

Dr Azim Khan

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 of Dr Azim Khan on 28 April 2016. During that inspection we found that not all staff who undertook chaperone duties had received formal training to carry out the role, and the practice had not obtained a disclosure and barring service (DBS) check for one member of staff. Also, effective systems were not in place to oversee and improve the quality and safety of the services provided including the prevention and control of infection. Not all areas of the premises were clean and hygienic.

In view of the above the practice was rated as requires improvement for providing safe and well-led services.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Azim Khan on our website at www.cqc.org.uk.

After the comprehensive inspection, the practice told us what action they had, and were taking to meet the legal requirements in relation to the breaches.

We undertook a focused inspection on 16 November 2016 to check that the provider had completed the required action, and now met the legal requirements. We visited the practice as part of this inspection.

This report covers our findings in relation to the above requirements. This inspection found that the provider had taken appropriate action to meet the legal requirements.

- Staff who undertook chaperone duties had received formal training to carry out the role, and the practice had obtained a disclosure and barring service check for all staff. (These 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 vulnerable children or adults).
- Systems were in place to manage the prevention and control of infection, and to ensure the premises were kept clean and hygienic.
- Effective systems were in place to oversee and improve the quality and safety of the services provided, and to reduce risks to patients.

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 as good for safe.

- Staff who undertook chaperone duties had received formal training to carry out the role, and the practice had obtained a disclosure and barring service check for all staff. (These 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 vulnerable children or adults).
- Systems were in place to manage the prevention and control of infection, and to ensure the premises were kept clean and hygienic.
- Equipment kept on the premises to respond to emergencies had been reviewed to include oxygen.

Good



Are services well-led?

The practice was rated as good for are services well-led.

- Effective systems were in place to oversee and improve the quality and safety of the services provided, and to reduce risks to patients, including the prevention and control of infection, staff recruitment.
- Staff had taken on additional responsibilities and lead roles for specific areas to drive continuous improvements.
- Various policies had been reviewed to ensure they were up-to-date and reflected the procedures followed at the practice.

Good



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 practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good



People with long term conditions

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good



Families, children and young people

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good



Working age people (including those recently retired and students)

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good



People whose circumstances may make them vulnerable

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for safe and well-led at the last inspection. The issues identified affected the ratings of all six population groups.

The practice is rated as good for safe and well-led at this inspection. In view of the improvements all six population groups are rated as good.

Good



Dr Azim Khan

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector undertook the focused inspection of Dr Azim Khan.

Background to Dr Azim Khan

Dr Azim Khan's practice is known as Unity Surgery, which is located in Mapperley in the north-east of Nottingham. It is approximately 3 miles from Nottingham City Centre.

The practice provides primary medical services to approximately 3743 patients through a Personal Medical Services (PMS) contract. This is a locally agreed contract with NHS England.

The practice has a higher than national average elderly population as well as patients of working age. The practice also has a higher number of patients with long term conditions (69%) compared to the local and national average (54%).

The practice is managed by one GP (male) and has two salaried GPs (female and male); who all work part time. The clinical team includes one (female) practice nurse and one (female) health care assistant; both staff work part time. The practice also employs a practice manager, assistant practice manager and a team of reception, clerical and administrative staff.

The practice is involved in the teaching of medical students from a local medical school. Students in their first, 4th and final year study, spend some time working with one of the GPs at the practice.

The practice is open from 8.30am to 1pm and 2pm to 6.30pm on Monday, Tuesday, Wednesday and Friday. On Thursday the practice is open from 8.30am to 1pm.

Appointments are available from 8.40am to 11am and 2pm to 8.30pm on Monday, and from 8.40am to 11am and 4pm to 5.30pm on Tuesday, Wednesday and Friday, and from 8.40am to 11am on Thursday.

The practice has opted out of providing out-of-hours services to its patients. This service is provided by Nottingham Emergency Medical Services. When the practice is closed, the telephone line re directs patients to the out-of -hours service.

Why we carried out this inspection

We undertook a focused inspection of Dr Azim Khan on 16 November 2016. This was carried out to check that improvements had been made to meet the legal requirements, following our comprehensive inspection on 28 April 2016. We reviewed the practice against two of the five questions we ask about services: are services safe and well-led.

How we carried out this inspection

We reviewed the information the practice sent us, in regards to the actions they had taken to meet the legal requirements in relation to Regulation 12: Safe Care and Treatment and Regulation 17: Good governance. We visited the practice as part of this inspection and carried out various checks. We also spoke with the practice manager, the deputy practice manager and the practice nurse.

Are services safe?

Our findings

A comprehensive inspection on 28 April 2016 found that:

- Not all staff who undertake chaperone duties had received formal training to carry out the role, and the practice had not obtained a disclosure and barring service (DBS) check for one member of staff. A risk assessment had not been completed to determine whether this was required.
- Effective systems were not in place to manage the prevention and control of infection, and to ensure all areas of the premises were kept clean and hygienic.
- Equipment kept on the premises to respond to emergencies included a defibrillator but not oxygen, as senior staff had not considered it necessary to provide this. A risk assessment had not been completed to determine whether there were any risks associated with not providing this.

This review found that the provider had taken appropriate action to meet the legal requirement and ensure the services are safe.

- The chaperone policy had been updated to require that staff who undertake chaperone duties must have a satisfactory DBS check, and have received appropriate training to carry out the role. All staff had signed the policy to confirm that they were aware of this. A copy of the policy was available in the reception area.
- Records showed that the five staff who carried out chaperone duties had received appropriate training and had a satisfactory DBS check. (These 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 vulnerable children or adults).
- Systems were in place to manage the prevention and control of infection, and to ensure the premises were kept clean and hygienic. The deputy manager and the practice nurse were the leads for infection control.
- Staff confirmed that a contract cleaner continued to work two days a week, with practice staff undertaking some basic cleaning duties on the days the cleaner did not work. The standard of cleanliness had improved following the appointment of a new cleaner, who worked extra hours where needed.
- Systems were in place to ensure all areas of the premises were regularly cleaned. We were shown updated cleaning schedules, which the cleaner and the staff completed. The deputy manager also completed a monthly audit to oversee that the required cleaning standards were maintained. The records showed that any issues regarding cleanliness were promptly followed up and addressed with the external cleaning company and the cleaner.
- The local infection prevention and control team previously carried out an audit on 21 April 2016, which highlighted a number of areas that did not meet the required standards.
- The above team carried out a review visit on 3 November 2016; the report showed that essential improvements had been made. For example, the cleaning issues had been addressed to ensure all areas were kept clean and hygienic. Appropriate lighting and new vinyl flooring had been fitted in the treatment room, and more space had been made available. This room was considered fit for purpose to carry out minor surgery. The practice staff agreed to follow up a few outstanding issues.
- Purple sharps bins had been provided for the disposal of cytostatic medicines, to ensure they were appropriately disposed of.
- All parts of the premises we checked during our visit were clean and hygienic.
- Records showed that staff attended refresher hand washing training in May or June 2016, to update their knowledge in infection control and hand hygiene.
- Equipment kept on the premises to respond to emergencies had been reviewed to include oxygen. The nurse carried out monthly checks to ensure the emergency equipment was working properly, and that essential medicines were available for use and in-date. They agreed to provide a list of the emergency medicines and equipment kept, to enable staff to cross reference that all essential items were available.
- At the last inspection, a legionella risk assessment had recently been undertaken in April 2016, which identified some remedial improvements the practice should action to minimise the risk of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Records we looked at during this inspection showed that the practice had carried out the above recommendations.

Are services well-led?

Good 

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

Our findings

A comprehensive inspection on 28 April 2016 found that effective governance systems were not in place to monitor and improve aspects of the services provided, and to reduce risks relating to the welfare of patients.

Following the inspection, the practice wrote to us to confirm what action they had taken to address the above issues.

This review found that the provider had taken appropriate action to meet the legal requirement to ensure the services were well-led. The following improvements had been made since the last inspection:

- The new practice manager was reviewing the systems for overseeing and improving the quality and safety of the services provided to ensure these were effective. They were also reviewing various meetings held, to aid communication and ensure the minutes demonstrated ongoing improvements.
- Staff had taken on additional responsibilities and lead roles for specific areas, to drive continuous improvements. For example, the deputy manager was responsible for completing non-clinical audits. A further member of staff was responsible for monitoring cervical screening checks, and following up patients who had not responded to the initial invite to attend the screening programme.
- Various policies had been reviewed to ensure they were up-to-date and reflected the procedures followed at the practice, including staff recruitment and the chaperone policy.
- An effective system was in place for identifying risks and overseeing that robust recruitment procedures were followed, to ensure the practice obtained all the required information before new staff took up post, including a satisfactory disclosure and barring service check.
- Systems were in place to monitor that the premises were kept clean and hygienic. For example, the deputy manager completed a monthly audit to oversee that the required cleaning standards were maintained. Issues highlighted were promptly followed up and addressed with the external cleaning company and the cleaner.
- The infection control leads also planned to implement a six monthly internal infection control audit starting in the New Year, to oversee that key policies and practices relating to the prevention and control of infection were being adhered to by staff.
- The systems for monitoring the use of blank prescriptions had been strengthened. We saw that appropriate checks were in place and that records were kept to monitor the supply of blank prescriptions and those issued to clinical staff, to ensure they were properly managed.
- Robust systems were in place to monitor the accuracy of exception reporting to ensure that the information recorded was accurate, and that patients received appropriate health reviews and follow up. Staff were able to demonstrate that the previous areas of higher exception reporting rates compared to the local and national averages, had reduced in the last six months.