

# Dr Touseef Safdar

## Quality Report

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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 of Dr Touseef Safdar's practice, Central Clinic, on 14 January 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to:

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

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We undertook a focused inspection on 2 February 2016 to check that they had followed their plan and to confirm that they now met legal requirements. 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 Touseef Safdar on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff were aware of the process and their responsibilities to raise and report concerns, incidents and near misses. We saw that significant events were regularly discussed with staff during practice meetings.
- Staff assessed needs and delivered care in line with current evidence based guidance. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in the practice.
- The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs.
- The practice had arrangements in place to respond to emergencies and major incidents.
- Staff files demonstrated that appropriate recruitment checks had been undertaken prior to employment.

# Summary of findings

- There were some arrangements for identifying and recording and managing risks, issues and implementing mitigating actions. The risk assessments for fire and legionella contained actions for completion however there were no timeframes or action owners listed on the action plans.
- The management team encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. The practice also sought feedback from staff through an annual staff survey, staff said they felt supported and part of a close team.

The areas where the provider should make improvement are:

- Keep records to support that risks associated with premises and infection control are adequately managed and to reflect the cleaning of the environment.

**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.

Good



- Staff were aware of their responsibilities to raise and report concerns, incidents and near misses. We saw that significant events were regularly discussed with staff during practice meetings and the practice used these as opportunities to drive improvements.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff regularly reviewed and acted on alerts where appropriate. The practice had adequate arrangements in place to respond to emergencies and major incidents.
- Staff files showed that appropriate recruitment checks had been undertaken prior to employment. Notices were displayed to advise patients that a chaperone service was available if required. Members of the reception team would occasionally chaperone if ever the nurse was unavailable. All of these staff members had received a DBS check and we saw records to demonstrate that they had been trained on how to chaperone.
- There were risk assessments in place to monitor safety of the premises including legionella and fire risk. The risk assessments were carried out by an external organisation who managed the premises, we noticed that the records contained actions for completion, however there were no timeframes or action owners listed on the action plans. The lead GP was in the process of obtaining an update on the status of the actions as well as copies of completed cleaning schedules for the environment.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in the practice

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff received ongoing training and support as well as annual appraisals and regular supervision.

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs.

## Are services well-led?

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

- The practice had a regular programme of practice meetings where key items such as complaints, significant events, alerts, audits and NICE guidelines were regularly discussed.
- Staff were able to contribute towards the monthly practice meetings and were supported to raise concerns and make suggestions.
- Practice specific policies were implemented, regularly reviewed and discussed during practice meetings.
- The management team encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. The practice also sought feedback from staff through an annual staff survey, staff said they felt supported and part of a close team.

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

During our comprehensive inspection on 14 January 2015 we found that patients over 75 years of age had a named GP to ensure patients over the age of 75 years receive coordinated care. There were arrangements to review patients in their own home if they were unable to attend the practice. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. However, the practice was below average for dementia diagnosis rates adjusted by the number of patients in residential care homes.

In January 2015 the practice was rated as good for providing caring and responsive services, we undertook a focused inspection on 2 February 2016 and additionally the practice was rated as good for providing safe, effective, and well led services. The areas of improvement which led to these ratings apply to everyone using the practice, including this population group.

Good



### People with long term conditions

During our comprehensive inspection on 14 January 2015 we found that patients with long term conditions such as diabetes and asthma were reviewed by the GPs and the nurse to assess and monitor their health condition so that any changes to their treatment could be made. The practice identified and recalled patients with long term conditions during normal surgery time, the GP told us that this allowed patients more flexibility. Health checks and medication reviews took place in conjunction with the Clinical Commissioning Group (CCG) pharmacist. These arrangements helped to minimise unnecessary admissions to hospital.

In January 2015 the practice was rated as good for providing caring and responsive services, we undertook a focused inspection on 2 February 2016 and additionally the practice was rated as good for providing safe, effective, and well led services. The areas of improvement which led to these ratings apply to everyone using the practice, including this population group.

Good



### Families, children and young people

During our comprehensive inspection on 14 January 2015 we found that antenatal care was provided by the midwife who undertook clinics at the practice. Post natal checks were completed by GPs to ensure a holistic assessment of women's physical and mental wellbeing following child birth. Women were offered cervical screening and there were systems in place to audit the

Good



# Summary of findings

results. Children under the age of 5 years had access to the Healthy Child Programme. The practice had an allocated health visiting team who undertook clinics at the health centre. This enabled good working relationships and systems in place for information sharing. Safeguarding procedures were in place for identifying and responding to concerns about children who were at risk of harm. However, the practice did not ensure risks, such as stairs that were easily accessible, to children were assessed and managed.

In January 2015 the practice was rated as good for providing caring and responsive services, we undertook a focused inspection on 2 February 2016 and additionally the practice was rated as good for providing safe, effective, and well led services. The areas of improvement which led to these ratings apply to everyone using the practice, including this population group.

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

During our comprehensive inspection on 14 January 2015 we found that the practice had extended opening hours early mornings, late evenings and during the weekends. Telephone consultations were available so patients could call and speak with a GP or a nurse where appropriate if they did not wish to or were unable to attend the practice. At the time of our inspection patients were not able to book appointments or order repeat prescriptions on line which would benefit working age patients. However, the practice was due to start offering this service from April 2015. Opportunistic health checks and advice were offered such as blood pressure checks and advice on stopping smoking and weight management. NHS health checks were available for people aged between 40 years and 74 years.

In January 2015 the practice was rated as good for providing caring and responsive services, we undertook a focused inspection on 2 February 2016 and additionally the practice was rated as good for providing safe, effective, and well led services. The areas of improvement which led to these ratings apply to everyone using the practice, including this population group.

Good



## **People whose circumstances may make them vulnerable**

During our comprehensive inspection on 14 January 2015 we found that the practice provided an enhanced service to avoid unplanned hospital admissions. This service focused on coordinated care for the most vulnerable patients and included emergency health care plans. The aim was to avoid admission to hospital by managing their health needs at home. An enhanced service is a service that is provided above the standard general medical services contract (GMS). Annual health checks were undertaken for patients

Good



# Summary of findings

with a learning disability. There were arrangements in place to enable patients with no fixed address or those requiring temporary registration to be seen or to be registered at the practice. The lead GP described a good process and was knowledgeable about the needs of people whose circumstances may make them vulnerable. However, we found that not all staff were clear of the process in place for patients with no fixed address or those requiring temporary registration to be seen or to be registered at the practice which could be a barrier for patients accessing the service.

In January 2015 the practice was rated as good for providing caring and responsive services, we undertook a focused inspection on 2 February 2016 and additionally the practice was rated as good for providing safe, effective, and well led services. The areas of improvement which led to these ratings apply to everyone using the practice, including this population group.

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

During our comprehensive inspection on 14 January 2015 we found that patients experiencing poor mental health were offered an annual review of their physical and mental health needs, including a review of their medicines. Staff worked with local community mental health teams to ensure patients with mental health needs were reviewed, and that appropriate risk assessments and care plans were in place. There was a practice based counsellor and mental health worker who undertook regular clinics to review and support patients.

In January 2015 the practice was rated as good for providing caring and responsive services, we undertook a focused inspection on 2 February 2016 and additionally the practice was rated as good for providing safe, effective, and well led services. The areas of improvement which led to these ratings apply to everyone using the practice, including this population group.

Good



# Summary of findings

## Areas for improvement

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

The areas where the provider should make improvement are:

- Keep records to support that risks associated with premises and infection control are adequately managed and to reflect the cleaning of the environment.

# Dr Touseef Safdar

## 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 advisor and a second CQC inspector.

### Background to Dr Touseef Safdar

Dr Touseef Safdar's practice is based in the Dudley area, within a purpose built health centre owned and maintained by NHS property services and shared with other health care services. There are approximately 4,500 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes a lead GP, one salaried GP, a long term locum GP and a practice nurse. The lead GP and the practice manager form the practice management team and they are supported by a team of seven staff members who cover reception, secretarial and administration roles.

The practice is open between 8am and 6:30pm on Monday to Friday. The practice offers extended hours on Tuesdays

between 6:30pm and 7:30pm as well as weekends between 8am and 8pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

### Why we carried out this inspection

We undertook an announced focused inspection of Dr Touseef Safdar's practice, Central Clinic, on 2 February 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice had been made, after our comprehensive inspection on 14 January 2015.

We inspected the practice against three of the five questions we ask about services: is the service safe, effective and well-led. This is because the service was not meeting some legal requirements.

### How we carried out this inspection

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced focussed inspection on 2 February 2016.
- Spoke with staff and observed the premises.
- Reviewed practice records and staff files.
- Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. These included systems for reporting incidents and national patient safety alerts as well as comments and complaints received from patients.

- The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- Significant events were a standing item on the practice meeting agendas. Significant events were regularly discussed with staff during monthly practice meetings and the practice kept minutes which demonstrated this. The practice also conducted an annual review of significant events. We saw records of reviews from 2014 and 2015 where the practice had analysed themes and shared learning points from significant events and incidents.
- The practice had records of eight significant events that had occurred during the last 12 months. We looked at four significant event records and found that records were detailed and comprehensive. We saw that specific actions were applied along with learning outcomes to improve safety in the practice and in addition to this; the practice also recorded positive points where possible. For example, a significant event was recorded in relation to a break in the cold chain where a batch of vaccines was not refrigerated on delivery to the practice. The practice took remedial action straight away, the matter was reported to the relevant organisations and the vaccines were collected for appropriate disposal. The significant event record highlighted how cold chain procedures were reiterated to staff during a practice meeting. Minutes of the meeting demonstrated that staff were reminded to be vigilant and share responsibility when receiving incoming deliveries. A vaccine delivery policy was developed and we saw that records were kept to document that staff had read and understood the policy.

### Overview of safety systems and processes

- The practice had clearly defined and embedded systems, processes and practices in place to keep

people safe and safeguarded from abuse. National patient safety alerts were discussed during practice meetings. Clinical staff regularly reviewed and acted on alerts where appropriate and the lead GP also maintained an alerts folder which contained a range of printed alerts for staff to access in the back office area of the practice.

- Notices were displayed to advise patients that a chaperone service was available if required. The practice followed a system where the practice nurse was the first port of call to provide a chaperoning service and members of the reception team would occasionally chaperone if ever the nurse was unavailable. Staff members had been trained on how to chaperone. We saw that the practice nurse and the receptionists who chaperoned had received disclosure and barring checks (DBS checks). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We observed the premises to be visibly clean and tidy. There were records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw some records with regards to cleaning specifications within the practice however were unable to see records of completed cleaning schedules for the environment. The practice manager explained that they were unable to obtain these documents because the practices cleaning arrangements were managed by an external facilities management company. The practice manager explained that they had been unsuccessful in contacting the organisation to retrieve copies of cleaning records. The organisation also managed the overall maintenance of the practices shared premises, therefore the lead GP had written to the organisation to request records in relation to the building. The GP was waiting to hear back from the organisation when we discussed this during our inspection.

We viewed four staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. Staff had received disclosure and barring checks (DBS checks). We saw records to demonstrate that clinical staff had received relevant vaccinations appropriate for their role. Staff files also contained records of staff training, training and updates included medical

## Are services safe?

terminology training and conflict resolution training for administration and reception staff. Members of the clinical team had also received training in mental capacity and updates on cervical screening.

### **Monitoring risks to patients**

There were procedures in place for monitoring and managing risks to patients' and staff safety.

- There was a health and safety policy and a comprehensive fire policy in place.
- There were risk assessments in place to monitor safety of the premises including legionella and fire risk, there were records to show that regular fire alarm tests and fire drills had taken place.

The risk assessments for fire and legionella were carried out by an external organisation who managed the practices

premises. The lead GP had identified that the risk assessments for fire and legionella contained actions for completion however there were no timeframes or action owners listed on the action plans. The GP shared a copy of the letter they had sent to the organisation requesting an update on the status of the actions.

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

The practice had adequate arrangements in place to respond to emergencies and major incidents. The practice had a business continuity plan in place for major incidents such as power failure or building damage. Master copies were kept by the lead GP and the practice manager. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Management, monitoring and improving outcomes for people

The practice had an effective programme of continuous clinical and internal audits. Audits were discussed during regular staff meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes.

We looked at records of three completed audits including a clinical audit on newly-diagnosed hypertensive patients, a prescribing audit and an audit on practice capacity and appointment demand. The hypertension audit highlighted that 23% of the patients newly diagnosed with hypertension between February 2013 and February 2014 did not meet their target blood pressure on medication. To improve this area the Lead GP suggested having a dedicated clinic run by the pharmacist in order to provide ample time to discuss medication, answer questions and to better educate patients on blood pressure monitoring and management with medication. The audit was repeated in August 2014. The repeated audit highlighted an improvement in patients meeting their target blood pressure, with one in 10% of the patients reviewed not meeting their target blood pressure.

We saw presentation slides where audits were discussed with the pharmacist from the CCG as well as with staff at the practice.

### Effective staffing

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality.
- We saw records which demonstrated how staff received ongoing training and support. Staff annual appraisals and regular supervision.
- Discussions with staff demonstrated that they were supported in attending external training updates and in-house training sessions, staff also made use of e-learning training modules.

### Coordinating patient care and information sharing

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. Out-of-hour's reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. There were systems in place to for the GPs to cover each other during annual leave to ensure test results and reports were always seen and actioned by a GP once received by the practice. The GPs could also access results remotely through a secure system available through remote tablets provided by the CCG. All staff we spoke with understood their roles and felt that the system worked well.

We saw evidence that a regular of meetings took place which included representation from a range of health and social care services including health visitors, district nurses and integrated care workers. We saw minutes of meetings to support that joint working took place. Vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw records to demonstrate that some staff had completed training on the Mental Capacity Act 2005, these included GP certificates from January 2016.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

# Are services well-led?

Good 

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

## Our findings

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practices electronic document library. We looked at a sample of policies including policies on fire, chaperoning, whistleblowing, complaints, policies for the management of test results and also consent. The policies were version controlled, up to date and comprehensive. Policies were regularly discussed during practice meetings to ensure staff read and understood them; this was also recorded in the practice meeting minutes.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in the practice.
- There were some arrangements for identifying and recording and managing risks, issues and implementing mitigating actions.

The practice regularly reviewed feedback from patients through complaints, patient suggestions and comments on the practices NHS Choices page. We found that the NHS comments highlighted mostly positive improvements over the last 12 months, the practice had responded to the comments made by patients and service users.

### Leadership, openness and transparency

The GP partners and the practice manager partner formed the management team at the practice. The management team encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and staff commented that the management team were supportive and approachable.

We spoke with six members of staff during our inspection. Conversations with staff demonstrated that they were aware of the practice's open door policy. Staff said they felt supported and part of a close team. Some staff commented how the practice team had experienced a period of transition over the past 12 months and that it took time to adapt to changes staff and new ways of working. However, staff commented that these changes have impacted positively on the team and that they have improved processes through new IT systems, user-friendly processes and better communication as a team.

Staff were able to contribute towards the monthly practice meetings and were supported to raise concerns and make suggestions; we saw that staff feedback was factored in to the meeting agendas and minutes. Minutes from the practice meetings also demonstrated that key items such as complaints, significant events, alerts and NICE guidelines were regularly discussed.

The practice also sought feedback from staff through an annual staff survey. The results from the survey were analysed in January 2016. Findings highlighted that staff were satisfied with the support provided by practice management. Staff reported that they felt that their roles make a difference to patients and service users, staff also agreed that the practice takes positive action with regards to the health and well-being of the team. All staff highlighted that they were aware of the procedures to follow if they were concerned about unsafe clinical practice. We saw that agreed action points were implemented as part of the staff survey analysis. Actions included creating a dedicated staff feedback form which could be used as an additional anonymous source of internal feedback if staff wished to raise concerns or suggestions.

The practice held an annual social event for staff. Staff highlighted how these events were a positive opportunity to celebrate the practices achievements, reflect on their hard work and to improve working relationships across the team. Staff also highlighted attached staff such as the health visitors and district nurses were also invited to the annual events, as they felt it was important to include them as part of the practice team.