We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Avicenna Medical Practice

Barkerend Health Centre, Barkerend Road, Bradford, BD3 8QH
Tel: 01274664464

Date of Inspection: 11 November 2013
Date of Publication: December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<tr>
<td>Details about this location</td>
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<tr>
<td><strong>Registered Provider</strong></td>
<td>The Avicenna Medical Practice</td>
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<tr>
<td><strong>Registered Manager</strong></td>
<td>Dr. Akram Khan</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>The practice is based on the outskirts of Bradford City Centre. There are six doctors, who are supported by a team of nursing staff, healthcare staff, administration and reception. There is a car park and off road parking.</td>
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| **Type of services**      | Doctors consultation service  
Doctors treatment service |
| **Regulated activities**  | Diagnostic and screening procedures  
Family planning  
Maternity and midwifery services  
Treatment of disease, disorder or injury |
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 November 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information sent to us by other regulators or the Department of Health and were accompanied by a specialist advisor.

What people told us and what we found

We talked with three people who used the practice. Two people told us they had found it easy to make both non-urgent and urgent appointments. They felt the receptionists were "very good" and the appointments had not been rushed. One person told us it was difficult to make telephone appointments because they had to take their children to school from 8am to 9am when most of the appointments were allocated.

We found that people's views about the service were acknowledged and responded to. For example in the GP practice survey results 2012 – 2013, people were asked if it was difficult to get through on the telephone, 64 people out of 88 responded that it was not easy to contact the practice by telephone. In response we saw the practice planned to improve the telephone system by adding an extra line.

People who used the service were protected against the risk of abuse. Staff had received training in abuse awareness and protecting children and vulnerable adults. Policies and procedures were available to all staff in relation to safeguarding.

We also found the practice was following their recruitment process and had carried out all the appropriate checks before staff had started work.

We looked at the premises and found the practice did not have robust systems in place which were designed to assess the risk of and prevent and control the spread of health care associated infections.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 20 December 2013, setting out the
action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided.

Reasons for our judgement

We saw there were notice boards in reception with health promotion advice to inform people about different conditions. There was also a leaflet available on the reception desk which provided people with information about the opening times of the surgery, the different clinics and the staff. The reception staff told us for people who used the practice who did not have English as their first language they had access to an interpreter service.

We saw people had the opportunity to make their views known about the service and were encouraged to make comments. The practice had a patient participation group (PPG). The role of the group was to promote partnership working between people who used the service and the general practitioners to highlight people's concerns and needs.

The manager told us the practice found when they asked people to attend a regular PPG meeting the response was very poor so they had changed this to a virtual group. The virtual group was advertised in the waiting room and the manager explained if people volunteered to join the group, they were contacted regularly by telephone or by e mail to ask for, their views about the practice. We saw 39 people had volunteered. In addition the practice had also handed out forms to people who attended appointments. We saw evidence to demonstrate the practice had reviewed both the PPG responses and people's comments and had implemented an action plan. So far they had responded by recruiting a nurse practitioner and a part time doctor and this had increased the availability of appointments by a further 42 appointments a week.

We talked with three people who were part of the virtual PPG. Two told us it had not been difficult to make both non-urgent and urgent appointments. They felt the receptionists were very good and the appointments had not been rushed. One person told us it was difficult make telephone appointments because they had to take their children to school from 8am to 9am when most of the appointments were allocated. One also told us that they did not always feel listened to by the doctors.
The GP practice survey results 2012 – 2013, showed when people were asked if it was difficult to get through on the telephone 64 out of 88 had responded that it was not easy. In response to this we saw the practice planned to improve the telephone system by adding an extra line. This showed us that people’s views about the service were acknowledged and responded to.

The manager told us practice rents the building and the staff cannot enter the building before 7.30am, and make it ready for use safely by 7.45am and has to leave the building at 7pm. The practice is therefore open every day from 7.45am – 6.30pm.

We talked with the receptionist who told us most people made contact by telephone, or walked into the surgery, and they were now able to offer people a choice of appointment times. They said there were emergency appointments and people could book appointments in advance.

People’s confidentiality, privacy and dignity were maintained. For example the practice offered a chaperone service and there was a private room available which offered people privacy when they wanted to talk in confidence with the reception staff. The manager told us staff had been trained on how to act as a chaperone and courses had been booked for other members of staff. We saw evidence of the chaperone service offered in the waiting area.
Safeguarding people who use services from abuse  ✔ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During the inspection we asked the manager what measures were in place to safeguard people and protect people from abuse. The manager provided us with information to show 59% of staff had completed their vulnerable adults’ protection training and 73% of staff had completed their child protection training. We talked with staff and they were able to explain what they would look for and who they would go to if they had any concerns. The staff we spoke with were confident about the actions they would take; they said there were two safeguarding leads, one for children and one for vulnerable adults. This showed us staff was knowledgeable about what the actions they needed to take if they identified any abuse.

We talked with the children’s safeguarding lead, who told us they were the main contact point for everyone in the surgery and were in contact with the Local Authorities Children’s Safeguarding Team. They had also completed their level three training in safeguarding children. Once a month they met with the health visitors and reviewed any safeguarding issues. At present they were reviewing the systems to ensure any children who did not attend appointments were followed up. This showed us staff were following and reviewing the systems in place to enable them to identify any safeguarding concerns.

The manager told us a General Practice Resource Pack which was intended to be used by any member of staff within the GP environment to observe signs of abuse and provide them with all the information and resources to respond appropriately according to local procedures. It also provided a flow chart which showed clearly the steps to take was kept in reception. Staff we spoke with confirmed they were aware of the guidance pack.

We saw adult protection posters on the practice walls which informed people about how to recognise abuse and who they should contact if they had any concerns. There were also posters with information about agencies which provided support and protection, such as local domestic violence services and helpline. This showed us the practice had provided people with the information of how to get advice and help, to protect themselves and others.
The manager told us the practice had a zero tolerance of aggressive behaviour in the practice, and would call the police if needed.

Staff confirmed they did not carry out any restraint in the practice.
Cleanliness and infection control

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

The practice did not have robust systems in place which were designed to assess the risk of and prevent, detect and control the spread of health care associated.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw Personal Protective Equipment (PPE) and hand hygiene gel was available throughout the practice, and there were notices which demonstrated hand washing techniques.

We saw there were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We were provided with a copy of the clinical waste management policy, which described the actions staff must take when disposing of clinical waste. We saw clinical waste was stored appropriately and arrangements were in place for the regular collection of the waste. We saw all sharps bins were located on high surfaces and out of children's reach in the treatment/consulting rooms we visited. This showed us the practice was storing and disposing of clinical waste appropriately.

A member of the reception staff told us about how they handle specimens of bodily fluids safely and how PPE and equipment to manage any spillage of the fluids was supplied for their use. A receptionist told us they had been provided with training and described how they would only accept samples from people where the containers were correct and secure, where they were not they would refuse to accept the samples. The manager told us over 73% of staff had completed their annual infection control training.

The practice shares the Barkerend building with other doctor's practices and community health services. The building was rented from the National Health Services (NHS) property services and they were responsible for the maintenance of the building. We saw there were areas in the building which required repairs. We discussed this with the manager who provided us with information to show they had raised the repairs with the landlords and that the building was to be refurbished in April 2014.

We saw some of the issues the manager had raised compromised the control and prevention of the spread of infection within the practice. For example in one doctor's surgery we saw there was a large crack in the plaster work, which was shedding sand and in the other surgeries and the treatment rooms the wall, door frames and skirting boards...
paint work were grubby and marked. The carpets in most areas were dirty and heavily stained and had been assessed by the cleaning company as worn and needed replacing. This showed us the poor maintenance of the building was putting people at risk of the spreading of infections and any associated diseases.

NHS Property Services (NHS PS) commissioned Bradford District Care Trust (BDCT) Estates and Facilities services to clean the building. We saw the manager had an agreement with BDCT about what they were responsible for cleaning. There was a schedule of cleaning for the cleaners to complete each day and an audit carried out by their supervisors every three months. We found on discussion with BDCT the supervisor only checked a sample of the rooms and surgeries and this was carried out randomly. This meant they could not be confident they checked every room annually. The manager explained they also carried out a weekly walk around at the practice but they did not have access to all of the cleaning stores. Also a three monthly audit, and reported any concerns to BDCT. However, during our tour of the building we found the curtains around the treatment beds were dirty. And curtain rails and skirting boards were dusty. We saw the cleaners were reusing disposable mop heads and storing them in the hot boiler room, the cleaning trolleys had very dirty long handled dusters on them. This showed us the audit systems were not robust and had not identified these as a possible risk of spread of infections and any associated diseases.

The practice nurse told us they were the responsible clinician for infection control and they carried out an annual audit of infection control. They also supervised the health care assistant, who under their supervision checked the surgeries and treatment areas for cleanliness and stock daily. They told us all of the sterile equipment was single use only and they carried out stock control for all sterile equipment and vaccinations. However we found this only covered the ten clinical rooms, this meant some rooms were not checked, and in the unchecked rooms we saw out of date hand wash. This showed us some areas in the practice were not being regularly checked to prevent the spread of infections and associated diseases.

We were provided with copies of the various policies for staff to follow to ensure they and people who used the service were protected from the risks of infection. For example the hand-washing, disposable instruments and sample handling policies.

Three people who attended the surgery regularly told us they found the practice was always clean when they visited.
Requirements relating to workers  

Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Appropriate checks were undertaken before staff began work.

Reasons for our judgement

Three people told us the reception staff were "very helpful", the GP practice survey results 2012 – 2013, showed when people were asked if the receptionists were helpful 62 out of 88 had stated they were helpful.

The manager provided us with a copy of the recruitment policy. This stated that Disclosure and Barring Service Checks (DBS), (previously Criminal Record Bureau checks) and two references would be sought before a member of staff commenced work. DBS checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people and children. We saw all DBS checks had been completed.

We looked at four staff files that had been recently recruited. We saw evidence of written references, application forms, curriculum vitae (CV), interview notes and proof of identity. We saw information the practice kept regarding staff immunity status, certification of indemnity insurance and registration with the General Medical Council (GMC) or the Nursing and Midwifery Council (NMC). We randomly checked two registrations on the General Medical Council (GMC) website and found their registration to be correct.

This demonstrated to us the practice had appropriate checks had been carried out before staff started work in the practice.
Complaints

Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We spoke with three people from the PPG, two told us they did not have any concerns or complaints about the practice. Although one person told us they had raised concerns informally with the practice and felt these had not always been listened to.

We saw there were various ways people could make a complaint or provide feedback. During our visit we saw the practice had information about their complaints policy which was available for people to see in a leaflet on the reception desk. There was also details of how to make a complaint on the website.

The information explained how and who to report the complaint to and how it would be responded to. We saw in the policy that any complaints would be acknowledged immediately and the time scale for dealing with any complaints.

There were also details of other organisations to contact if they were unhappy with the outcome of their complaint.

The manager said if people did raise concerns they tried to deal with them in person but if they received a formal or written complaint it would be investigated and responded to in line with the practice's complaints policy. We looked at the complaints and saw there had been ten complaints in 2012 – 2013. The manager told us they and the doctors met and reviewed the complaints every six months, during the meeting any trends would be identified and responded to.
Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

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<thead>
<tr>
<th>Regulated activities</th>
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<td>Diagnostic and screening procedures</td>
<td>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</td>
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<tr>
<td>Family planning</td>
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<tr>
<td>Maternity and midwifery services</td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>The practice did not have robust systems in place which were designed to assess the risk of and prevent, detect and control the spread of health care associated. Regulation 12.</td>
</tr>
</tbody>
</table>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 20 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✅ Met this standard

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

❌ Action needed

This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

❌ Enforcement action taken

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.