# Dr A K & S Shah

## Quality Report

Goodmayes Medical Centre
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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 responsive to people's needs? | 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 Goodmayes Medical Centre on 9 October 2015. At that time we found the practice was breaching legal requirements in relation to safe care and treatment, and, good governance. Specifically:

- The practice did not have adequate procedures in place to protect patients and staff from the risk of infection.
- We also found the practice was not ensuring that patients had reasonable access to the service.

The previous comprehensive inspection report can be found by selecting the 'all reports' link for Dr A K & S Shah on our website at www.cqc.org.uk.

Following our inspection in October 2015, the practice wrote to us with details of the actions they would take to meet the legal requirements.

We undertook this focused inspection to check that the practice had followed their plan and to confirm that the practice was now meeting the legal requirements. This inspection included a visit to the practice on 18 October 2016. This report covers our findings from this focused inspection.

Our key findings across the areas we inspected were as follows:

- The practice was providing safe services. We have rated the practice as good for providing safe care. The practice had improved the systems in place to protect patients and staff from the risk of infection.
- The practice was providing responsive services. We have rated the practice as good for providing responsive care. The practice had taken some steps to improve access to appointments and this was reflected in improved patient feedback.

The areas where the provider should make improvement are:

- There is scope to further improve access to the service, for example, the ease of getting through to the practice by telephone.
- The practice should assess whether it has sufficient clinical capacity for example through a systematic appointments audit.

# Summary of findings

- The practice should also review any outstanding areas for improvement identified at our previous inspection.

**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?**

Good

The practice is rated as good for providing safe services.

Improvements had been made to infection control in the practice.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

The practice provided an accessible service although there was scope for further improvement.

# 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**
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

**People with long term conditions**
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

**Families, children and young people**
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

**Working age people (including those recently retired and students)**
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

**People whose circumstances may make them vulnerable**
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

**People experiencing poor mental health (including people with dementia)**
As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good

# Summary of findings

## Areas for improvement

**Action the service SHOULD take to improve**

- There is scope to further improve access to the service, for example, the ease of getting through to the practice by telephone.
- The practice should assess whether it has sufficient clinical capacity for example through a systematic appointments audit.
- The practice should also review any outstanding areas for improvement identified at our previous inspection.

# Dr A K & S Shah

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser.

## Background to Dr A K & S Shah

Dr A K & S Shah provides NHS primary medical services to around 6,600 patients in Goodmayes, through a General Medical Services contract. The practice has one surgery which is known locally as Goodmayes Medical Centre.

The current practice staff team comprises two GP partners (male and female), a number of regular locum GPs (male and female), a part-time practice nurse, a practice manager and a team of receptionists and administrators. The practice is a teaching practice and offers short-term placements to undergraduate medical students.

The practice is open from 8.30am every weekday. The practice closes at 7.00pm on Monday and Friday, at 8.00pm on Tuesday and Wednesday and is closed from 1.00pm on Thursday. Appointments are available from 9.00am-12.30am every weekday. Afternoon consultation times are available from 4.00pm. The practice is closed at the weekend. The GPs make home visits to see patients who are housebound or are too ill to visit the practice. When the practice is closed, patients can use the out-of-hours primary care service provided locally by Redbridge Clinical Commissioning Group (CCG).

The practice has a higher than average proportion of adults in the 20-39 age ranges. The local population is ethnically diverse.

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; and treatment of disease, disorder and injury.

CQC previously inspected this service on 9 October 2015.

## Why we carried out this inspection

We undertook a focused inspection of Dr A K & S Shah. This was because the service had been identified as not meeting all legal regulations at our previous inspection on 9 October 2015 and because the practice had been rated as requires improvement for two key questions and overall at that time.

Specifically, we identified breaches of regulation 9 'Person-centre care' and regulation 12 'Safe care and treatment' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that patients were at risk of harm because

- The practice did not have appropriate systems in place to enable patients to access the service in a way that reasonably met their needs or reflected their preferences.
- The practice did not have effective systems in place to assess the risk of, and prevent, detect and control the spread of health care associated infection.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 October 2016. During our visit we:

- Spoke with the GP partners, the practice manager, the practice nurse and members of the reception and administrative team.
- Spoke with three patients who were attending the practice on the day of the inspection.
- Reviewed the electronic appointments system.
- Reviewed a range of practice policies and related documentary evidence, such as infection control protocols, monitoring checks and audits.
- Inspected the practice premises, facilities and equipment.

This focused inspection was carried out to check that required improvements had been made. We inspected the practice against two of the five questions we ask about services:

- Are services safe? and
- Are services responsive to people's needs?

Please note that when referring to information throughout this report, for example the national GP patient survey results, this relates to the most recent information available to the CQC at that time.

Good

# Are services safe?

## Our findings

At our previous inspection, we found failings in the practice's management of infection control.

Since then, the practice had commissioned an external audit of infection control in August 2016 from a suitably qualified organisation. The audit report had identified several concerns and made risk-based recommendations for improvement. The practice had acted on these recommendations, for example:

- It had reviewed the practice infection control policy so it was in line with current guidelines.
- It had updated its Legionella risk assessment.
- It had purchased a new vaccines fridge with integral thermometer.
- The cleaning schedules had been reviewed and were available for inspection in each room.
- The practice had improved the flooring in the reception area so this met infection control standards.
- Instructions about what to do in the event of a sharps injury were displayed in each clinical room.
- The practice intended to carry out regular audits of infection control and showed us the checklist it had designed to carry out this task.

The practice had held a half-day infection control training session in August 2016 led by a suitably qualified trainer. Ten members of staff had attended. Staff carrying out checks related to infection control understood the purpose of these and when to escalate concerns to the infection control lead.

At our previous inspection we also noted that the practice's process for logging significant events should be improved. We reviewed the practice's records at this inspection and found that recent events had been documented and had been discussed at team meetings with learning points and actions noted.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection, we found that the practice was not providing a sufficiently accessible service to its patients.

The practice had reviewed its staffing levels and clinical capacity in relation to access. The GPs typically provided 23 clinical sessions per week which the partners considered sufficient for the needs of the practice population. This was slightly lower than average for the size of the practice population. However, the GP partners also showed us that they were flexible about extending their afternoon sessions to accommodate additional patients when the day's appointments had been fully booked.

- The practice had not changed the appointment system. The practice blocked a proportion of appointments for release each morning and afternoon. These appointments were primarily available to patients with more urgent problems, complex needs and young children. Routine pre-bookable appointments were available but typically with a waiting time of two weeks and this was the case on the day of the inspection. The appointments system did not routinely allow patients to book appointments more than a fortnight in advance. We were told that this reduced the rate of missed appointments.
- Patients we spoke with on the day of the inspection told us they understood how to book an appointment and were able to get an appointment when they needed it. The patients we spoke with had obtained same-day appointments.
- We were also told that the receptionists were able to book patients in to one of the 'hub' primary care services in Redbridge which were open in the evening and at weekends. The practice displayed information about these services in the waiting room.

The previous national patient survey results published in January 2016 found only 58% of patients reported being able to get an appointment. The most recent national GP patient survey results published in July 2016 showed that patient feedback about access to appointments had improved since our last inspection and was comparable to other practices locally.

- 71% were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group average of 77% and the national average of 85%.

The practice survey results on patient experience of the telephone system however remained below average.

- 45% of patients said they could get through easily to the surgery by phone compared to the clinical commissioning group average of 53% and the national average of 73%.
- The practice told us it encouraged patients to either telephone for appointments or use the online booking system and had dedicated reception staff to cover the telephones at busy times. The telephone system had been discussed at the last patient participation group meeting which took place in early October 2016. The practice was planning to upgrade the telephone system.