

# Dr Hammad Mehbub Malik

## Inspection 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

### Overall rating for this location

Are services safe?	
Are services well-led?	

# Overall summary

We carried out an announced comprehensive inspection of Dr Hammad Mehbub Malik on 1 May 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The service was rated as inadequate. It was rated inadequate for safe and well-led, and requires improvement for effective, caring and responsive. The report can be found by selecting the 'all reports' link for Dr Hammad Mehbub Malik on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Following the inspection, we placed the service in 'special measures' and took immediate enforcement action requiring the provider to make improvements in relation to:

- Regulation 17 Good governance.

This announced 'focused' inspection was carried out on 6 August 2019 to follow up on breaches of regulations that we identified in our previous inspection on 1 May 2019. This report covers our findings in relation to those requirements and other additional areas of improvement made since that inspection. The key questions we inspected were:

Is it safe?

Is it well-led?

At this inspection we found the service had made some improvements and had addressed the issues from the warning notice.

The provider HM Medical Services Limited has one location registered as Dr Hammad Mehbub Malik at 10 Harley Street, London. The service provides private GP services including consultations, health screening, sexual health services, immunisations, travel vaccinations and

circumcisions. This service is registered with CQC under the Health and Social Care Act 2008 in respect of services it provides.

Dr Malik is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## Our key findings were :

- The provider had carried out an infection control audit since our last inspection.
- The provider had reviewed the infection control policy and procedure, however we found that it was still too generic and did not give clear guidance in relation to this service.
- The provider no longer stocked medicines or vaccines on site therefore no longer used the landlord's fridge.
- There was a system in place to check expiration dates for medicines kept in the emergency doctors' bag.
- The provider had implemented and was using a Medical record audit tool.
- The care records we saw showed that all relevant information needed to deliver safe care and treatment was contained in the records
- The provider had implemented a new protocol in relation to uploading 'whats app' conversations to patients records.
- The doctor was aware of current evidence-based guidance and had the skills and knowledge to deliver effective care and treatment.
- The provider had carried out an internal patient survey and the results showed feedback about the service was extremely positive from patients.

The areas where the provider **should** make improvements are:

- Privacy blinds and curtains should be replaced to ensure they all meet infection control requirements.

# Overall summary

- The provider should review and update all key policies to ensure they are clear and service specific.

At this inspection on 6 August 2019 we found the provider had addressed the areas of concern identified in our warning notice. The service will however remain in 'special measures' as further improvements need to be made. They will be kept under review and will be inspected again within six months.

If insufficient improvements have been made such that there is a rating of inadequate for any 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 will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by a GP specialist adviser.

## Background to Dr Hammad Mehbub Malik

Dr Hammad Mehbub Malik provides a private GP service at 10 Harley Street in London where he carries out consultations and offers a range of non-emergency GP services including blood testing, sexual health screening, immunisations and travel vaccinations. He also provides a circumcision service to children under the age of 8 years as a home visiting service. Further details about the services provided can be found on the location's website:

Dr Hammad Mehbub Malik shares the premises at 10 Harley Street with a range of other health care providers. He rents a consulting room which is based on the basement floor where there is lift access. The private GP practice is open 8am to 6pm on a Monday, Tuesday, Thursday and Friday. Patients can access appointments by telephone, email or in person.

There are currently approximately 1600 patients registered with the service some of which use the service regularly while others do so on an ad-hoc or one-off basis. The registered population covers a wide age range with most patients falling within the working age group. Approximately, two thirds of the patients registered are male.

Dr Hammad Mehbub Malik does not employ any additional staff however, the landlord provides reception staff and other staff involved in the management of the premises.

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked the practice to send us some information about the service which we also reviewed.

During our visit we:

- Spoke with the doctor and the building administration staff.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements
- We reviewed a number of patient records alongside the doctor. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

At our previous inspection on 1 May 2019, we found the following areas of concerns in relation to the provision of safe services that contributed to our decision to issue a warning notice.

The practice did not have effective systems in place to keep patients safe from harm. We identified concerns in relation to the safe management of medicines, infection control, use of equipment including single use items and record keeping.

At this inspection we found there had been some improvements and the service was operating in accordance with the relevant regulations, however there were further improvements to be made.

## Subheadings:

### Safety systems and processes

#### The service had systems to keep people safe and safeguarded from abuse.

- The service had systems to safeguard children and vulnerable adults from abuse. It had appropriate safety policies, which were reviewed. They outlined clearly who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had undertaken level three child safeguarding training and vulnerable adults safeguarding training. They were aware of the agencies who were responsible for investigating safeguarding concerns and had access to contact information for reporting any concerns.
- Staff who acted as chaperones were trained for the role and had received a DBS check. However, at the last inspection in May 2019 there was no information displayed offering a chaperone. At this inspection we saw there was a notice on the wall in the consulting room.
- At the last inspection in May 2019, we found the provider did not have effective systems in place to manage infection prevention and control. We saw documented information about the cleaning standards expected for the whole building, but these lacked specific detail

relating to the consulting rooms used. There were no signed cleaning schedules in place to demonstrate cleaning had taken place including for example, deep cleaning of the carpets, curtains and linen used on the couch. At this inspection the building manager showed us the cleaning schedules in place. They said all the consulting rooms were cleaned daily and they conducted a daily physical check every morning. All providers using the building were asked to raise any concerns about the cleaning with them immediately. They said they carried out deep cleaning to all carpets in the building every two to three weeks. However, they showed us information to confirm that all the carpets in consulting rooms would be replaced with wipeable flooring in September 2019.

- At the last inspection in May 2019 we found there were no records or protocols in place for the cleaning of specific items of equipment such as the otoscope. At this inspection, the provider told us they cleaned all equipment immediately after use and we saw they had drafted a procedure for this.
- At the last inspection in May 2019 we found Privacy blinds and curtains were made of non-wipeable material. At this inspection we saw they had two blinds and one could be cleaned, however the provider was unable to show any evidence of cleaning taking place. We were told that they would be replaced in September 2019 with wipeable blinds.
- At the last inspection in May 2019 Sharps bins were not appropriately labelled and there was a lack of safe systems for disposing of sharps following circumcisions. At this inspection we saw the sharps bins were labelled appropriately and the doctor told us they would take a mini sharps box to home circumcisions then bring them back to the practice to be disposed of in the clinical waste on site.
- At the last inspection in May 2019 the provider was unable to demonstrate their immunisation history. At this inspection, we saw evidence of the doctor's immunity following immunisation.
- At the last inspection in May 2019 we found that no infection control audits had been carried out. At this inspection, we saw the doctor had carried out an infection control audit of his consulting room and had not identified any concerns except deep cleaning of the carpets, which are due to be replaced with wipeable

# Are services safe?

floors in September 2019. The building manager told us infection control audits were carried out to the building every two years. We saw the last one was carried out in January 2018.

- We noted the doctor had an infection control policy and procedure, however we found they were generic and did not give clear guidance in relation to their service.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The landlord had a range of health and safety and environmental policies in place. This included fire safety and electrical equipment safety. However, at the last inspection in May 2019, we saw that the provider stored oxygen in their room, but no appropriate signage was in place for this. We also saw that clinical equipment used by the provider had undergone calibration during the last 12 months to ensure that they were in good working order. However, this did not extend to the medicines fridge which was provided by the facilities team and shared by other providers who used the building. At this inspection, there was a clear sign located on the wall above the oxygen and the provider had ceased storing medication and vaccines on site and therefore was not using the fridge provided by the landlord.

## Risks to patients

### **There were systems to assess, monitor and manage risks to patient safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The doctor understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## Information to deliver safe care and treatment

### **Staff had the information they needed to deliver safe care and treatment to patients.**

- At the last inspection in May 2019, we found that some records were basic and, in some cases, did not include adequate information to keep patients safe. At this inspection, we reviewed a sample of records and found they were written and managed in a way that kept patients safe. The provider had implemented and was using a medical record audit tool and had identified some areas for improvement from his first audit. The care records we saw showed that information needed to deliver safe care and treatment was written in an accessible way and contained all relevant information.
- At the last inspection in May 2019, we saw the provider made use of Whats App (a mobile device messaging application) for patients who had queries or requested advice. However, we saw conversations had not been transferred to the patients records and there were no clear protocols in place for managing information received in this way. At this inspection, the provider had implemented a new protocol and we saw conversation had been screenshot and uploaded to patients records.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. The doctor told us they would always asked for NHS GP information at registration and always asked to share information with their GP especially in relation to long term conditions and serious illness. They said where patients do not give consent they would write that in the records, but always gave them a written copy of diagnosis and treatment to give to their GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### **The service had reliable systems for appropriate and safe handling of medicines.**

- At the last inspection in May 2019, we found systems for storing medicines were not always in line with manufacturers' instructions. We identified medicines that were out of date and medicines that were not being stored correctly or regarding potential temperature fluctuations. Following that inspection, the provider stopped storing medicine on site except for emergency medicines kept in their doctors' bag.

# Are services safe?

- Processes were in place for checking emergency medicines and the doctor kept accurate records. They had suitable arrangements in place for checking expiry dates which minimised risks. The service kept prescription stationery securely and monitored its use.
- The service followed NICE guidelines to ensure prescribing was in line with best practice for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were protocols for verifying the identity of patients including children.

## Track record on safety and incidents

### The service had a good safety record.

- The landlord had comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed risks in relation to circumcisions. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

- There was a system for recording and acting on significant events. However, the provider told us they had not had any incidents. They understood their duty to raise concerns and report incidents and near misses.
- The provider was aware of the requirements of the Duty of Candour but had not needed to use it as there had not been any notifiable safety incidents.

# Are services well-led?

At our previous inspection on 1 May 2019, we found the following areas of concerns in relation to the provision of well-led services that contributed to our decision to issue a warning notice.

Governance systems were not well embedded and lacked effective systems for monitoring the service provision and delivering quality improvements. Risks were not always well managed and mitigated against. There was little feedback sought from patients to support service improvements.

## Subheadings:

### Leadership capacity and capability;

#### **Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- The doctor was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The service was run by a single doctor and was always available for his patients especially following circumcisions.
- At the last inspection in May 2019, we identified issues with the general administration and running of the service. Areas such as record keeping, infection control, management of medicines and for ensuring risks to the service were fully assessed. At this inspection, we found the provider had implemented new protocols and processes to address our areas of concern.

### Vision and strategy

#### **The service had a vision to deliver high quality care and promote good outcomes for patients.**

- The doctor had a vision for the service. They told us they wanted to expand both the general practice work and circumcisions but were aware of the immediate challenges.
- The provider also stated that they recognised that they may have to employ different staff on a temporary basis on occasions to support them in achieving some of their goals.

### Culture

#### **The service had a culture of high-quality sustainable care.**

- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The doctor had regular annual appraisals and had protected time for professional development and evaluation of their clinical work with external peers.
- The provider had a complaints policy and procedure. However, at the last inspection in May 2019 we found the complaints process was not clearly advertised to ensure patients who wished to raise a concern knew how to do so and could get the concerns addressed. At this inspection, we saw the provider had a poster on the wall in the consulting room advising patients how to complain.

### Governance arrangements

#### **There were clear lines of responsibilities and systems to support good governance and management.**

- At the last inspection in May 2019, we found that the structures, processes and systems to support good governance and management were not always well embedded. The provider did not demonstrate a good understanding of the service boundaries in relation to the premises and their own. At this inspection, both the landlord and the provider told us they discussed the concerns we raised at the last inspection and had clarified the responsibilities for each party. We noted the doctor had implemented new processes in relation to infection control in their consultation room.
- The provider was the only member of staff and was clear about their role and accountabilities.
- The provider had a range of standard policies which they had adapted. However, at the last inspection in May 2019 we identified areas where clear policies and procedures were not in place or systems to assure themselves the policies were working as intended. At this inspection, whilst we found the provider had updated and reviewed some key policies, for example infection control there was still more work to do to ensure they were clear and service specific.

### Managing risks, issues and performance

#### **There were processes for managing risks, issues and performance.**

# Are services well-led?

- At the last inspection in May 2019, we found areas where risks were not well managed including infection control, medicines management, record keeping and use of mobile devices used in consultations. At this inspection we saw evidence to confirm that an infection control audit had been carried out and the policy had been reviewed. There was also a new medical record audit tool which had been designed and implemented. Further, the provider had drafted and implemented protocols for the use of mobile devices.
- At the last inspection in May 2019, we saw the doctor carried out regular audits of their circumcisions to monitor post operation infections and identify any learning. However, there had been no quality improvement activity for the general practice area of work. At this inspection we found the doctor had carried out a medical records audit using an NHSE records review template and had identified some areas for improvement. We also saw notes to show he was in the process of carrying out an anti-microbial audit.
- The provider had oversight of safety alerts, incidents, and complaints. However, they advised us that they did not have any incidents, complaints or safety alerts that they had needed to act or been able to learn from.
- The provider had plans in place for major incidents.

## Appropriate and accurate information

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The provider was fully aware of their responsibility in relation to the General Data Protection Regulation (GDPR). Patient information was held securely to ensure the confidentiality of patients. However, following the last inspection in May 2019, the provider had forwarded to us a protocol in

relation to corresponding with patients through their mobile device which did not address the potential for unauthorised access to the mobile. At this inspection, the doctor assured us they were the only person that had access to their phone and that it was password protected.

## Engagement with patients, the public, staff and external partners

### The service involved patients and external partners to support high-quality sustainable services.

- At the last inspection in May 2019, we did not see evidence that the provider proactively sought patient feedback on a regular basis to support service improvement as the last patient survey had been carried out in 2015. However, at this inspection they showed us the results of a patient satisfaction audit carried out in May 2019. 29 patients had completed the questionnaires and we noted that their answers in relation to care and treatment ranged from good to very good. The provider told us they would repeat this annually.
- The provider was a member of IDF and sought feedback from other health professionals.

## Continuous improvement and innovation

### There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The provider attended local learning events arranged by the IDF and was part of a 'whats App' group to discuss issues in relation to circumcision with other doctors to help update their skills.
- There were systems to support improvement and innovation work. The provider gave presentations and had led external discussions on circumcision techniques and updated practice guidance.