

Dr Imran Haq

Quality Report

87 Kempson Road
Castle Bromwich
Birmingham
B36 8LR
Tel: 0121 7473586
Website: No website available

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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

We carried out an unannounced focused inspection at Dr Imran Haq practice on 6 November 2015.

Following a comprehensive inspection on 31 March 2015, the overall services provided at the practice were rated as inadequate and the practice placed into special measures.

We had issued a warning notice in relation to The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17: Good Governance.

Summary of findings

This was a follow up inspection to look specifically at the areas identified in the warning notice to see if improvements had been made following our previous inspection. We had also received information which prompted us to review the management of controlled drugs.

In addition to this inspection, practices placed in special measures will be inspected again within six months of the report being published. 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 may lead to our cancelling their registration or to varying the terms of their registration within six months if they do not improve.

As this inspection was to focus on the warning notice the original rating remains. This will be reviewed at the comprehensive inspection.

The practice had two part time practice managers working at the practice, both on a consultancy basis, to assist practice staff with their policies and procedures and provide advice about the day to day operations of the practice. It was evident that the improvements to meet the warning notice requirements had taken place since their involvement with the practice.

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

- The practice had completed one infection control audit with an overall score of 98%
- The practice demonstrated that appropriate guidance and management of controlled drugs was being followed
- Results from the national GP patient's survey July 2015 showed improvements from the previous in-house survey and a Patient Participation Group (PPG) had been established.

However, there were also areas of practice where the provider needs to make improvements and these will be followed up at our next inspection to ensure action has been taken.

Importantly, the provider must:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure risk assessments relating to fire safety are reviewed and outstanding actions addressed.

In addition the provider should:

- Consider the benefits of having a robust system for managing staff files

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 observed the premises to be clean and tidy. Staff had received infection and prevention control training and an infection control audit had been completed with an overall compliance score of 98%.

Guidance for the management and prescribing of controlled drugs was in place and implemented in the practice. Patient records reviewed, demonstrated appropriate guidance was being followed.

Are services well-led?

The practice manager working in a part time consultancy basis, and the practice manager adviser, had implemented changes to meet some of the requirement of the warning notice. Further action was required to ensure the practice could demonstrate that they met the fundamental standards set out in the Health and Social Care Act 2014, for example, fire safety management, appropriate recruitment checks and organisation of staff files. These areas will be followed up at our next inspection to ensure they have been addressed.

Results from the national GP patient's survey July 2015 showed improvements from the previous in-house survey and a Patient Participation Group (PPG) had been established.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure risk assessments relating to fire safety are reviewed and outstanding actions addressed

Action the service **SHOULD** take to improve

- Consider the benefits of having a robust system for managing staff files

Dr Imran Haq

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector**. The team included a, GP specialist advisor, and a second CQC inspector.

Background to Dr Imran Haq

The practice provides care and treatment for approximately 2700 patients. There is a higher population than England average of younger female patients aged 20 to 34 years. The percentage of children and older people who are affected by income deprivation and prevalence of obesity amongst patients is higher than the England average. There is one male and one female GP who provide 11 clinical sessions per week in total.

Since December 2014, an interim practice manager has been in place. The practice has two employees with experience in practice management working at the practice, both on a part time consultancy basis, to assist practice staff with their policies and procedures and providing advice about the day to day operations of the practice.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations and the practice nurse holds child immunisation clinics. The practice has a General Medical Service (GMS) contract with NHS England. A GMS contract means that patients are registered with the practice and not an individual GP (with the exception of those aged 75 years or more) but the practice will focus on delivery of quality clinical care and well managed services.

The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Birmingham and District General Practitioner Emergency Rooms (Badger) medical service. Patients are redirected to this service on the practice answer phone message.

In our previous inspection in March 2015, the practice was rated as inadequate overall. Practices placed in special measures are inspected again within six months of the report being published, if insufficient improvements have been made, such that there remains a rating of inadequate overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service.

Why we carried out this inspection

The focused inspection was carried out under Section 60 of the Health and Social Care Act 2008 to follow up from a previous comprehensive inspection at Dr Imran Haq's practice in March 2015. At this previous inspection we identified breaches of Regulation 10 (assessing and monitoring the quality of service provision) of the Health and Social Care Act 2008. We took enforcement action against Dr Imran Haq by issuing a warning notice to inform him that services must improve.

This inspection was to assess that the provider had met the requirements of the warning notice, issued under the Health and Social Care Act 2008.

We had recently been provided with information relating to concerns about the management of medicines.

Detailed findings

How we carried out this inspection

We carried out the focused inspection on 6 November 2015. During our inspection we reviewed six staff files,

which included, four administration staff, practice nurse and the GPs. We also reviewed thirteen patient records and other supporting information. We did this to check that improvements had been made following our previous inspection.

Are services safe?

Our findings

Medicines management

We had recently been provided with information relating to concerns about the management of medicines particularly involving controlled drug prescribing. During our inspection we reviewed thirteen patient records, over a six month period. Patient records demonstrated appropriate guidance and management of controlled drugs was being followed.

The prescribing policy reviewed was very basic, for example the policy did not include guidance about repeat prescribing or medication reviews. The practice was working with Birmingham City Clinical Commissioning Group (CCG) to improve this policy. This has now been completed.

Cleanliness and infection control

We observed the premises to be clean and tidy. Staff had received infection and prevention control training in August 2015, this was provided by the Infection Prevention and Control (IPC) lead practitioner at Birmingham Cross City Clinical Commissioning Group (CCG). The CCG lead practitioner also completed an infection control audit 13 August 2015, overall compliance was 98%. Areas for improvement were management of IPC, and the environment. We were told that the outstanding action, would be addressed in January 2016. The IPC policy indicated that it was for annual review however it was last reviewed January 2014.

Staffing and recruitment

During our inspection we reviewed six staff files, which included, four administration staff, practice nurse and the GPs. The staff files were disorganised making it difficult to find information. The majority of the files contained all the appropriate documentation and evidence of relevant training for roles.

There was no evidence of robust recruitment checks for the last two people recruited/appointed to the practice in, September and October 2015. For example verbal references only were sought for the practice manager and no Disclosure and Barring check (DBS) had been undertaken and there was no risk assessment to indicate why this was not required. The risk assessment was received post inspection.

Monitoring safety and responding to risk

The fire risk assessment completed in October 2013 was reviewed in February 2015, with no significant changes required. Following this review the practice has appointed a fire marshal, all staff were given advice on the correct use of the fire extinguishers.

There were outstanding actions from the October 2013 risk assessment, for example, door closures to be fitted to rest rooms and offices, emergency lighting to be installed.

Fire alarms were tested however no fire drills had taken place.

Are services well-led?

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

Our findings

Governance arrangements

There were ongoing improvements to the systems and processes, however additional effort was required to establish the overarching governance framework to support the delivery of the strategy and good quality care.

- Risks and the management of infection control had been considered. Staff had received infection and prevention control training and an infection control audit had been completed in August 2015, the overall compliance score was 98%
- A fire risk assessment had been undertaken in February 2015, however there were still outstanding actions from the October 2013 risk assessment. The fire alarms had been tested however no fire drills had taken place.
- The practice did not have robust governance arrangements in place for safe recruitment of staff. Not all staff had appropriate checks undertaken before they commenced employment. There was no evidence of robust recruitment checks for the last two people recruited/appointed to the practice in, September and October 2015.

- Guidance for the management and prescribing of controlled drugs was in place and implemented in the practice. Patient records reviewed, demonstrated appropriate guidance was being followed.

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

Results from the national GP patient's survey July 2015 showed improvements from the previous in-house survey and a Patient Participation Group (PPG) had been established. We reviewed minutes from the PPG meeting where the survey results had been discussed. Patients' satisfaction was comparable to local and national averages.

Leadership, openness and transparency

The practice manager working in a part time consultancy basis, and the practice manager adviser, had implemented changes to meet some of the requirement of the warning notice. Further action was required to ensure the practice could demonstrate that they met the fundamental standards set out in the Health and Social Care Act 2014, for example, fire safety management, appropriate recruitment checks and organisation of staff files.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The following information must be available in relation to each person employed-</p> <p>(a) the information specified in Schedule3, and</p> <p>(b) such other information as is required under any enactment to be kept by the registered person in relation to such persons employed</p> <p>How the regulation was not being met:</p> <p>Appropriate recruitments checks were not carried out before staff started to work at the practice.</p> <p>Regulation 19(2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>(b) assess, monitor and mitigate risks relating to health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>(d) maintain securely such other records as are necessary to be kept in relation to:</p> <p>(i) persons employed in the carrying out of the regulated activity and</p> <p>(ii) the management of the regulated activity</p> <p>(f) ensure that governance arrangements remain effective. By maintaining systems and processes that enable the provider to identify where safety is being compromised.</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

Health and safety risk assessment action plans had not been addressed and fire drills had not been done.

The practice did not have robust governance arrangements in place for safe recruitment of staff.

Regulation 17(2)(b)(d)(f)