

Dr Syed Masroor Imam

Quality Report

Unit 5B New Century House
Jackson Street
Gateshead
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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 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 Syed Masroor Imam on 24 September 2015. Overall, we rated the practice as good. However, the practice was rated as requires improvement for providing well led services. In particular, we found that the arrangements for reception staffing, health and safety and fire assessments, infection control, the treatment of homeless patients and arrangement to ensure the long-term sustainability of the practice through the development and delivery of business plans and plans for improvement should be reviewed.

In November 2016 we undertook a focused inspection, where we asked the practice to send us information to evidence of the improvements they had made. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Syed Masroor Imam on our website at www.cqc.org.uk.

Our key findings across all the areas we inspected were as follows:

- The practice had reviewed the staffing arrangements for the reception area; they had appointed two additional members of staff to ensure that the practice was able to meet the needs of patients at all times.
- The practice completed a fire assessment; however, they had not completed a health and safety assessment.
- The practice had developed their infection prevention, control arrangements, a recent infection control audit had been completed, and staff had undertaken appropriate training. We also saw the practice had updated the infection control policy and this was now in line with current guidance.
- The practice had reviewed arrangements for seeing and treating homeless patients. The practice now provided care and treatment for homeless patients and directed them towards a service that provided housing support and advice.
- The practice had taken steps to ensure the long-term sustainability of the practice through the development and delivery of business plans and plans for improvement. However, the business plan was not well enough developed to ensure sustainability.

The area where the provider should make improvements are:

Summary of findings

- Review the arrangements to support sustainability at the practice in the longer term through the development and delivery of effective business plans and plans for improvement.
 - Complete a health and safety risk assessment of the 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 well-led?

The practice is rated as good for providing well-led services.

The practice had taken actions to address most of the concerns raised during our previous inspection in September 2015. They had implemented systems that would support them to demonstrate that they provided well-led services. We found that:

- The practice had reviewed the staffing arrangements for the reception area; they had appointed two additional members of staff to ensure that the practice was able to meet the needs of patients at all times.
- The practice had developed their infection prevention, control arrangements, a recent infection control audit had been completed, and staff had undertaken appropriate training. We also saw the practice had updated the infection control policy and this was now in line with current guidance.
- The practice had reviewed arrangements for seeing and treating homeless patients. The practice now provided care and treatment for homeless patients and directed them towards a service that provided housing support and advice.

However:

- The practice had taken steps to ensure the long-term sustainability of the practice through the development and delivery of business plans and plans for improvement. However, the business plan was not well enough developed to ensure sustainability.
- The practice completed a fire assessment; however, they had not completed a health and safety assessment. The practice assured us that plans were in place for this to be completed by March 2017 following the completion of training by the practice manager.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Review the arrangements to support sustainability at the practice in the longer term through the development and delivery of effective business plans and plans for improvement.
- Complete a health and safety risk assessment of the practice.

Dr Syed Masroor Imam

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Inspector.

Background to Dr Syed Masroor Imam

Dr Syed Masroor Imam is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 3,600 patients from one location: Unit 5B New Century House, Jackson Street, Gateshead, Tyne and Wear NE8 1HR. The practice is known locally as Metro Interchange Surgery

Dr Syed Masroor Imam is based in converted premises. Services are provided on the first floor of the building, which can be accessed by the stair or by a lift. The reception area and all consultations rooms are fully accessible for patients with mobility issues. On-site parking is not available due to the practice's town centre location; however, a disabled parking bay is located opposite the entrance to the practice in Jackson Street.

The practice has one GP (male) and employs two locum GPs (one male, one female) who cover six sessions per week between them. The practice employs a practice manager, two practice nurses, a phlebotomist, six receptionists (which includes two apprentices) and one secretary who works closely with the practice manager. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Dr Syed Masroor Imam is open at the following times:

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

- Tuesday 8am to 7pm

The telephones are answered by the practice during their opening hours. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Gateshead Community Based Care Ltd., which is also known locally as GatDoc.

Appointments are available at Dr Syed Masroor Imam at the following times:

- Monday, Wednesday, Thursday and Friday 8.30am to 12.30am and 2.00pm to 5.30pm
- Tuesday 8.30am to 5.30pm and 6.00pm to 7.00pm.

The practice is part of NHS Newcastle Gateshead clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in band two for deprivation where one is the highest deprived area and ten in the least deprived. In general, people living in less deprived areas tend to have less need for health services. Average male life expectancy at the practice is 75 years, compared to the national average of 79 years. Average female life expectancy at the practice is 80 years, compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is in line with the average (56% compared to the CCG average of 57% and the national average of 54%). The proportion of patients who are in paid work or full-time employment is below average (45% compared to the CCG average of 61% and the national average of 62%). The proportion of patients who are unemployed is above average (21% compared to the CCG average of 7% and national average of 5%).

Detailed findings

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check the action taken by the provider to address areas for improvement, identified during our comprehensive inspection on 24 September 2015. The inspection focused on one of the five questions we ask about services; is the service well-led? This was because the service was rated as requiring improvement in this domain when we inspected on 24 September 2015

How we carried out this inspection

The focused inspection was carried out as a desktop review. In October 2016, we contacted the provider by telephone and we asked them to send us evidence to confirm that improvements had been made. The provider sent us a range of evidence to demonstrate this. This included copies of practice's policies, the practice's business plan, the fire risk assessment and minutes of meetings. We also spoke to the practice manager by telephone.

Are services well-led?

Good 

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

Our findings

Vision and strategy

When we inspected the practice in September 2015, we identified concerns relating to the strategy of the practice. We found:

- The practice did not have strategy documented, a business plan or any plans for improvement in the future. We were therefore not fully assured of the sustainability of the practice in the long term.
- That the reception staffing arrangements were under pressure and required review.

During our review of evidence sent to us by the practice by in November 2016 we found:

- The practice had an action plan for November 2016 to April 2017 that covered the priorities that the practice had identified, for example, clinical audit and the practice's policies, we saw that actions had been taken or were ongoing. The practice also sent us a business plan. However, the plan was very limited and did not include details of the actions the practice would take to address the key areas they identified. There was no detail of the timescales for completion or who would lead any of the work required. The practice had taken steps to ensure the stability of the clinical staffing by employing two long-term locum GPs.
- The practice had reviewed staffing arrangements; they had now employed two additional staff who each worked 30 hours per week. We reviewed reception staff rotas and saw that additional cover was now in place that should ensure staff are able to work without undue pressure.

Governance arrangements

When we inspected the practice in September 2015, we identified concerns relating to the governance of the practice. We found:

- Some of the policies we looked at required personalising to the practice and that health and safety and fire risk assessments had not been completed.

During our review of evidence sent to us by the practice by in November 2016 we found:

- The practice had identified the need to review the policies in place, as part of their action plan. They planned to review all the practice's policies and make these available to all members of staff in a shared area of their computer system by February 2017. When we inspected the practice in November 2016, the practice told us that the practice's policies were not yet available on the shared area of their computer system, but that personalised copies were now available in a paper form. We reviewed a sample of the practice's policies and those we reviewed were personalised to the practice.
- The practice had completed a fire risk assessment on 5 October 2016; it identified areas the practice needed to address. The practice assured us that they would act on these promptly. However, at the time of the inspection the practice had not yet completed a health and safety assessment. The practice manager showed us proof that training was scheduled that would enable them to carry out this assessment; however, this would not be completed until February 2017. Following the previous inspection the practice manager had completed training to enable them to support the effective management and monitoring of the risk posed by legionella at the practice. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings).