

# Dr Yahaya Mohammed

## Quality Report

Hollington Surgery  
Blue Line Lane  
Ashford  
Kent  
TN24 8UN  
Tel: 01233 622361  
Website: Not applicable

Date of inspection visit: 13 June 2017  
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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 service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Yahaya Mohammed on 27 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr Yahaya Mohammed on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This inspection was an announced focused inspection carried out on 13 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 27 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

During our inspection on 13 June 2017, our key findings were as follows:

- There was evidence that lessons learned were the subject of whole practice discussion and review in meetings.

- Risks to patients who used services were identified and assessed, and actions taken to mitigate risks were sufficient.
- There was a new recruitment policy and induction process for all newly recruited staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. Medicines and blank prescriptions were stored and kept securely and there was a procedure in place to manage refrigerated medicines.
- All staff had received basic life support training. There was a written record of regular defibrillator and oxygen checks.
- Mandatory training was up-to-date and planned for all staff.
- An infection control audit had been conducted and actioned.
- There was evidence of engagement with patients and their involvement in improving services.

# Summary of findings

- Quality and Outcomes Framework data from 2015/16 showed patient outcomes had improved from the previous year.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to improve patient outcomes in relation to national QOF data.
- Continue to ensure that all staff are up-to-date in mandatory training.

**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?

The practice is rated as good for providing safe services.

- Minutes of meetings demonstrated opportunity for whole practice discussion and review of lessons learned.
- Risks had been identified and action taken to mitigate these.
- The recruitment policy had been reviewed, with the practice making reference to schedule 3 of the Health and Social Care Act as part of procedure. The induction checklist for all newly recruited staff had also been reviewed and included a checklist of required training for staff.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. Medicines and blank prescriptions were stored securely.
- The practice had appropriate emergency equipment and medicines. There were regular checks of the defibrillator and medical oxygen. Fridge temperatures were regularly checked and recorded.
- A carpet in a treatment room identified as a result of an infection control audit had now been removed and replaced.
- All staff had received annual basic life support training within the last 14 months.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Most staff had completed mandatory training. We saw in one instance where this was not the case, staff had been booked onto the next available course.
- QOF data (QOF is a system intended to improve the quality of general practice and reward good practice) showed patient outcomes in 2015/16 had improved.

Good



### Are services well-led?

The practice is rated as good for being well-led.

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were sufficient.
- There was evidence of seeking feedback from patients following their appointments. The practice used patient feedback to improve services and facilities.
- Recruitment and induction policies had been reviewed and were compliant with regulations.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for the safe, effective, and well-led domains previously identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for the safe, effective, and well-led domains previously identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for the safe, effective, and well-led domains previously identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for the safe, effective, and well-led domains previously identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for the safe, effective, and well-led domains previously identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for the safe, effective, and well-led domains previously identified at our inspection on 27 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to improve patient outcomes in relation to national QOF data.
- Continue to ensure that all staff are up-to-date in mandatory training.

# Dr Yahaya Mohammed

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC lead inspector and included an assistant inspector.

## Background to Dr Yahaya Mohammed

Dr Yahaya Mohammed offers general medical services to people living and working in Ashford, and surrounding areas. The practice population is in an area that has higher than average unemployment and higher than average income deprivation including that affecting children and older persons.

The practice holds a General Medical Service contract and is led by one male GP. The GP is supported by a salaried GP (female), a practice nurse, a healthcare assistant, a practice manager, and a team of three reception and administrative staff. A range of services and clinics are offered by the practice including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

The practice is open between 8am and 6pm Tuesday, Thursday and Friday. On Wednesdays the practice is open from 8am to 1pm. On a Wednesday afternoon calls are transferred to a mobile phone carried by one of the GPs. On a Monday the practice is open from 7.30am to 8.00pm, providing extended hours appointments for patients unable to access services during working hours. The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider namely IC24, when the practice is not open.

Services are provided from:

Dr Yahaya Mohammed

Hollington Surgery

Blue Line Lane

Ashford

Kent

TN24 8UN

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Yahaya Mohammed on 27 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on September 2016 can be found by selecting the 'all reports' link for Dr Yahaya Mohammed on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Yahaya Mohammed on 13 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a focused inspection of Dr Yahaya Mohammed on 13 June 2017.

During our visit we:

# Detailed findings

- Spoke with a range of staff (a practice manager, administrator, and a practice nurse).
- Reviewed a range of documentation including policies and procedures, risk assessments, minutes of meetings and training files.

- Looked at information the practice used to deliver care and treatment, and the systems to do so.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

**At our previous inspection on 27 September 2016, we rated the practice as requires improvement for providing safe services:**

Staff understood their responsibilities to raise concerns, report incidents and near misses and when things went wrong reviews and investigations were undertaken. However, there was no evidence of minutes of meetings to demonstrate whole practice discussion and review.

Although some risks to patients who used services were assessed, there were areas where risks had not been identified. There was a lack of general environmental risk assessments, DBS (disclosure and barring service) risk assessments and legionella risk assessments. There was a fire risk assessment but no records of a fire drill having been undertaken were documented.

There were recruitment checks but a nurse recruited from an agency did not have references on record and a healthcare assistant who acted as a chaperone had not received a Disclosure and Barring Service (DBS) check, although we saw evidence that this had been applied for.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe. Medicines and blank prescriptions within computer printers were not stored or kept securely. The fridge used for the safe storage of vaccines was not routinely checked. Records of fridge temperature checks showed there were periods of several days when the fridge temperatures had not been recorded and there was no system to check the fridge temperatures on the days when the responsible staff member was not at the practice. There were emergency medicines and equipment in place, however there was no record of regular oxygen and defibrillator checks and there was expired aspirin in the box of emergency medicines.

Most staff received annual basic life support training; however, not all staff were up-to-date with their training.

There were infection control processes and an audit had been undertaken with clear evidence of action having been taken. A carpet in a treatment room was due to be removed but there was no clear timeline for this.

**These arrangements had improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

- There had been no significant events since the last inspection. However we saw evidence from whole practice meetings that staff had the opportunity to discuss how lessons, from significant events, could be used to improve safety.

### Overview of safety systems and process

- No staff had been recruited since the last inspection however a new chaperone policy stated chaperones would be a member of the practice nursing team in the first instance, all of whom were in receipt of a DBS check. Should a member of the nursing team not be available then it was practice policy to call on a member of the administrative team who had received chaperone training and were either in receipt of a DBS check or had been subject to a DBS risk assessment.
- The practice had reviewed their recruitment policy and referred to schedule 3 of the Health and Social Care Act as practice procedure. The practice had a new induction process; this included a checklist of training in safeguarding, infection prevention and control, fire safety, health and safety, and confidentiality.
- Infection control risks had been identified and action taken to mitigate these. A carpet in a treatment room previously identified on an infection control audit had now been replaced with a new vinyl floor.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Printer trays containing blank prescription forms were removed from printers at night and locked away.
- The fridge used for the safe storage of vaccines was routinely checked. Records of fridge temperatures were kept and there was a system to check the fridge temperatures on the days when the responsible staff member was not at the practice.

### Monitoring risks to patients

- The practice had an up-to-date fire risk assessment and had carried out its last fire drill in April 2017 with

## Are services safe?

intention to carry out fire drills every three months, changing the days on which these took place to ensure all staff were included. There was documentation to show when the last fire drill had been carried out and which staff were present. There were two designated fire officers within the practice and all other staff had received appropriate fire safety training. There was a fire safety policy with a fire evacuation plan that identified how staff could support patients with mobility problems.

- The practice had risk assessments to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water

systems in buildings). The practice also had documentation dating back to November 2016 showing the weekly actions taken to mitigate risks in relation to legionella.

### **Arrangements to deal with emergencies and major incidents**

- All emergency medicines were in-date, and there was a monthly record check. Emergency equipment was in-date and oxygen and defibrillator checks were recorded daily.
- All staff had received annual basic life support training within the last 14 months.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 27 September 2016, we rated the practice as requires improvement for providing effective services:**

Staff had access to and made use of e-learning training modules and in-house training. However, not all clinical staff were up-to-date with some areas of training including no record of GP's attending Mental Capacity Act (2005) and deprivation of liberty safeguards (DoLs), information governance or infection control training. Additionally, the GPs and nurse had no record of having attended fire safety training.

Data collected for the Quality and Outcomes Framework (QOF is a system intended to improve the quality of general practice and reward good practice) showed patient outcomes in 2014/15 were low compared to the national average.

**These arrangements had improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing effective services.**

### **Effective staffing**

- Most staff had completed mandatory training, where they had not they had been booked onto the next available course.

### **Management, monitoring and improving outcomes for people**

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Data collected for 2015/16 showed that although some patient outcomes were still lower than national average, figures showed improvements from the previous year.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 27 September 2016, we rated the practice as requires improvement for providing well-led services:**

Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not consistently effective. For example, in relation to legionella, general health and safety, and medicine management.

The practice had a virtual patient participation group (PPG) although there were no survey results or evidence of proactive engagement with the group or patients influencing improvements within the practice.

All staff had received appraisals or probationary reviews as appropriate but there was no record of induction held on staff files.

**These arrangements had improved when we undertook a follow up inspection of the service on 13 June 2017. The practice is now rated as good for being well-led.**

### Governance arrangements

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example the practice had arranged for a legionella risk assessment to be carried out and documentation evidenced the outcome of this. A general health and safety risk assessment had been carried out in March 2017 with an action plan attached.

- We saw evidence from minutes of a meeting structure that allowed for lessons to be learned and shared following significant events and complaints.
- Medicine management procedures had been reviewed and there was a system for the recording of fridge temperatures and emergency equipment.
- A number of policies and procedures had been reviewed since last inspection including a DBS risk assessment policy, chaperone policy, recruitment policy, induction checklist procedure and fire drill procedure.

### Seeking and acting on feedback from patients, the public and staff

- We saw the practice sought feedback from patients following their appointments; this was carried out through a text messaging service. Responses came directly to the practice manager who shared this with other staff members as appropriate.
- The practice did not have a patient participation group (PPG). There had been a virtual group but this had fallen into disuse. However there were posters in the reception area asking for patients to help set up such a group. The practice was open to feedback from staff or patients. We saw examples such as improvements to the toilet facilities and to the chairs in the reception area following patient feedback about hygiene and general maintenance.