

Dr Azim and Partners

Inspection report

67 Elliot Road
Hendon
London
NW4 3EB
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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?		Requires Improvement	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Inadequate	

Overall summary

We carried out an announced comprehensive at Dr Azim and Partners on 16 November 2022. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring – Requires Improvement

Responsive – Requires Improvement

Well-led – Inadequate

Following our previous inspection on 2 June 2017, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Dr Azim and Partners on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection on 16 November 2022 to follow up concerns reported to us in line with our inspection priorities. Concerns received related to safety systems and processes and governance of the practice. In response to these concerns, we carried out an announced site visit inspection on 16 November 2022.

This report covers our findings in relation to the inspection.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

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 found that:

Overall summary

- The practice did not have adequate systems, practices and processes to keep people safe and safeguarded from abuse.
- Appropriate standards of cleanliness and hygiene were not fully met.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The practice did not have effective systems for the appropriate and safe use of medicines.
- The practice did not have a robust system to learn and make improvements when things went wrong.
- Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Feedback from patients was mixed about the way staff treated people.
- The practice did not have a formal action plan to address any areas of lower than average performance scores from the GP National Patient Survey.
- Services did not always meet patients' needs.
- People were not always able to access care and treatment in a timely way.
- Complaints were not used to improve the quality of care.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice culture to effectively support high quality sustainable care required improvement.
- The practice had a clear vision but it was not supported by a credible strategy to provide high quality sustainable care.
- There were inadequate governance arrangements.
- There were inadequate processes for managing risks, issues and performance.

We found breaches of regulations. The provider must:

- 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.

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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. 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 Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, a GP Specialist Advisor, a Practice Nurse Specialist Advisor and a Practice Manager Specialist Advisor.

Background to Dr Azim and Partners

Dr Azim and Partners is situated at 67 Elliot Road, Hendon, London, NW4 3EB and provides NHS primary medical services in the London Borough of Barnet to approximately 8,878 patients through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is part of the Barnet Primary Care Network (PCN) and registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; and surgical procedures.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth less deprived decile (6 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 4.2% mixed, 26.2% Asian, 8.5% Black, 6.0% other non-White ethnic groups.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

The practice provides a range of services including childhood immunisations, chronic disease management, cervical smears and travel advice and immunisations, sexual health screening and NHS health checks.

The practice staff comprises of five GPs and one long term GP Locum. The GPs were supported by two practice nurses, two healthcare assistants, a PCN pharmacist, and five reception staff.

The practice is open between 8am to 6.30pm on Monday, Tuesday, Thursday and Friday and 8am to 20:00pm on Wednesday. The practice offers a range of appointment types including book on the day, telephone and e-consultations and advance appointments.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. The practice is part of a wider network of GP practices, Barnet Primary Care Network (PCN) that provides services for approximately 54,000 patients within the network.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <ul style="list-style-type: none">• The provider was unable to provide evidence to demonstrate all of the clinical staff or any of the non-clinical staff had undertaken appropriate safeguarding training.• We were not assured the safeguarding register was appropriately being operated, monitored and updated to keep patients safe.• There was no evidence of a DBS certificate for one clinical staff member and no risk assessment as to why a DBS check had not been performed.• There was no evidence of joint meetings held with social services or other health and social care professionals to support and protect adults and children at risk.• Staff personnel files identified significant gaps in recruitment checks in relation to references and signed contracts.• Staff vaccination records had not been maintained.• The health and safety risk assessment was overdue and some of the actions identified from the last assessment in 2020 had not been completed.• The provider was unable to provide evidence a fire risk assessment.• The provider was unable to evidence any infection prevention and control training for non-clinical members of staff.

Enforcement actions

- Infection prevention and control audits were not routinely undertaken and actions identified were not all completed.
- Not all staff were confident in identifying suspected cases of sepsis.
- The provider was unable to demonstrate how they assured the competence of all staff employed in advanced clinical practice, for example, nurse prescribers.
- The provider could not demonstrate effective medication reviews had been undertaken for all patients on repeat medicines.
- The provider was not able to demonstrate that it was safe to prescribe all high risk medicines to patients where specific, frequent, monitoring was required.
- The provider did not have emergency medicines available which are used to treat suspected meningococcal infection.
- The provider was not able to demonstrate a log of significant events were maintained.
- The provider was unable to demonstrate that all relevant safety alerts had been responded to.
- National evidence-based guidance was not always followed. For example, in some cases, patients with acute exacerbation of asthma.
- The female patient toilet had been out of order for approximately three months and we observed within the operational patient toilets there were no grab rails or emergency call facilities.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Effective systems and processes were not in place to ensure good governance in accordance with the fundamental standards of care.

- There were no comprehensive assurance systems in place to underpin essential standards to identify, manage and mitigate risk.
- Actions required from risk assessments could not be evidenced and there were gaps in relation to staff immunisations, fire safety, infection control, staff recruitment, staff training, medicines management including high risk medicines.
- The provider could not demonstrate the system for managing and monitoring registers for palliative care patients; patients with learning disabilities; vulnerable adults; and safeguarding patients, was effective.
- The provider could not demonstrate the system in place for the safety netting of cytology results was effective.
- The provider did not have an audit programme in place for targeted quality improvement.
- The overall governance arrangements were ineffective. The provider was unable to provide the required information when requested on inspection and there were significant knowledge gaps and capability issues in relation to practice management.
- There was no evidence provided to show how the practice had addressed patient concerns raised in their GP National Patient practice survey and from online patient reviews. The system for managing complaints was not effective.

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