

# Dr Salam J Farhan

## Inspection report

Partington Health Centre  
Central Road, Partington  
Manchester  
M31 4FY  
Tel: 01617757032

Date of inspection visit: 9 November 2023  
Date of publication: 28/03/2024

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 location

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



# Overall summary

We carried out an announced comprehensive at Dr Salam J Farhan (Partington Central Surgery) on 29 November 2023. Overall, the practice is rated as **Inadequate**.

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive - Requires Improvement

Well-led - Inadequate

The practice was last inspected in 2018 when they were found to be good following a rating of requires improvement.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Salam J Farhan on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection due to an aged rating as well as in response to other information we held about the practice.

Key questions inspected

- Safe
- Effective
- Caring
- Responsive
- Well Led

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included

- Conducting staff interviews using team meetings.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A shorter site visit.
- Reviewing feedback from staff questionnaires
- Speaking to staff

# Overall summary

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We rated the provider as inadequate for providing safe services. This was because :-

- The provider did not offer care in a way that kept patients safe and protected them from avoidable harm.
- Safeguarding was not given sufficient priority.
- Clinical and non-clinical staff working at the practice had not undertaken all necessary training to support their roles.
- Staff had not all undertaking mandatory training.
- Recruitment processes did not evidence that staff were safely employed.
- Risk assessments were not undertaken.
- The arrangements for managing medicines did not always keep people safe.
- Significant events were not always discussed, shared and learned from sufficiently or appropriately.

We rated the provider as inadequate for providing effective services. This was because :-

- Patients did not always receive effective care and treatment that met their needs.
- Care and treatment was not always delivered in line with current legislation, standards and evidence based guidance supported by clear pathways and tools.
- Patients with long term conditions did not always receive reviews that included all elements to sustain good outcomes.
- Patients were not always followed up in a timely manner when necessary.
- Quality improvement activity did not evidence improvement.
- There was no clinical audit or monitoring to ensure the service was sufficient and safe to meet the needs of its population.
- There was no evidence that staff were trained, supervised or appraised to appropriate levels.

We rated the provider as Good for providing caring services. This was because :-

- Staff told us they dealt with patients with kindness and respect and said they involved them in decisions about their care as much as possible and although patient feedback was mixed there was substantial positive feedback from patients.

We rated the provider as Good for providing responsive services. This was because :-

- Feedback from the GP patient survey evidenced that patients could access care and treatment in a timely way.
- Feedback from NHS choices was positive.

We rated the provider as inadequate for providing well led services. This was because :-

- The way the practice was led and managed did not promote the delivery of high-quality, person-centre care.
- The overall governance arrangements were not effective.

# Overall summary

- Arrangements for identifying, recording and managing risks, issues and mitigating actions were not effective.
- Structures, processes and systems for accountability were not clearly set out or understood by staff.

The provider should:

- Improve the uptake of all child immunisations.
- Improve the uptake of cervical screening.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with the provider and the practice manager using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Dr Salam J Farhan

Dr Salam J Farhan is a registered individual based at Partington Central Surgery. The service is operated from:

Partington Health Centre

Central Road

Partington

Manchester

Greater Manchester

M31 4FY

Telephone: 0161 775 7032

Website: [www.partingtoncentralsurgery.co.uk](http://www.partingtoncentralsurgery.co.uk)

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from the above location.

Dr Farhan is situated within the Trafford Integrated Care Service and provides services to 3,650 patients under the terms of a General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. The provider is a single handed male GP who registered with CQC in February 2017. The practice is part of a wider network of GP practices called a primary care network.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (1 of 10). The lower the decile, the more deprived the practice population is relative to others.

The age profile of the practice population is broadly in line with the CCG averages.

The National General Practice Profile states that 94% of the practice population is from a white British background with 1.2% from an Asian background a further 4.8% of the population originating from black, mixed or other non-white ethnic groups.

In addition to the provider 3 other doctors worked at the practice and were employed on the GP retention scheme. The National GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice.

The practice also had a part time trainee advanced clinical practitioner who worked 3 days per week, a new practice nurse who worked 1 day on a Friday and long term locum nurse who worked 1 other day per week. Reception staff and managerial staff supported the clinical team with administration tasks.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended hours were also available during evenings and weekends.

When the practice is closed the telephone lines auto-divert to the Out of Hours services.

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>Processes implemented to ensure that care and treatment was managed in a safe and evidence based way were not maintained.</li><li>Processes did not ensure that all patients were safeguarded against potential abuse.</li></ul> <p>There was limited evidence of structured medicine reviews, the system to manage safety alerts was not failsafe, significant incidents were not managed appropriately, patients with long term conditions required review.</p> |

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The registered person had systems or processes in place that were operating ineffectively in that they failed to maintain such records as are necessary to ensure safe care and treatment.</li><li>• There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</li><li>• There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</li><li>• There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.</li><li>• There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services[</li><li>• The registered person had systems or processes in place that were operating ineffectively in that they failed to maintain such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities.</li></ul> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>[JK1]As this is included in the breach I think responsive can be RI.</p> <p>[DO2]See specialists</p> |