

Dr Dauod Yosuf Abdulrahman Shantir

Inspection report

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Date of inspection visit: 2 July 2019
Date of publication: 12/08/2019

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?	Requires improvement 
Are services well-led?	Good 

Overall summary

We carried out an announced comprehensive inspection at Dr Dauod Yosuf Abdulrahman Shantir on 2 July 2019 to follow up on breaches of regulation identified in medicines management, safeguarding, infection prevention and control, clinical governance and patient satisfaction, identified in a comprehensive inspection on 10 October 2017, which had not improved on a further comprehensive inspection on 14 November 2018, where the practice was placed in special measures.

This inspection in July 2019 found that all previous breaches identified had been rectified.

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 have rated this practice as good overall.

We rated the practice as **good** for providing safe services because:

- There were clear systems and processes to keep patients safe and safeguarded from abuse.
- The practice had appropriate systems in place for the safe management of medicines, including managing the cold chain.
- The practice completed several risk assessments including fire and infection prevention and control. The practice also monitored the risk assessments routinely completed by the premise's management team on behalf of the practice.
- There was a suite of policies and procedures that were effectively managed and maintained.
- All electrical and clinical equipment had undergone testing to make sure they were safe and fit for purpose.

We rated the practice as **good** for providing effective services because:

- There was evidence of quality improvement activity.
- The practice was effectively monitoring their exception reporting.
- Childhood immunisation rates were in line with national averages.
- Staff had the skills, knowledge and experience to carry out their roles.

We rated the practice as **good** for providing caring services because:

- The practice was able to demonstrate action that had been taken to improve patient satisfaction.
- The practice's own patient satisfaction survey showed patients were happy with the care and treatment they received.
- Completed CQC patient comment cards and patients we spoke with all indicated that the practice had a caring nature and were attentive to the needs of patients.
- The practice had identified 1% of their patient population as a carer and had systems to ensure that they were aware of the services available to them.

We rated the practice as **good** for providing well-led services because:

- The practice had appropriately addressed the warning notice in relation to governance arrangements and safe care and treatment.
- The practice had recruited a business manager and leaders showed that they had the capacity and skills to deliver high quality sustainable care.
- The practice had a clear vision, which was supported by a credible strategy.
- There were sufficient processes for managing and mitigating risks.
- All staff members had clear roles, responsibilities and accountabilities.

We rated the practice as **requires improvement** for providing responsive services because:

- Whilst the practice demonstrated that they had made a lot of improvements to access to services it was too early to ascertain the impact that this has made.
- The practice had increased their opening hours and the number of appointments available for patients.
- The practice had installed a new telephone system which it was monitoring and 91% of all calls were answered and 76% of these were within two minutes.
- Patients who contacted the practice more than once on a given day and were unable to get through to the practice received a call back where their needs were attended to.
- The practice carried out their own patient satisfaction survey which showed that patients were happy with access to services.

Overall summary

- Patients we spoke with told us that there had been an improvement in being able to contact the practice by telephone.

Whilst we found no breaches of regulations, the provider **should:**

- Continue to work to ensure that all the improvements made are sustained.
- Review the prevalence of patients with diabetes in the practice.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team consisted of a CQC lead inspector, who was supported by a GP and practice nurse specialist advisor.

Background to Dr Dauod Yosuf Abdulrahman Shantir

Dr Daoud Yosuf Abdulrahman Shantir is located in a residential area in East London within a purpose-built health centre, with one other GP practice and community services.

There are approximately 5300 patients registered with the practice. The practice has fewer patients aged over 65 years (6%) compared to the CCG average of 10% and the national average of 17%. Seventy Eight percent of patients are in paid work or full time education, which is higher than the CCG average of 68% and the national average of 62%, information published from Public Health England rates the level of deprivation within the practice population as three on a scale of one to ten. Level one represents the higher levels of deprivation and level ten the lowest.

The practice has a lead GP (male) and four regular locums, who complete a total of 22 sessions per week, there are three practice nurses who complete a combined total of six sessions per week. The practice also has a practice manager and a newly appointed business manager who is supported by a number of reception and administration staff members.

The practice is open Monday to Friday from 8am to 6:30pm and appointment times were as follows:

- Monday 10am to 12:50pm and 3:30pm to 6:30pm
- Tuesday 9am to 1:30pm and 2:30pm to 5:30pm
- Wednesday 9am to 1pm and 2pm to 6:30pm
- Thursday 9:30am to 2pm
- Friday 9:30am to 1:30pm and 2:30pm to 6:30pm

Telephones lines are answered from 8am, the locally agreed out of hours service handles the practices incoming calls when they are not open. The practice is a part of the local HUB service, which provides their patients with GP and nurse appointments on weekday evenings and weekends when the practice is closed.

The practice has a General Medical Services (GMS) contract, this is a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract.

The practice is registered with the Care Quality Commission to carry on the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and family planning. All services are carried out in one location.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
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This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation