

# Dr KM Al-Kaisy Practice

## Inspection report

Urswick Medical Centre  
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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

Good



Are services safe?

Good



Are services well-led?

Good



# Overall summary

We carried out an announced follow up inspection at Dr KM Al-Kaisy Practice on 8 July 2019 to follow up on concerns identified during a comprehensive inspection which took place on 23 April and 9 May 2018.

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.

At the previous inspection we found:

- The practice had ineffective systems to manage significant events, safety alerts, COSHH and fire safety.
- The leadership and governance structure was fragmented due to ongoing staffing issues.

We rated the practice as requires improvement for being safe and well led and requires improvement overall. We rated the practice as good for being effective, caring and responsive and all population groups were rated good.

At this inspection we found improvements had been made and have now rated this practice as good for being safe and well led and good overall. Effective, caring and responsive and the population groups all remain rated good.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

As well as those areas where we said the provider must make improvements, we also said they should:

- Review and take steps to improve indicators which are below national averages such as QOF figure for diabetes and childhood immunisation.
- Review the required staffing levels to operate effectively, including reception staff.
- Consider how the practice provide access to a female GP when requested by patients.
- Review and provide clinical staff with the appropriate tool for assessing pain in patients.

At this inspection we found:

- Although some indicators remained below average, positive steps had been taken to improve these indicators.
- Staffing levels had been reviewed and additional staff had been employed, including additional reception staff, an additional healthcare assistant and female GP and the number of hours the practice nurse worked were increased.
- A pain assessment tool was now used by GPs and the practice nurse.

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

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

## Our inspection team

This inspection was undertaken by a CQC inspector.

## Background to Dr KM Al-Kaisy Practice

Dr Al-Kaisy's Practice provides primary medical services to approximately 4750 patients. The practice is in a purpose-built building located in a residential area of Dagenham and is commissioned by Barking and Dagenham Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).

The practice is registered with the Care Quality Commission as a partnership to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services, surgical procedures and family planning.

The practice runs a number of services for its own patients and patients registered in other practices within the same CCG. Services include family planning services and is also a Yellow Fever Centre. The practice has recently taken over the care of residents at three local nursing homes.

The practice has two male GP partners providing 18 GP sessions a week. They also have a part time female GP working two sessions per month. The practice employs a part time female practice nurse working 22 hours per

week and two part-time healthcare assistants. The clinical team are supported by a practice manager, assistant practice manager/secretary, business manager and four administration/reception staff.

The practice is open between 8am and 6.30pm Monday to Friday and 9am to 1pm on Saturday. Nurse appointments are available during the week and on Saturday between 9am and 1pm. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments and telephone consultations are also available for people that need them on the day. Out of Hours service are delivered by a different provider, which could be accessed by calling the surgery telephone number.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice is similar to that of other practices in CCG. The life expectancy of male patients is 76 years, which is lower than the CCG average of 77 years and the national average of 79 years. The female life expectancy at the practice was 81 years, which is the same as the CCG average and lower than national average of 83 years. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.