

Dr Pervez Sadiq

Inspection report

Hillside House Surgery
The Blue Bell Centre, Blue Bell Lane, Huyton
Liverpool
Merseyside
L36 7XY
Tel: 0151 489 4539

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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 location

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Dr Pervez Sadiq also known as Hillside House Surgery on 16 January 2019.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 14 March 2018.

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 have rated this practice as requires improvement overall.

We rated the practice as **good** for providing safe services because:

- The practice had systems and processes to keep patients safe in relation to infection prevention and control, however, not all areas were covered.
- Safeguarding systems were robust and the practice made child protection referrals and participated in multiagency child protection meetings as required.
- Receptionists had been given guidance on identifying deteriorating or acutely unwell patients and were aware of the actions to be taken in respect of those patients. This area could be improved if training included information on how to identify and deal with possible sepsis.
- The practice had appropriate systems in place for the safe management of medicines.
- The practice learnt and made changes when things went wrong, however, systems were not always revised and updated to make sure these changes were sustained or monitored.
- Investigations completed by clinical staff used best practice guidance and the finding were shared with all clinical staff.

We rated the practice as **good** for providing effective services because:

- The outcomes of care and treatment was monitored. The management of urgent test results was robust and the practice was proactive in ensuring patients received the urgent care and treatment as quickly as possible.

- The practice could show that staff had the skills, knowledge and experience to carry out their roles.
- The practice could show that it always obtained consent to care and treatment.
- Performance data was in line with local and national averages.
- The practice however, were not aware and could not explain the reasons where they had higher than local and national exception reporting rates for some performance data. (Exception reporting allows practices to exclude some eligible patients from indicators and practices should be able to identify the reasons for these exclusions.)

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We rated the practice as **requires improvement** for providing responsive services because:

- Complaints were not handled in accordance with the Health and social care act 2008 regulations. At this inspection we found systems and processes for managing complaints were in place however, these were not used effectively. For example, patients were not informed of how to make complaints because there was no information, such as a poster or leaflets about raising concerns in the practice waiting area. This information had to be requested. Complaints we reviewed had not been managed in line with the regulations because records about how the complaints were investigated were incomplete and there was no evidence that the complainant had been responded to appropriately. There was, however a means to record verbal complaints.
- Patients received individualised care and the practice was responsive to different needs in relation to accessing the service. There were no unacceptable barriers to accessing the services.
- Patients said they had timely access to services, the appointment system was easy to use and the information technology available supported their access to services.

Overall summary

This area affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **requires improvement** for providing well-led services because:

- The practice had made some improvements since our inspection on 14 March 2018, it had appropriately addressed the Requirement Notice in relation to monitoring and reviewing policies and procedures; improving the processes to ensure effective infection prevention and control; ensuring staff training in emergency response was effective and adherence to staff recruitment and induction policies. However, monitoring and reviewing processes were unplanned, inconsistent and did not cover all aspects of the service.
- Leaders could show they had the capacity and skills to deliver high quality, sustainable care, however a written business plan had not been developed.
- The practice had a clear vision which was supported by a credible strategy.
- The practice culture effectively supported high quality sustainable care.
- The practice acted on appropriate and accurate information.
- We saw evidence of systems and processes for learning, continuous improvement and innovation, however learning from serious incidence was not always embedded.
- The practice still needed to improve some processes for managing risks, issues and performance and ensure that these were operating as intended.
- The practice had not developed a comprehensive review plan for the service.

The areas where the provider **must** make improvements are:

- Ensure that any complaint received is investigated and proportionate action is taken in response to any failure identified by the complaint or investigation and ensure there is an effective system for identifying, receiving, recording, handling, and responding to complaints by persons in relation to caring on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Review the development of risk registers to include all vulnerable groups of patients.
- Introduce a cleaning schedule which includes areas and equipment that should be periodically deep cleaned.
- Provide administration staff with training in how to recognise and deal with potential sepsis.
- Review how the systems in place to monitor and support improvements at the practice are used.
- Record all investigations in detail so the information available meets best practice guidance.
- Consider how to check whether consent to treatment is correctly obtained at the practice.

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

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist advisor.

Background to Dr Pervez Sadiq

Dr Pervez Sadiq also known as Hillside House Surgery is in Huyton, Knowsley which is in Merseyside. The surgery has good transport links and there is a pharmacy located in the building. The surgery is within the Knowsley Clinical Commissioning Group (CCG) and provides services to 2,881 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and the clinical commissioning group.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery, treatment of disease, disorder or injury and surgical procedures.

The provider is a single handed male GP who registered with the CQC in April 2013. The practice employed three regular male locum GPs, an advanced nurse practitioner,

a health care assistant and several administration staff. The practice manager also worked a number of sessions as a practice nurse. The practice has informal links with a small group of other GP practices in the Knowsley area.

The practice list included an average number of patients most age groups, the exception was patients aged over 85 years. The ratio for the practice for people aged over 85 was 1% compared with the national average of 2%. Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 80 years compared to the national average of 83 years.

Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Complaints were not investigated and proportionate and necessary action was not taken in response to the failures identified by the complaint or investigation.• The system for identifying and receiving complaints was not accessible.• Written records of complaints received and how they were dealt with were not always made and records which were available lacked the information required to confirm complaints had been dealt with appropriately.• A complaints policy or information about making complaints was not available in the reception area, patients had to ask the receptionists for this information. <p>This was in breach of Regulation 16(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• A comprehensive audit plan to review all aspects of providing the regulated activities was not in place.• A comprehensive risk register and mitigation plans had not been developed for the practice.• Processes to evaluate all the information received by the practice about the quality of the service provided had not been developed.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.