

Dr Hina Naila Rauf Ansari

Quality Report

South Croydon 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.

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Overall summary

Letter from the Chief Inspector of General Practice

The Care Quality Commission received concerns in relation to GP access, how prescriptions were issued and the overall management of Dr Hina Naila Rauf Ansari (also known as South Croydon Medical Centre). As a

result, we carried out unannounced, focused inspection of this practice on 24 August 2015 to look into those concerns. This report only covers our findings in relation to those issues.

Summary of findings

As this was a focused inspection and the provider had not been inspected previously under our new methodology, no ratings have been applied to the provider at this time.

Patients were at risk of harm because systems and processes were not in place to keep them safe:

- There was a lack of managerial oversight at the practice with no effective systems in place to identify, monitor and manage risks to patients.
- There was a lack of sufficient GP cover to meet patients' needs. Appointments were not routinely available in the afternoons and therefore patients could not always access a GP when needed and may delay them receiving medical advice and information.
- Not all staff, including locum, administrative and reception staff, had the qualifications, competence or experience to provide care or treatment to patients safely as the provider had failed to undertake the appropriate pre-employment checks on staff before they started work.
- Patients did not receive care from staff who had the skills or experience needed to deliver effective care. Staff had not received annual appraisals or training in child protection, safeguarding adults, chaperoning or basic life support.
- The provider had failed to ensure an accurate, contemporaneous and complete record was kept in respect of each patient, including a record of the care and treatment provided to the service user and the decisions taken in relation to the care and treatment provided.

- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Ensure patients receive safe care and treatment by assessing the risks to the health and safety of service users and doing all that is practicably possible to mitigate those risks. For example, the risks posed by insufficient GP appointments, staff recruitment and qualifications and the lack of a defibrillator on site.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of patients and these staff receive appropriate support, training, supervision and appraisal.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Patients were at risk of harm because systems and processes were not in place in a way to keep them safe and the provider did not assess, monitor or manage risks to patients. There was insufficient access to GPs and the provider had failed to assess the risk the poor availability of appointments posed to patients. Patients did not receive care and treatment from staff that were appropriately trained and qualified. There was a lack of robust recruitment processes in place and the provider had failed to ensure the appropriate checks had been carried out of staff before they started working at the practice. There was insufficient attention to safeguarding children and adults. The provider was unable to provide assurance that patients received effective care and treatment due to considerable gaps in patients' medical records.

Are services well-led?

There was no clear leadership structure and there were a lack of governance systems in place to ensure risks to patients were identified, monitored and managed effectively. Management staff did not have the capacity or capability to lead effectively. The provider had failed to ensure an accurate, contemporaneous and complete record was kept in relation to each patient. Patients did not receive care from staff who had the skills or experience needed to deliver effective care. Staff were not supervised or trained effectively. There was no evidence that staff had received annual appraisals or had received training in child protection, safeguarding adults, chaperoning or basic life support.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure patients receive safe care and treatment by assessing the risks to the health and safety of service users and doing all that is practicably possible to mitigate those risks. For example, the risks posed by insufficient GP appointments, staff recruitment and qualifications and the lack of a defibrillator on site.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of patients and these staff receive appropriate support, training, supervision and appraisal.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements

Dr Hina Naila Rauf Ansari

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector**. The team included a GP specialist adviser and a second CQC inspector.

Background to Dr Hina Naila Rauf Ansari

Dr Hina Naila Rauf Ansari (also known as South Croydon Medical Centre) is located at 226 Brighton Road, South Croydon, CR2 6AH. The practice provides primary medical services through a personal medical services (PMS) contract to approximately 2500 patients in Croydon. (PMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services). The practice is part of the NHS Croydon Clinical Commissioning Group (CCG) which comprises 65 GP practices.

The practice team consists of a female GP who is the provider, a practice manager (one day a week) a locum nurse (one day a week) and a team of administrative/reception staff.

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

According to the practice's website, the surgery is open from 8:00am to 6:30pm Monday, Tuesday, Wednesday and Friday with extended opening until 7:30pm on Thursdays. However, we found that appointments with a GP were only routinely available in the mornings, specifically between 10:00am and 12:00pm. Approximately three urgent bookable appointments were available most days between 9:30am and 10:00am and on occasions between 9:00am and 9:30am. When the practice is closed, patients were instructed to call NHS 111.

This practice has not been inspected previously.

Why we carried out this inspection

We undertook an unannounced focused inspection of Dr Hina Naila Rauf Ansari (also known as South Croydon Medical Centre) on 24 August 2015 in response to concerns received in relation to GP access, how prescriptions were issued and the overall management of the practice.

How we carried out this inspection

We inspected the practice against two of the five questions we ask about services: is the service safe and is it well-led?

We spoke with one patient, the GP, the part time practice manager, four administrative and reception staff and one work experience student.

Are services safe?

Our findings

Overview of safety systems and processes

The systems, processes and practices reviewed as part of this inspection, with the exception of medicines management, did not keep people safe. For example:

- There was a lack of sufficient GP cover to meet patients' needs. Appointments were not routinely available in the afternoons and therefore patients could not always access a GP when needed. This may delay them receiving medical advice and information. Approximately three urgent bookable appointments were available most days between 9:30am and 10:00am and on occasions between 9:00am and 9:30am. The timing of the urgent and bookable appointments and their duration varied from day to day. The provider had not assessed or managed the risk this posed to patients. Some staff told us GP appointments were only available between 10:00am and 12:00pm. The GP told us they were not there every afternoon, but would be there when needed. However, there was no formal process for staff to follow should a patient require an appointment. Some staff told us no appointments were available in the afternoon and patients were advised to ring back the next day or attend the local walk in clinic, others said they would contact the GP and they may decide to hold an afternoon surgery. In addition, reception staff could only book appointments one week ahead. The provider was unaware that there were no bookable appointments beyond 2 September 2015 at the time of our inspection.
- There was insufficient attention to safeguarding children and adults. The provider told us there were safeguarding policies in place, but two new members of administrative staff we spoke with were not aware of these and neither were clear on the process for reporting a safeguarding concern; they told us they would alert the lead GP. One member of staff had been working at the practice for two weeks and the other for five months. There was no evidence that staff had received child protection training to the appropriate level; in line with national guidance, administrative staff should be trained to Level 1, nurses to Level 2 and GPs to Level 3. There was no evidence staff had attended safeguarding adults training.
- The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided to the service user and the decisions taken in relation to the care and treatment provided. For example, we were told that no face to face appointments were booked on Fridays and telephone consultations were held instead with the GP. However, no record was kept of which patient received a telephone consultation that day and the GP did not record the details of all telephone consultation in the patient's record, only those where treatment was given. This was confirmed by the GP. This meant there was no record of the advice the GP gave the patient, or any records of changes to treatment plans or medicines or what the GP told the patient to do if their condition got worse or improved. There was no record to confirm which patients had contacted the practice for a telephone consultation on a Friday. We also found that no patients on repeat medicines had received a medicine review, as appropriate. This meant routine checks that the medicines were having the required effects on patients medical conditions were not completed and there was no evidence to show that treatment remained appropriate. The gaps in patients' medical records meant that if a locum GP was to be used, they would not have an up to date medical history of the patients they were seeing.
- Not all staff, including locum, administrative and reception staff had the qualifications, competence or experience to provide care or treatment to patients safely. Due to the lack of robust recruitment processes, there was insufficient evidence to demonstrate that appropriate pre-employment checks had been undertaken. The provider had failed to carry out the necessary checks on staff before they started work, including proof of identity, professional qualifications and registration, references and Disclosure and Barring Checks, where appropriate.
- In addition there were two students from a local college who worked as receptionists in the afternoon for work experience. No pre-employment checks had been carried out on these students. We were also told they were supervised by a senior member of the administrative member of the team. However, this member of staff finished at 4:00pm and so the students were left on their own between 4:00pm and 6:30pm and

Are services safe?

were responsible for locking the surgery. This put patients at risk if they attended requiring urgent medical treatment because there was no evidence to confirm these young students had completed training in basic life support and it put the security of the practice at risk by delegating a large responsibility to young work experience students.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

Arrangements to deal with emergencies and major incidents

There were emergency medicines and oxygen available in the treatment room. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. However, there was no defibrillator available on the premises and the provider had not assessed the risk of not having one. There was no evidence available to demonstrate that staff had received basic life support training.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Leadership, openness and transparency

There was a lack of managerial oversight and the leadership did not have the capacity or capability to run the practice and ensure high quality care. Not all staff felt supported or were clear about their roles and responsibilities.

Governance arrangements

There were no effective governance systems in place to ensure risks were identified, monitored and managed effectively. The provider had failed to recognise the risks associated with:

- The absence of GP appointments in the afternoon, the inability for patients or staff to book appointments more than one week ahead and ensuring there was appropriate GP cover during the core hours of 8:00am to 6:30pm.
- Not maintaining an accurate, contemporaneous and complete record in respect of each patient.
- Not ensuring staff were appropriately recruited and trained.

Staffing

Staff did not have the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a formal induction programme for newly appointed non-clinical members of staff. We spoke with staff who had recently been recruited; one had had a week's shadowing before commencing work, whilst the other had not been shown the provider's systems and processes.
- There was a lack of evidence to demonstrate that staff received appropriate support, training, professional development and appraisal. The learning needs of staff were not identified through a system of appraisals, meetings and reviews of practice development needs. Records showed no staff had had an appraisal within the last 12 months, including a member of administrative staff who had worked at the practice for four years.
- There was no evidence that staff had received child protection, chaperone or basic life support training. Staff we spoke with confirmed this to be the case.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with the lack of GP appointments in the afternoon, college students being left alone at the practice, a lack of a defibrillator and the risks posed by not ensuring staff were appropriately qualified and recruited.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures 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>The registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk due to the lack of governance systems, managerial oversight and capacity of the leadership at the practice. The registered person had failed to maintain securely an accurate, complete and contemporaneous record in</p>

This section is primarily information for the provider

Requirement notices

respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

This was in breach of regulation 17(1)(2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered person had failed to ensure there were sufficient numbers of suitably qualified, competence, skilled and experienced persons deployed in order to meet the needs of patients. There was insufficient access to GP appointments. In addition, the registered person had failed to staff received appropriate support, training, supervision and appraisal. There was no evidence staff had received training in child protection, safeguarding adults, chaperoning or basic life support.

This was in breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had failed to ensure there were robust recruitment processes in place and appropriate employment checks had been carried out so the information specified in Schedule 3 was available in respect of each member of staff.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 19(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.