

Dr Sadiq Ali

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.

Ratings

Are services safe?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This was an announced inspection visit on 16 October 2014. Unfortunately we found there was insufficient evidence available for us to be able to make a judgement across all domains and all population groups to enable us to rate this practice. We did have enough evidence to assess the safe domain have therefore made a judgement on this aspect of the service, which we have rated as being inadequate.

We found:

- The reception staff knew patients well. Patients were welcomed by name when arriving at the practice for an appointment and it was clear they had a good relationship with the reception staff.
- The practice had a process in place to identify carers and information was available to support people who had caring responsibilities.
- The practice had a system in place to ensure patients were recalled appropriately for reviews to monitor long term conditions.

However, we found that the practice did not have the arrangements in place that would assure that all patients were safe and as a result have rated this aspect of the service as being inadequate.

Importantly, the provider must:

- Take action to ensure that people who use the service are protected by operating effective recruitment and selection procedures that includes relevant checks being carried out such as DBS checks when staff are employed.
- Take action to ensure they have effective systems in place to regularly assess and monitor the quality of services provided and identify and manage risks.
- Take action to provide all staff with infection control training, ensure infection control audits take place on a regular basis, and update policies and procedures to ensure they are specific to the practice.

As we were not able to complete the inspection we will be re-visiting the practice in order to ascertain if it has

Summary of findings

made improvements with respect to safety and to be able to gather sufficient evidence to rate the four remaining domains effective, caring, responsive and well led, as well as ratings for all the population groups.

The provider should also:

Ensure that all staff recognise what is a serious untoward incident. For staff to be able to accurately report them, record them and for the management team to discuss with staff the incident and cascade any learning to all staff to improve practice.

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?

The practice is rated as inadequate for safe as there are areas where improvements must be made. Staff understood their responsibilities to raise concerns, and report incidents and near misses. However, we were unable to see any incidents or significant events having been reported by the practice or evidence of discussions when things went wrong. Risks to patients who used services were assessed but systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. We found concerns around the recruitment process and checks made prior to employing new members of staff.

Inadequate



Summary of findings

What people who use the service say

We received 42 completed CQC patient comment cards and spoke with four patients on the day of our inspection. The patients who had completed the CQC comment cards and those spoken with were very complimentary about the level of care and treatment they had received.

The patients we spoke with told us they were always treated with dignity and respect. They felt all the staff at the practice took time to listen to them and involve them in decisions about their care.

Areas for improvement

Action the service **MUST** take to improve

- Take action to ensure that people who use the service are protected by operating effective recruitment and selection procedures that includes relevant checks being carried out such as DBS checks when staff are employed.
- Take action to ensure they have effective systems in place to regularly assess and monitor the quality of services provided and identify and manage risks.

- Take action to provide all staff with infection control training, ensure infection control audits take place on a regular basis, and update policies and procedures to ensure they are specific to the practice.

Action the service **SHOULD** take to improve

- Ensure that all staff recognise what is a serious untoward incident. For staff to be able to accurately report them, record them and for the management team to discuss with staff the incident and cascade any learning to all staff to improve practice.

Dr Sadiq Ali

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 and an additional CQC inspector.

Background to Dr Sadiq Ali

The practice provides primary care services to approximately 1,500 patients.

The service is provided by one male GP. Working alongside the GP is a female practice nurse. The practice is a training practice and at the time of our inspection there was a male second year foundation doctor (FY2) assisting the GP. An FY2 is a medical practitioner who is undertaking a two year general postgraduate medical training programme. The practice is supported by three part time administration and reception staff.

The building is purpose built and services are provided on one level. There is a car park with allocated disabled parking and on street parking is also available.

The practice has a General Medical Services (GMS) contract. A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Opening times are: 8.00am – 6.00pm Monday to Friday, with additional hours being provided on a Wednesday morning from 7.15am. When the practice is closed out of hours services are directed to Leeds out of hour's service.

Why we carried out this inspection

We carried the inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This practice was randomly selected from practices that were working within the Leeds South and East Clinical Commissioning Group.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

However as noted earlier we were not able to gather sufficient evidence to be able to rate all the domains at this practice. This report therefore only contains information in relation to the "safe" aspects of the practice.

Before visiting the practice, we reviewed the information that we hold about the service and asked other organisations to share what they knew.

We asked the practice to provide a range of policies and procedures and other relevant information before the

Detailed findings

inspection to allow us to have a full picture of the practice. However; this was not submitted by the practice. Some of the information was available to review on the day of the inspection and we were able to review some information following our inspection.

We carried out an announced visit on 16 October 2014. During our visit we spoke with a range of staff including a

GP, a second year foundation doctor (FY2), a practice nurse and two receptionists. We spoke with patients who used the service. We observed positive interactions between staff and patients at the reception area during their visit to the practice. We reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record

Staff we spoke with were clear about their responsibilities to raise significant events. This included informing the GP at the practice.

There were policies and protocols for safeguarding vulnerable adults and children. Any concerns regarding the safeguarding of patients were passed onto the relevant authority.

Learning and improvement from safety incidents

The staff members we spoke with initially told us that no safety incidents had occurred within the practice. However, through further discussion we established that incidents had occurred but had not been recognised as such by staff members. One staff member was able to give an example of changes to administrative processes as a result of an incident; however this had not been documented or recognised as an incident.

We spoke with the GP and practice nurse who gave an example of an incident involving medication that had been identified and reported to NHS England by the Community Matron. We spoke with a member of the reception team who was able to give examples of incidents that had occurred. However, we were unable to review a record of any incidents that had been identified and reported by the practice.

We were able to review minutes from practice meetings and saw there was a slot for significant events on the practice meeting agenda; however we saw that only one incident had been discussed and this had been identified by the Community Matron rather than the practice.

The practice was not able to provide documentary evidence of learning from incidents, although a member of the reception team was able to tell us about changes to practice arrangements following an incident involving items on prescriptions.

Reliable safety systems and processes including safeguarding

We saw a proactive approach to safeguarding was followed by the GP safeguarding lead and referrals were made to the appropriate safeguarding agencies. On the day of the

inspection we spoke with a GP who told us they had safeguarding training. We spoke with two members of the reception team and only one receptionist had received safeguarding training.

In the practice waiting room we saw posters offering the use of a chaperone during consultations and examinations. Staff told us the GP would ask if patients would like to have a chaperone during an examination. Staff also told us when chaperones were needed the role was carried out by nursing staff.

Medicines management

The practice had arrangements in place for managing medicines to keep patients safe, which included obtaining, prescribing, recording, handling and storage.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely. We spoke with the practice nurse who talked us through the process for ensuring that all medicines were kept at the required temperatures.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

The nurse administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw evidence of training to support the nurse with this role e.g. childhood immunisations.

All prescriptions were reviewed and signed by the GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept secure.

Cleanliness and infection control

We observed that the premises were clean and tidy. However, the walls in the waiting area were marked and in need of redecoration. We saw there were cleaning schedules in place and cleaning records were kept.

We requested a copy of the infection control policy to review and found the practice were using a local NHS trust Infection Prevention and Control policy. We saw that this contained links to other policies for example; needle-stick injury and hand hygiene. However, the policy was not practice specific.

Are services safe?

We were unable to see any evidence of infection control training undertaken by staff within the practice or infection control audits.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Equipment

We spoke to the receptionist who told us that Portable Appliance Testing (PAT) had been carried out. However, none of the equipment we looked at had evidence of testing having been carried out.

Staffing and recruitment

We were able to review a copy of the recruitment policy and saw that this did not set out specific details as to what checks would be made prior to a person being employed.

We looked at the recruitment files for the practice nurse and a member of the reception team and saw that these contained evidence that some recruitment checks had been undertaken prior to employment. For example references, qualifications and registration with the appropriate professional body. However, the staff files we reviewed did not contain Disclosure and Barring Service (DBS) checks and there was no risk assessment to explain why these had not been carried out.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for reception staff to ensure adequate cover was provided at all times. There was also an arrangement in place for members of the reception team to cover each other's annual leave.

We spoke with the GP regarding cover for annual leave and sickness and were advised that locums would be used. However, we were told the use of locums had not been necessary as the GP had not taken leave for several years. We were concerned as to the sustainability of these arrangements.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

There was limited evidence of the practice managing risks associated with the service. The GP had allocated lead roles in areas such as QOF recalls and cleaning the practice.

Areas of individual risk were identified. Information relating to safeguarding was displayed throughout the practice and staff were aware of what signs to look for to indicate someone was suffering from abuse and how to escalate concerns.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Staff members we spoke with told us they had received training in basic life support. We were able to view some certificates to support this.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest and anaphylaxis. The practice did not have emergency equipment. The reason for this was the close proximity to hospital trusts and response rate of the ambulance service in cases of emergency.

Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. However this document required updating as it still made reference to a local Primary Care Trust which is no longer in operation. Risks identified included power failure, unplanned sickness and access to the building.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The provider did not have effective recruitment procedures in place to ensure the people employed for the purposes of carrying on a regulated activity were of good character as the provider did not have the information contained in Schedule 3.</p> <p>This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>We found the provider did not protect service users and others against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to –</p> <ul style="list-style-type: none">· Regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements.· Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. <p>This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

The provider had not ensured that all staff had been appropriately trained with respect to infection control, and had undertaken infection control audits and had not had up to date policies and procedures that were specific to the practice.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.