

# Dr MSN Ahmed & Dr MB Ahmed

## 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

This report relates to an announced focused inspection we made to this location on 29 February 2016. It was a follow-up inspection to a comprehensive inspection of

this practice which took place on 25 August 2015. At that inspection, three breaches of legal requirements were found and we served warning notices against the provider. We asked the provider to submit an action plan following the publication of our report, telling us about

# Summary of findings

the improvements they intended to make to address the breaches of legal requirements. These requirements are set out in the Health and Social Care Act (HSCA) 2008. The provider sent us their updated plan following the inspection in August 2015.

The focused inspection on 29 February 2016 was to check whether the provider had taken steps to comply with the legal requirements for these breaches of regulation:

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance
- Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing

This report is limited to our findings in relation to these requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr MSN & Dr MB Ahmed on our website at [www.cqc.org.uk](http://www.cqc.org.uk). The practice will remain in special measures and the ratings will be reviewed at the next comprehensive inspection.

Our key findings were as follows:

- Improvements to patient safety had been made following our last inspection on 25 August 2015. For example; action had been taken to improve the arrangements for assessing the risk of, and

controlling and preventing the spread of infection. Suitable arrangements had been made for the safe storage of prescriptions. There was a more effective system for monitoring the temperatures of refrigerators used for the storage of temperature sensitive medicines and vaccines and improvements in the transportation of temperature sensitive medicines and vaccines.

- Staff had completed training on a wide range of subjects since the last inspection. This included fire safety, infection prevention and control, health and safety, information governance, safeguarding and chaperoning.
- The practice had undertaken comprehensive risk assessments in building maintenance and fire safety- and implemented the required improvements.
- Clinical recording had significantly improved and care plans for patients with complex needs were being progressively updated.
- The practice had developed a comprehensive induction plan for new staff.
- Arrangements had been put in place to ensure that nursing staff had effective clinical supervision.
- A patient participation group had been established and was publicising patient suggestions and feedback across the patient population.

**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?**

We found the provider had taken steps to address the concerns we identified at the previous inspection in August 2015. Improvements to patient safety had been made. For example:

- Mandatory training for staff had been completed along with the creation of a documented induction plan for new starters.
- A designated safeguarding lead had been identified.
- Risk assessments had been undertaken in priority areas and policies reviewed and updated.
- Fire safety issues had been addressed and risks to health and safety and infection prevention and control improvements had been implemented.
- Vaccines were now stored and transported in accordance with national guidance.

### **Are services effective?**

We found the provider had taken steps to address the concerns we identified at the previous inspection in August 2015. For example:

- Clinical record keeping had significantly improved.
- The coding on patient records had improved.
- The completion of care plans for patients with complex needs was progressing, with work being focused on patients at risk of hospital admission being prioritised for review as well as opportunistic monitoring across the clinical team.

### **Are services well-led?**

We found the provider had taken steps to address the concerns we identified at the previous inspection in August 2015. For example:

- A new registered manager had been appointed and was responding to the strategic challenges facing the practice. This included progressing the plan for new purpose built premises.
- The practice had been promoting, monitoring and publicising achievements and challenges from the friends and family test.
- Nurses were receiving documented clinical supervision.
- Policies previously overdue for review had been revised including those relating to health and safety, infection prevention and control and the safe storage of vaccines. Clinical record keeping and the undertaking of clinical audits had markedly improved.

# Summary of findings

## What people who use the service say

We did not speak with any patients during this focused inspection.

# Dr MSN Ahmed & Dr MB Ahmed

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

### Background to Dr MSN Ahmed & Dr MB Ahmed

The practice is situated in a three storey Victorian house within a highly deprived inner city area of Huddersfield. The practice is also known as Bradford Road Medical Centre. The building offers limited access to disabled patients as there are shallow steps leading to the surgery, although patient care is offered on the ground floor. There is a branch surgery at Brook Street Medical Centre, Thornton Lodge, Huddersfield, HD1 3JW which has not yet been inspected. Patients can access both surgeries.

The practice has a high proportion of patients from a mainly South Asian ethnicity, which comprise 89% of the practice population. This compares with a local average of 22% and a national average of 16%. Both GPs and many reception staff are fluent in the main community language of Punjabi.

The practice provides Personal Medical Services (PMS) for 4729 patients commissioned by the NHS Greater Huddersfield Clinical Commissioning Group (CCG) area.

There are two male partners and a female advanced nurse practitioner. There is one female practice nurse and a

female healthcare assistant. There is a practice manager and an administrative and reception team. All staff work across both the main surgery and the branch at Brook Street.

The practice is open from 8am to 6.30pm Monday to Friday. There are clinics with a GP or the advanced nurse practitioner throughout the day. There are extended hours available for pre-booking by patients with a GP on Tuesday 5.30-7.45pm (Bradford Road) and Wednesday 5.30-7.45pm (Brook Street).

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

### Why we carried out this inspection

We undertook an announced focused follow-up inspection of Bradford Road Medical Centre on 29 February 2016. This inspection was carried out to check whether the provider had taken action to address shortfalls in relation to legal requirements which had been identified during our comprehensive inspection on 25 August 2015. We inspected the practice against three of the five questions we ask about services: is the service safe, is the service effective and is the service well-led. This was because the service was not meeting some legal requirements at the time of the previous inspection.

# Detailed findings

## How we carried out this inspection

We carried out an announced inspection and visited the Bradford Road main surgery. We spoke with the practice

manager, practice nurse and advanced nurse practitioner. We also spoke briefly with two of the GP partners. We undertook a tour of the premises and specifically inspected areas relating to fire safety and infection prevention and control and the storage of vaccines.

# Are services safe?

## Our findings

### Overview of safety systems and processes

When we last inspected the practice in August 2015 we found the practice did not have clearly defined and embedded systems, processes and practices in place in order to minimise risks to patients and staff:

- Arrangements to safeguard adults and children from abuse required improvement and there was no clear lead within the practice.
- Training provision for safeguarding was unclear across the practice team.
- Chaperone training records were incomplete.
- There was no risk assessment for premises safety, and fire safety measures were inadequate.
- Training records indicated that not all staff had received basic life support or fire safety training. The practice did not have evidence of an induction programme for new staff.
- Some areas of the practice could be of risk to patients for example; curtain blinds in the first floor waiting room were broken, with long cords that posed a potential risk of strangulation. Loose carpet on the stairs posed a tripping hazard and worn furnishings in the treatment room and waiting area posed a potential infection risk as they could not be adequately cleaned.
- The temperature recording on the vaccination fridge was inconsistently monitored and the policy on managing temperature variations had not been followed. The fridge was not locked and was situated in an unlocked room.
- Vaccinations transported from one location to another were not stored in an approved container and there was no system for monitoring the temperature whilst the container was in transit.

In this focused inspection, we saw the required improvements had been made to address all of these matters. We found:

- A designated clinical safeguarding lead had been appointed within the practice and the appropriate level of training was evidenced.
- Staff across the practice had undertaken training appropriate to their level of responsibility and were able to demonstrate their understanding and duties within a safeguarding context.
- Chaperone training had been completed and documented for all applicable staff.
- Risk assessments had been undertaken across the premises and included health and fire safety.
- Training in fire safety and basic life support had been completed by staff and was evidenced. An induction plan had been developed that incorporated mandatory training and was tailored to the individual needs of staff joining the practice.
- Curtain blinds that had previously posed a risk of strangulation had been removed, loose carpet replaced and seat coverings in the waiting area and a damaged treatment couch cover had all also been replaced, which now allowed for appropriate cleaning.
- Policies relating to the safe monitoring of temperatures in the vaccine fridge had been reviewed and we saw evidence that records were being monitored appropriately. The fridge was now kept locked with the key stored in a safe location accessible to nursing staff.
- An approved transportation box had been purchased for the safe movement of vaccines between the practice locations which had an integral temperature probe.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

At the previous inspection in August 2015 we found patient records relating to one clinician were not always kept with sufficient detail. In some cases, it would be difficult for another clinician to take over a patient's care. Records were also not appropriately coded which raised concerns that some care needs of patients were not appropriately recorded within the practice. Care plans for those with complex needs were also incomplete in some cases.

During our recent visit we saw that intensive support had been offered to the practice by NHS England in relation to the management of clinical records. We saw that:

- The clinician had engaged openly with the support offered. A clinical supervisor appointed by NHS England had facilitated and then observed the required improvements in clinical recording and had concluded their involvement, satisfied with the progress made.
- The clinician had made improvements in the coding of patient records.
- The practice told us that a review in the completion of care plans was ongoing and they were working towards full compliance in this area. The advanced nurse practitioner was specifically working on the review of patients at increased risk of hospital admission and was making progress, although the practice did have challenges in patients not attending care reviews.



# Are services well-led?

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

## Our findings

At the previous inspection in August 2015 we found that the practice did not have a clear vision and plan for how they intended to provide services. There was also no maintenance programme for the building, which was in critical need of attention.

During our recent visit we saw that required maintenance and risk assessments relating to the ongoing maintenance of the building had been undertaken. We learned that building work on the purpose built premises had commenced, but further work had been suspended due to funds not being available from the practice's bank as the practice was in special measures as determined by the Commission's report in August 2015.

### Governance arrangements

At the previous inspection we found there were inadequate systems and processes to underpin effective governance arrangements. For example;

- Clinical record keeping was not sufficiently detailed.
- Prescription pad records were not managed in accordance with national guidance regarding storage and security.
- Clinical audits were not complete or used to monitor outcomes or improve patient care.
- The practice had not identified, recorded or managed risks relating to infection prevention and control and fire safety.

During our visit we saw that improvements had been made:

- Clinical record keeping was much improved and the practice had engaged positively with NHS England in reaching this goal.

- Prescription pads were now safely stored and accounted for in line with NHS protect guidance.
- Clinical audits were being undertaken which demonstrated clear improvements in patient care. For example; an audit undertaken around benzodiazepine prescribing (a type of medication used for anxiety and improving mental health) had led to a number of patient reviews and intervention to reduce dependency on this medication.
- Risk assessments had been undertaken across a variety of areas including infection prevention and control and also fire safety. Action points arising from these assessments had been carried out as appropriate which included required staff training.

### Leadership and culture

At the previous inspection we learned that the long term senior partner was about to retire, which took place in September 2015. A previously salaried GP joined the partnership, was assessed by us and approved to act as the new Registered Manager.

During our visit we saw evidence that the new GP partner was working closely with the practice manager to respond to the issues identified at the previous inspection and working to promote improvement across the practice.

### Seeking and acting on feedback from patients, the public and staff

At the previous inspection we saw that the practice had not been able to develop a patient participation group, despite publicising this at the practice and also on the website.

During our visit we saw evidence that a small group had now been established and that several meetings had taken place. Minutes of these meetings were available on the practice website and contained a variety of suggestions and feedback for the practice to consider.