patients living at the residence received the disease specific vaccine. This resulted in 29 patients receiving the vaccination and a referral to the infectious diseases team.

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.

(Please see the specific details on action required at the end of this report).

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

- Monitor and improve on childhood immunisation uptake.
- Review the whistleblowing policy to ensure it is in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.

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

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Dr Anjum Zaidi and Partners

Dr Anjum Zaidi and Partners, also known as The Northwick Surgery is located at 36 Northwick Park Road in Harrow, London. The practice premises comprise of a detached purpose-built converted two-storey house, with a front and rear entrance. There is wheelchair access, ground floor reception, a waiting room, seven consultation rooms including two upstairs and toilet facilities. Two separate waiting rooms are located upstairs, together with a staff room, a storeroom and administration offices.

The practice patient list is approximately 10,171 patients. The practice area is rated in the seventh most deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have a greater need for health services. The practice has an ethnically diverse population and includes a higher than average proportion of patients aged 15-44 and a lower proportion of patients aged over 85.

The practice is open between 8.00am and 6.30pm on Monday to Friday. Extended hours are offered between 9.00am and 11.30am on Saturday. Outside of these hours, patients are redirected to their out of hours provider, Care UK.

The practice team comprises four GP partners (two male and two female), who provide a combination of 29

clinical sessions. The practice also employs five full and part-time nurses including an enhanced practice nurse and a Saturday nurse and one healthcare assistant. Working alongside the GPs and nurses are a clinical pharmacist, one secretary, one assistant practice manager, 11 reception and administration staff. At the time of inspection, the practice was in the process of recruiting a new practice manager and the practice management was covered by an interim practice manager and the assistant practice manager.

The practice operates under a General Medical Services (GMS) contract and is commissioned by Harrow Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease disorder or injury and surgical procedures.

Services provided also include a specialist ophthalmology clinic, anticoagulation services, counselling and mental health clinics. Additional services include chronic disease management, phlebotomy, 24-hour blood pressure monitoring, childhood surveillance, minor surgery, ECG monitoring, and vaccinations.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <ul style="list-style-type: none">• Not all staff were vaccinated according to the Public Health England (PHE) guidelines.• The COSHH risk assessment did not take all hazardous substances into account.• The recommended fixed electrical installation testing had not been carried out.• The provider could not demonstrate both clinical and non-clinical staff had completed fire safety training, equality and diversity training and the appropriate level of infection control training for their roles. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was being met:</p> <ul style="list-style-type: none">• The policy that enabled staff to report, record and learn from significant events was not operating effectively.• There were gaps in governance systems be gaps in governance systems such as safeguarding and information sharing, recruitment and mandatory staff training.

This section is primarily information for the provider

Requirement notices

- The assurance systems in place to identify, manage and mitigate risk were not regularly reviewed to ensure they remained effective. This was in relation to obtaining references for new staff and staff immunisations.
- The practice had not taken sufficient action to ensure health and safety risk assessment action plans were clearly recorded. This included the COSHH risk assessment, legionella, health and fire safety risk assessments and infection control audits.

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