

Dr Mahmood & Partners

Inspection report

Ravensthorpe Health Centre
Netherfield Road, Ravensthorpe
Dewsbury
West Yorkshire
WF13 3JY

Date of inspection visit: 11 and 15 July 2019
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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 responsive?

Requires improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced new style focused inspection at Dr Mahmood and Partners on 10 and 15 July 2019 as part of our inspection programme. The practice had been previously inspected by the Care Quality Commission in February 2016. At that time the practice received a rating of good overall.

We decided to undertake an inspection of this service following our annual review of the information available to us. We visited on 10 July to inspect the key questions of effective, responsive and well-led. As a result of concerns identified during our inspection on 10 July, we returned to the practice on 15 July to also inspect the key area of safe.

Our judgement of the quality of care at this service is based 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 have rated the practice as inadequate for providing safe services because:

- Systems for reporting, investigating and disseminating learning from incidents and complaints were not sufficiently embedded.
- There were significant gaps in relation to documented and recorded uptake of required training for staff.
- Systems and protocols for staff in relation to management of test results were not effective.

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

- Quality improvement activity being carried out within the practice was not shared with relevant clinicians to improve patient outcomes.
- Appropriate monitoring for patients with long term conditions could not be assured, as Quality and Outcomes Framework (QOF) exception reporting rates for patients with long term conditions and mental health conditions were significantly higher than average in several areas.

We have rated the practice as requires improvement for providing responsive services because:

- Systems for recording, analysing and learning from complaints were not sufficiently thorough.

- The provider was able to demonstrate that they had responded to the National GP Patient Survey results from 2018, and made some changes in relation to accessing services at the practice. However, the GP patient survey results from 2019 showed there were still some areas in which the practice needed to improve.

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

- Support systems and guidance for clinical and non-clinical staff were not sufficiently robust to guarantee staff and patient safety. Evidence to confirm that clinical staff had accessed training relevant to their role was not in place.
- Systems for reporting, investigating and disseminating learning from incidents and complaints were not sufficiently embedded.
- Leadership and governance arrangements in the practice were not appropriate. Systems for timely communication and dissemination of learning could not be demonstrated.
- GP patient survey results for 2019 showed areas where the practice was performing less well than local and national averages in some cases.
- We were not assured that the leadership team was taking ownership and accountability for delivering safe care for patients.

We found that:

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the approach to reviewing, investigating and disseminating learning from incidents was insufficient or unclear.
- We saw evidence that the identified safeguarding lead in the practice had accessed training at the required level. However, there were significant gaps in relation to documentary evidence that clinical staff had completed training including infection prevention and control, health and safety and information governance. The provider was unable to demonstrate that all staff had accessed the appropriate level of safeguarding training.
- Systems of communication within the practice were not sufficiently robust. We saw that clinicians were working without access to regular meetings or means of leadership support.

Overall summary

- We were told that 'buddy' systems to cover for clinical staff were in place during their absence. However, we found that these were not consistently applied, resulting in delays in some cases in a clinical review of abnormal test results being carried out.
- Protocols to guide non-clinical staff in relation to responding to test results and other communication were not sufficiently clear. On 10 July we saw there was a backlog of tests requiring action without recourse to clinical guidance. Action had been taken to address this backlog by the time we returned on 15 July.
- There were gaps in relation to governance and leadership provision. The lead GP was on site for one day per week only, and the practice business manager was also only on site for part of the week.

However, we also found that:

- The practice had responded in part to patient survey results and a new telephone line had been installed. The practice was continuing to monitor patient satisfaction in relation to telephone access to the practice.
- The practice were aware of challenges within their practice population in regard to accessing screening services, and had plans to address these in order to improve uptake.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- The service provider must ensure care and treatment is provided in a safe way to patients.
- The service provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review and improve the staff numbers deployed to provide for appropriate clinical cover to meet patient need.
- Review and improve systems for collating and monitoring staff training uptake.
- Review and improve guidance for staff in relation to managing incoming correspondence, and taking appropriate action in relation to abnormal test results.

- Improve processes in relation to recording and responding to complaints.
- Take steps to encourage and improve the rates of cancer screening uptake within the practice population. This includes for cervical, breast and bowel cancer. In addition, the provider should work to improve the percentage of patients with cancer, diagnosed within the preceding 15 months who have a patient review recorded as occurring within six months of the date of diagnosis.
- Increase the use of care planning templates to provide holistic proactive care to patients with complex health needs.
- Review and improve Quality and Outcomes Framework (QOF) exception reporting rates to enable patients to receive the appropriate care and treatment they require.
- Continue to review and take steps to improve patient experience in relation to accessing appointments.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made, so a rating of inadequate remains 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 practice 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.

Special measures will give people who use the practice 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	Requires improvement 
People with long-term conditions	Inadequate 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a

GP specialist advisor and a second CQC inspector. The team on our second visit comprised a CQC lead inspector and a second CQC inspector with access to medicines management support over the telephone.

Background to Dr Mahmood & Partners

Dr Mahmood and Partners is located at Ravensthorpe Health Centre, Netherfield Road, Ravensthorpe, Dewsbury West Yorkshire WF13 3JY. The premises are shared with another GP practice, a dental surgery, and community staff are also based on site. The website address for the practice is www.drmahmoodandpartners.co.uk.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Treatment of disease, disorder or injury

There are currently 4,305 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The Public Health National General Practice Profile shows that around 64% of the practice population are of black or other ethnic minority origin. The level of deprivation within the practice population is rated as one, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest. People living in more deprived areas tend to have greater need of health services.

The age/sex distribution shows that a higher proportion of the practice population are aged under 18 years, at 34%, compared with 24% locally and 20% nationally; whilst 2% of the practice population are aged 75 years or older, compared with 7% locally and 8% nationally.

The average life expectancy for patients at the practice is 76 years for men, and 79 years for women, compared to the national average of 79 years and 83 years respectively.

The practice clinical team comprises two partners; one male GP, the CQC registered manager, who is on site one day per week, and one female nurse practitioner, also on site one day per week. There is one female salaried GP on site three and a half days per week, and one male nurse practitioner, on site three and a half days per week. There are two practice nurses, working at the practice one and two days respectively, and three health care assistants, all of whom work one day each at the practice. All clinical staff, apart from the salaried GP, also spend time during the week at a sister practice, for which the lead GP is also responsible.

At the time of our inspections, there had been a number of recent resignations, including the practice manager

and the advanced nurse practitioner partner. The practice was in the process of appointing an additional advanced nurse practitioner and practice nurse, with recruitment for a GP partner ongoing.

A business manager had been in post for four months at the time of our visit, whose time was also split between the two practices. Day to day operational cover at the practice was provided by a reception manager who had been in post for two weeks at the time of our visit. A range of reception and administrative staff completed the non-clinical team.

The practice opening hours are:

- Monday, Wednesday, Thursday and Friday 8am to 6.30pm
- Tuesday 8am to 7pm.

The practice is housed in purpose-built premises. All the rooms occupied by the practice are on the ground floor. The premises are accessible to people with mobility problems, or those who use a wheelchair. Limited parking, including disabled parking is available on site. There is an informal arrangement with the children's centre next door to allow patients and visitors to the site to park in their car park.

Out of hours care is provided by Local Care Direct, which is accessed by calling the surgery telephone number, or by calling the NHS 111 service.

When we returned to the practice, we checked and saw that the ratings from the previous inspection were displayed, as required, on the practice premises and on their website.

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>How the regulation was not being met:</p> <p>The service provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. In particular:</p> <ul style="list-style-type: none">• We were not assured that all of the people providing care and treatment had completed the training required to do so safely.• Learning resulting from external updates and internal incidents and complaints was not being shared effectively which presented a risk to safe patient care.• Guidance and support for staff in dealing with incoming correspondence and managing abnormal test results was not sufficiently clear. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

In particular:

- Systems to support the analysis and sharing of learning from significant events and complaints were not operating effectively.
- An accurate training record was not maintained, and the provider could not evidence that staff had accessed the training required that was specific to their role for all relevant staff.
- Systems and guidance for clinical and non-clinical staff in relation to management of incoming correspondence and oversight of abnormal test results were not embedded.
- Systems for the oversight and support of advanced non-medical clinicians were not in place.
- Leadership and governance arrangements in the practice were not appropriate. Systems for the timely communication and dissemination of learning were not operating effectively.
- Clinical staff were not afforded sufficient time to carry out essential administrative duties pertinent to their role.

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