

Dr Samir Naseef

Quality Report

216 Wigan Road
Bolton
BL3 5QE
Tel: 01204 462198
Website: www.drnaseef.co.uk

Date of inspection visit: 17 November 2017
Date of publication: 27/12/2017

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?

Requires improvement 

Are services effective?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The six population groups and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to Dr Samir Naseef	6
Why we carried out this inspection	6
Detailed findings	7
Action we have told the provider to take	9

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection as part of our inspection programme at the practice of Dr Samir Naseef on 26 August 2016 which was rated as requires improvement overall. The key questions were rated as:

Safe – requires improvement

Effective – requires improvement

Caring – good

Responsive – requires improvement

Well led – requires improvement

We carried out a focused follow up inspection on 1 June 2017 where we found the practice had made significant improvements in the key questions responsive and well led which were rated as good. The practice was rated requires improvement overall as improvements still needed to be made in the key questions safe and effective. The full comprehensive and follow up reports for these inspections can be found by selecting the 'all reports' link for Dr Samir Naseef on our website at www.cqc.org.uk.

At this inspection the areas that required improvement were:

- The provider had failed to identify the risks associated with the type of blinds fitted throughout the surgery which were not compliant with current and safe standards.
- The provider had failed to ensure that persons employed received such support, training, professional development, supervision and appraisal as was necessary to enable them to carry the duties they were employed to perform. They did not have a robust induction process that prepared staff for their role.
- The provider did not hold information such as ID, references, DBS checks in the files of all its employees.
- The provider had not completed the required actions identified in a legionella risk assessment.

This inspection was an announced focused inspection carried out on 17 November 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 1 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Summary of findings

Overall the practice is now rated as good. Since the last inspection the provider had recruited a new practice manager who had made the following improvements

- The provider had ensured that all blinds in the surgery were cleaned and were now compliant with current and safe standards.
- The provider had completed the required actions identified in a legionella risk assessment
- The provider had introduced a training programme and an induction process that prepared staff for their role and offered support and supervision.
- The practice manager had ensured a plan for the appraisal process was in place and to carry out appraisals for all staff in the coming weeks.

- The provider had introduced a policy where information, such as ID, references and DBS checks would be held for new staff and, where appropriate existing staff.

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

Importantly, the provider must:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 effective services identified at our inspection on 17 November 2017 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 effective services identified at our inspection on 17 November 2017 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 effective services identified at our inspection on 17 November 2017 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 effective services identified at our inspection on 17 November 2017 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 effective services identified at our inspection on 17 November 2017 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 effective services identified at our inspection on 17 November 2017 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 **MUST** take to improve

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Dr Samir Naseef

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and included a CQC second inspector.

Background to Dr Samir Naseef

Dr Samir Naseef, known locally as Orient House Medical Centre provides primary medical services in Bolton, Greater Manchester from Monday to Friday. The practice is open between 8am and 6.30pm Tuesday to Friday and until 8pm on Monday. The first appointment of the day with a GP is 10am Monday to Thursday and 9am on Friday and the last appointment with a GP is 7.50pm on Monday and 6.10pm Tuesday to Friday.

Orient House Medical Centre is situated within the geographical area of Bolton Clinical Commissioning Group (CCG).

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Orient House Medical Centre is responsible for providing care to 3111 patients.

The practice consists of a male lead GP and a long term male locum GP, two part time practice nurses and a health

care assistant and a new practice manager who started with the practice the day after the last inspection in June. An administration team including receptionists support the running of the practice.

When the practice is closed patients are directed to the out of hour's service provided by BARDOC (Bury and Rochdale Doctors On Call).

The practice is part of a group of practices who offer appointments with a GP and practice nurse seven days a week. It also belongs to a group of small practices who provide GP cover for each other during sickness and holidays.

Why we carried out this inspection

We undertook a comprehensive inspection of the practice of Dr Samir Naseef on 26 August 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. We then carried out a focused follow up inspection on 1 June 2017 where the practice had made some significant improvements but was still rated requires improvement. The reports following these inspections can be found by selecting the 'all reports' link for Dr Samir Naseef on our website at www.cqc.org.uk.

We undertook a further follow up focused inspection of the practice of Dr Samir Naseef on 17 November 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.

Are services safe?

Our findings

At our previous inspection on 1 June 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect the safety of the building, also the provider did not hold information such as ID, references, DBS checks in the files of all its employees.

Since the last inspection the provider had employed a new practice manager and although these arrangements had significantly improved when we undertook a follow up inspection on 17 November 2017. The practice is still rated as requires improvement for providing safe services.

:

Safety systems and processes

- The provider had introduced a policy where information, such as ID, references and DBS checks would be held for new staff and, where appropriate existing staff. However we saw evidence that a new member of clinical staff had started employment with the practice with some checks outstanding.

Risks to patients

- The provider had ensured that all blinds in the surgery were cleaned and were now compliant with current and safe standards.
- The provider had completed the required actions identified in a legionella risk assessment

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 1 June 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff support, training, professional development, supervision and appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 17 November 2017. The practice is now rated as good for providing effective services.

Effective staffing

- The provider had introduced a training programme and an induction process that prepared staff for their role and offered support and supervision.
- The newly recruited practice manager had ensured a plan for the appraisal process was in place and to carry out appraisals for all staff in the coming weeks.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Registered Activities) Regulations 2014 was available for each person employed. In particular the provider did not hold information such as references in the file of a new member of clinical staff. <p>This was in breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>