Dr Amir Ipakchi

Inspection report

Broadley Road
Sumners
Harlow
Essex
CM19 5SJ
Tel: 01279 406770
www.barbaracastlehealthcentre.co.uk

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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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall.

The previous rating overall for the inspection carried out in November 2017 was Requires Improvement.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Dr Amir Ipakchi on 11 September 2018 to follow up on breaches of regulations.

At this inspection we found:

- The practice had clear systems to manage risk to reduce the risk of safety incidents from occurring. When incidents did happen, the practice learned from them and improved their processes.
- The practice consistently reviewed the effectiveness and appropriateness of the care they provided.
- Care and treatment was delivered according to evidence- based guidelines.
- We saw evidence that staff involved, and treated patients with compassion, kindness, dignity and respect.
- Patients reported appointments could be accessed when they needed one.
- There was a continuous learning process seen across the whole practice and improvement was seen at every level.

There was areas where the practice should make improvement;

- Regular fire drills should be documented to evidence they are undertaken.
- Continue to improve the identification of carers to ensure they are provided with appropriate support and care and treatment to maintain their health.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

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)	Good
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 Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Dr Amir Ipakchi

Dr Amir Ipakchi is located on the outskirts of Harlow town providing GP services for approximately 5,100 people living in the area.

The individual male GP works with two long-term GP locums when they are required. There are two part-time members of the nursing staff, along with full-time and part-time administrative and reception staff.

The practice is open between 8.30am and 6.30pm on weekdays. Appointments are available from 9.30am to 12.30pm and 1.30pm to 6pm. On Wednesday and Friday evenings and the weekends, appointments can be made at the local 'hub'. This service is provided by local GPs to offer GP and nurse appointments outside of usual working hours.

The practice population is comprised of fewer patients aged over 70 than the England average. There are more patients aged 35-39. The average life expectancy of male and female patients is comparable to the England average.

Good

Are services safe?

At the inspection on 28 November 2017, we rated the practice as requires improvement for providing safe services and issued the practice with a warning notice. We found no clear record of safeguarding training, or oversight of staff learning needs. Recruitment checks for non-clinical staff were not consistent. Improvements were required to the infection control procedures and policy. Practice-specific safeguarding children and infection control policies were not available to staff. Staff acting as chaperones had not been trained, or had a DBS check. There was no system to monitor the use of prescription stationery or ensure its security.

At the focussed inspection on 15 May 2018 the practice had made sufficient improvements and had complied with the warning notice. We did not rate this inspection. We found safeguarding training records that showed staff had received the level of training appropriate and relevant to their role. Recruitment procedures and policies had been updated to meet guidance. The infection control policy had been updated to meet guidance. However, risk assessments, audits and monitoring had not been undertaken as stated within their policy. Staff chaperone training and DBS checks had been carried out for staff providing the role of chaperone. Prescription stationery was monitored for safety and held securely.

At the inspection on 11 September 2018, we rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training to the appropriate level for their role. Staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff worked with other agencies, to protect patients from abuse, neglect, harassment, discrimination and infringements of their dignity or respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. Evidence of audits regularly undertaken showed effective control and management within the practice. Recent risk assessments showed curtains had been replaced, hand washing, and cleaning audits had been undertaken.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order including the arrangements for managing waste and clinical specimens.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The practice staff covered one another during planned holidays, sickness, busy periods and epidemics.
- There was an effective induction system for staff, tailored to meet their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had access to the information needed to deliver safe care and treatment to patients.

- The patient records we saw showed that sufficient information needed by clinicians to deliver safe care and treatment. There was a documented procedure for managing test results appropriately at the practice.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

Good

Are services safe?

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccine, medical gas, emergency medicines and equipment, was effective and minimised risk.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had audited its antibiotic prescribing to support good antimicrobial management in line with local and national guidance.
- Patients' health was monitored in relation to their disease or condition and followed up in a timely and appropriate way. Patients were involved in regular reviews of their medicines.
- The practice computer software was used to set up reviews for long term conditions and for patients taking high-risk medicines.

Track record on safety

The practice had a good record of safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. The leaders at the practice supported them to do this.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. For example, an audit was undertaken to identify women of child bearing age that were prescribed a medicine that required them to be given advice. We found this action had been undertaken.

Please refer to the evidence tables for further information.

Good

Are services effective?

At the inspection on 28 November 2017, we rated the practice requires improvement for providing effective services and issued them with a warning notice. We found that there was no overall staff training record, or oversight of staff learning needs. No formal appraisal system for staff. No patients were identified as a carer, this meant health check were not to patients who were carers to maintain their health. No health checks completed for people with a learning disability or for patients over 75 in the previous 12 months at this time.

At the focussed inspection on 15 May 2018 the practice had made sufficient improvements and had complied with the warning notice. We did not rate this inspection. We found a central training record for all staff that showed appropriate training had been received, relevant for their roles. For example; basic life support, chaperoning, health and safety (including fire training), and safeguarding for vulnerable adults and children. A record of health checks for patients over 75 and those with a learning disability was seen.

At the inspection on 11 September 2018. we rated the practice and all of the population groups as good for providing effective services.

Effective needs assessment, care and treatment

The practice had arrangements to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed patient needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Older people:

- The practice had a process to improve the care of frail patients. These improvements included a multi-disciplinary meeting held bimonthly where those most vulnerable were discussed, and a care package was actioned.
- Older vulnerable patients received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review which included a review of their medicine.
- Patients aged over 75 were invited for a health check.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of
- care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to share information about families, children and young people who had complex health needs or were at risk of abuse through regular meetings with social workers, midwives and the health visitor.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 78%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Appointments with a GP or nurse were available in the evenings and weekends at the local 'hub'. Further, additional appointments were available at another local practice closer to the town centre, as required.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- Patients on the practice learning disability register received health checks.

People experiencing poor mental health (including people with dementia):

- Patients diagnosed with dementia had their care reviewed in a face to face meeting annual.

Good

Are services effective?

- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a received a comprehensive, agreed care plan documented that was updated annually.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia; for example, all patients experiencing poor mental health had received a discussion and advice about alcohol consumption.
- Patients experiencing poor mental health or physical health received a discussion and advice about smoking cessation.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice took part in local and national improvement initiatives.

- QOF attainment was comparable with local and national averages. The overall exception reporting was above local and national averages, however, we noted their process to except patients was appropriate.
- The practice used quality information about care and treatment to make informed decisions about their service delivery.
- Where appropriate, the practice was involved with local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided them time and training to meet them.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation.
- There was a procedure to support and manage staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together in the practice team and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long-term conditions.
- They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care, this included when moving between services, or referral, and discharge from hospital.
- The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent, proactive, and able to provide stability to help patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carer's as necessary and provided printed information when needed.

Good

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity, screening for bowel and breast cancer and mental health support available locally.

Consent to care and treatment

The practice obtained consent for care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff familiarised themselves with patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- They were aware of the Accessible Information Standard (a requirement to make sure those patients and their carers can access and understand the information that they are given.)
- Staff communicated with people in a way that they could understand. The practice had a hearing loop for patients with reduced hearing.
- Staff helped patients and their carers find further information and access to community and advocacy services.
- Support and information was provided when patients ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The practice had identified 25 patients as carers, this equates to 0.5% of the practice list. There was information for carers in the practice waiting room.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients in this patient population had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- Multiple conditions were reviewed at a single appointment, and consultation times were flexible to meet each patient's specific needs.

Families, children and young people:

- There were processes to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The safeguarding lead at the practice updated colleagues at the practice meetings.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, GP telephone consultations, and online appointment booking.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice signposted relevant patients to support services within the community.

Timely access to care and treatment

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available online and in the waiting room. Staff treated patients who made complaints appropriately.
- The complaint policy and procedures were in line with recognised guidance. One complaint was received in the last year. The complaint reviewed was satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints, the shared learning was discussed with all staff during practice meetings.

Please refer to the evidence tables for further information.

Are services well-led?

At the inspection on 28 November 2017, we rated the practice requires improvement for providing well-led services and issued them with a warning notice. We found a lack of management capacity in relation to leadership and governance. The practice-specific safeguarding children and infection control policies were not available to staff. There was no overall oversight of training and learning needs of staff.

At the focussed inspection on 15 May 2018 the practice had made sufficient improvements and complied with the warning notice. We did not rate this inspection. We found a member of management staff had been appointed. Policies and procedures had been updated and were accessible to staff. There was a central training record for all staff, showing they had received training appropriate and relevant to their roles.

At the inspection on 11 September 2018, we rated the practice as good for providing a well-led service.

Leadership capacity and capability

The leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the practice and population challenges.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, and promote good outcomes for patients.

- They treated people with respect, by listening an supporting them to express their needs to provide them independence, choice and control.
- There was a clear vision and set of values. Whilst the practice had a realistic strategy to achieve priorities in the coming years. With the addition of the management resource previous issues had been managed
- The wider strategy of the practice was in line with health and social priorities across the region and had been planned to take account the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- The practice had a culture of prioritising efficient and effective patient care improvements were provided by health checks. For example, the elderly and those with learning disabilities.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. These were shared at practice meetings and meaningful steps were taken to make changes.
- The provider was aware and had systems to comply with the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a strong emphasis on the well-being of all staff and relationships were positive between staff members.
- We saw staff had opportunities to progress their careers within the practice, and there was managerial oversight of administrative functions.
- The was an appraisal process in place for all staff and a central training record of all staff. For example, training for clinical and administrative staff
- The practice actively promoted equality and diversity identifying and addressing any workforce inequality.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The lead GP provider was accountable and supportive to patients, staff and others. There was a management resource that dealt with day-to-day administrative functions and led the team in all other areas within the practice.
- Priority was given to meeting patient demand and providing good clinical care.

Are services well-led?

- All areas of governance and risk had been identified and was seen to be well managed.
- Staff were clear about the lead roles and accountabilities in the practice for safeguarding and infection prevention and control.

Managing risks, issues and performance

There were effective processes for managing risks, issues and performance.

- We saw an effective, risk assessment process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance through audit and clinical monitoring.
- Practice leaders had oversight of safety alerts, incidents, and complaints that were discussed during practice meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The future of the practice was considered with information technology in mind. There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support good outcomes for patients.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice worked closely with another in the locality to offer good access to services.
- The practice continued to promote the patient participation group, which included actively contacting potential members and putting notices in the local pharmacy.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- We saw a continuous focus on learning and improvement.
- The lead GP was open and responsive to feedback given by inspectors at previous inspections in relation to improvements needed at the practice.
- All the concerns seen at previous inspections had been addressed, and the improvements made had been maintained to an appropriate standard.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Learning was shared and used to make improvements.

Please refer to the evidence tables for further information.