

Dr Omar Hassouna

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced focussed inspection at Dr Omar Hassouna's practice also known as Hill Top Medical Centre on 21 October 2019 as part of our inspection programme. The practice had previously been inspected in November 2015 and was rated as Good overall.

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection primarily focused on the following key questions: Effective and Well-led, however due to the concerns identified during the inspection the Safe key question was also inspected.

Because of the assurance received from our review of information we carried forward the rating for the following key questions: Caring and Responsive.

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 inadequate overall.

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

- The practice did not have clear systems and processes to keep patients safe. We found gaps in safeguarding training and safeguarding leads were not up to date with training relevant to their role.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice had no system in place to analyse trends of incidents or significant events to minimise future risk.
- The practice were unable to demonstrate effective management of risks in relation to medicine safety alerts or updates from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Some emergency medicines were available, but these did not cover all the recommended medicines for

general practice. No risk assessments had been completed in the absence of emergency medicines to determine the level of risk if required in an emergency situation.

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

- There was limited monitoring of the outcomes of care and treatment.
- Exception reporting of patients was being used inappropriately, placing patients at risk of not receiving the appropriate monitoring of their care and treatment. We found non-clinical staff were exception reporting patients without clinical input or oversight.
- The practice did not routinely review the effectiveness and appropriateness of care provided. Care and treatment was not always delivered according to evidence-based guidelines.
- There was no programme of quality improvement activity to monitor service provision and improve patient outcomes.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

We rated the practice as **inadequate** for all population groups because:

- The clinical lead was unable to demonstrate recognised clinical guidelines were used in the management of long term conditions. We found limited knowledge of guidelines in the management of chronic obstructive pulmonary disease (COPD) and diabetes.
- The GP lead was unable to demonstrate how they managed patients with prediabetes indicators. Referrals for diabetes were made once a patient had been diagnosed as having the condition.
- We found patients were not being followed up appropriately and medicines had not been implemented to support patients' conditions.

Overall summary

- Advance care planning was not provided for patients diagnosed with dementia.
- We were unable to establish what processes were in place to monitor prescription ordering and collection of medicines for patients with severe mental health concerns.
- Exception reporting rates for mental health indicators were higher than local and national averages. Administration staff were exception reporting patients from the clinical registers without any clinical oversight to ensure patients were being exception reported appropriately.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Improve the identification of carers to enable this group of patients to access the care and support they need.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. 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 will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Dr Omar Hassouna

Dr Omar Hassouna's practice also known as Hill Top Medical Centre is located in West Bromwich, an area of the West Midlands. The surgery has good transport links and there is a pharmacy located nearby.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Dr Hassouna's practice is situated within the Sandwell & West Birmingham Commissioning Group (CCG) and provides services to 2,037 patients under the terms of a general medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a single handed male GP. The practice employed one regular male locum GP, a practice manager and a small team of administration staff. The practice is part of a wider network of GP practices.

The practice opening hours are Monday to Friday 9am until 6pm. The practice had access to appointments from 6.30pm to 8pm Monday to Friday and weekends from 9am to 12pm at the local hub. When the practice is closed, out of hours cover is provided by NHS 111.

There are lower than average number of patients under the age of 65 years of age, The National General Practice Profile states that 31% of the practice population is Black and Minority Ethnic groups (BME). Information published by Public Health England, rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 77 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.

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
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have an effective system in place for the monitoring and recording of the availability of emergency equipment and medicine.• The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children training for their roles.• The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as sepsis.• The provider had failed to ensure that staff had the appropriate immunisation status relevant to their role.• The provider was unable to demonstrate an effective process for the management of safety alerts.• The practice was unable to demonstrate that an infection control audit had been completed to monitor infection prevention. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p>

This section is primarily information for the provider

Requirement notices

In particular we found:

- There was no documented strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of emergency equipment and medicines, safety alerts and staff training.
- The follow up system to improve quality outcomes for patients was ineffective, in particular for patients with diabetes.
- Non clinical staff were exception reporting patients on the clinical registers with no clinical oversight or review to ensure patients had been appropriately exception reported.
- The provider was unable to demonstrate they had a system in place to assess, monitor and drive improvement in the quality and safety of the services provided.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.