

# Dr Abdul-Kader Vania

## Inspection report

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Leicester  
LE5 5PQ  
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www.ar-razi.com

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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?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

We carried out an announced focused inspection at Dr Abdul-Kader Vania on 15 July 2021 to review compliance with four warning notices issued following our previous inspection on 22 April 2021.

In April 2021, the practice was rated as inadequate overall and also for the key questions of safe, effective and well-led. The practice was placed into special measures. This inspection on 15 July 2021 was undertaken to review compliance with the warning notices which had to be met by 30 June 2021, but the inspection was not rated. The ratings from April 2021 therefore still apply and will be reviewed via a further inspection to take place within the next six months.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Abdul-Kader Vania on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## **Why we carried out this inspection.**

This inspection was a focused inspection to follow up on:

- Compliance with warning notices issued in respect of breaches of regulation 12 (safe care and treatment); regulation 13 (safeguarding service users from abuse and improper treatment); regulation 17 (good governance); and regulation 18 (staffing).
- A review of the standards of record-keeping associated with the private circumcision service provided on site.

## **How we carried out the inspection.**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting interviews using video conferencing.
- Undertaking remote access to the practice's patient records system to identify issues and clarify actions taken by the provider and to discuss findings. This was in relation to safeguarding and circumcision patient records only.
- Requesting evidence from the provider to be submitted electronically.
- A short site visit.

## **Our findings**

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 not rated this practice as the rating remains unchanged until we have completed a further inspection incorporating all relevant key questions.**

# Overall summary

However, we found that:

- Action had been taken to address the breaches identified in the warning notices and it was evident that improvements had been made. However, we found that some required actions were ongoing and were not yet fully completed or embedded. These related to the warning notices for regulation 13 (safeguarding service users from abuse and improper treatment) and regulation 17 (good governance). As a result, the areas where the provider **must** make improvements are:
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We were satisfied that sufficient work had been completed to demonstrate compliance with the warning notices issued in respect of regulation 12 (safe care and treatment) and regulation 18 (staffing).

We also found that patient records for circumcisions were predominantly maintained in accordance with good record keeping guidance.

In addition, the provider **should**:

- Continue to deliver the action plan supported by evidence, which should be reviewed and updated on an ongoing basis.
- Further develop the inclusive and structured approach to improvement with the practice team and promote specialist input from local leads, for example the CCG's safeguarding lead GP and infection control team
- Improve staff awareness of key responsibilities, for example, safeguarding, dealing with complaints, and infection control.
- Improve the uptake of cervical screening and childhood immunisations, building on the improvements made since our previous inspection.
- Develop the evidence base for all employed staff and locums with regards their immunisations status in line with national guidance.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Not inspected</b> 
<b>People with long-term conditions</b>	<b>Not inspected</b> 
<b>Families, children and young people</b>	<b>Not inspected</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Not inspected</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Not inspected</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Not inspected</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector, with support from a second CQC inspector, who spoke with staff using video conferencing facilities and also undertook a site visit on 15 July 2021. The team included a GP specialist advisor who spoke with the lead GP using video conferencing facilities and completed remote records reviews without visiting the location on 16 July 2021.

## Background to Dr Abdul-Kader Vania

Dr Abdul-Kader Vania is the registered location and provider name with the Care Quality Commission (CQC) for the Ar Razi Medical Centre in Leicester at:

1 Evington Lane  
Leicester  
Leicestershire  
LE5 5PQ

Services are provided from one main site and the practice does not have any branch surgeries.

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

The practice is situated within the Leicester City Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of just over 3,000. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in their Primary Care Network.

Information published by Public Health England report deprivation within the practice population group as five on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice caters for a lower proportion of patients experiencing a long-standing health care condition, and there are lower number of patients aged 65 and over registered with the practice.

The National General Practice Profile states that 62.3% of patients are Asian, 25.6% white, 5.4% black and 6.7% mixed race or other ethnicity.

This is a single-handed male GP at the practice, supported by two long-term locum GPs (one male, one female) who individually work between two to four sessions on site per week. One of these locums is in the process of becoming a salaried GP at the practice. The practice did not have a substantive practice nurse in post at the time of the inspection but uses two locum practice nurses who provide input for one session per week on the same day. One of these locums

was leaving at the end of July and the practice was trying to source a new locum nurse. A part-time health care assistant also works at the practice, and also undertakes some administrative duties. The GPs are supported at the practice by a team of seven reception/administration staff, including the practice manager and assistant practice manager who provide operational management oversight.

Extended access is provided locally by local hub sites through a CCG-led service. These are available each weekday from 8am to 10pm and 8am to 8pm at weekends and bank holidays. Out of hours services are provided by Derbyshire Health United.

The provider also provides a private circumcision clinic from the practice for one morning each week. This service, known as 'Circumcision Solutions', is covered by the provider's CQC registration and was therefore included within our inspection. This service is available to male babies up to the age of six months old. This service has its own webpage at [www.circumcisionsolutions.co.uk](http://www.circumcisionsolutions.co.uk)

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 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular:</b></p> <ul style="list-style-type: none"><li>• Practice child and adult safeguarding registers required more work to be fully accurate.</li><li>• Safeguarding alerts were not recorded on adult patient records to flag safeguarding concerns. This meant that clinicians would not be aware of the safeguarding issues when they accessed the home screen of the patient's records.</li><li>• Child safeguarding patient records needed to include details of relevant family members. A clear procedure for the assessment of children on the practice safeguarding register was required, for when they presented with new problems.</li><li>• There was limited evidence to show that patients who had been coded as having adult safeguarding concerns had been reviewed.</li><li>• There was insufficient evidence to demonstrate that the safeguarding lead GP had completed adequate &amp; relevant training for the role.</li></ul> <p><b>This was in breach of Regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

## Requirement notices

The registered person had systems or processes in place operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- Practice policies provided to us were not always customised to reflect what happened on site.
- The procedure for managing blank prescription stationery was not adequate, and there was no evidence of a practice policy or procedure to define the internal procedure to adhere to.
- Formal multi-disciplinary meetings were required to discuss vulnerable patients to ensure they received holistic care.
- New and revised systems needed further development and ongoing review to ensure they became embedded into practice routines.

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