

Dr Touseef Safdar

Inspection report

The Surgery
Central Clinic, Hall Street
Dudley
DY2 7BX
Tel: 01384253616

Date of inspection visit: 14 and 23 September 2021
Date of publication: 10/11/2021

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?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an unannounced focused inspection at Dr Touseef Safdar on 14 and 23 September 2021. This inspection was not rated.

The practice was last inspected in June 2021 and was rated Inadequate overall. The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Touseef Safdar on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection in response to concerning information we received. This included following up on:

- Concerns regarding patients' difficulties in obtaining routine and emergency appointments with a GP and/or nurse.
- Key questions within Safe, Effective and Well Led domains related to the concerns received.

How we carried out the inspection

We were mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID -19 pandemic when considering what type of inspection was necessary and proportionate. At this inspection we followed up on areas of concern using our focused inspection methodology.

This included:

- A site visit.
- Conducting staff interviews.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider.

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 found that:

- The practice had not provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients did not always receive effective care and treatment that met their needs.
- Patients were not always able to access care and treatment in a timely way.
- Complaints were not appropriately investigated or used to improve the quality of care provided at the practice.
- The practice culture did not effectively support high quality sustainable care.
- The practice overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, incidents, concerns and performance.

Overall summary

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

- Ensure that care and treatment is provided in a safe way to service users.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- Send CQC a written report setting out what governance arrangements are in place and any plans to make improvements.

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

- Check that all staff have completed safeguarding training appropriate to their role.

Following this inspection enforcement action was taken against this provider to impose conditions on their registration for Regulation 12, Safe care and treatment, Regulation 16 Receiving and acting on complaints and Regulation 17 Good governance. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted. 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.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Not inspected	
People with long-term conditions	Not inspected	
Families, children and young people	Not inspected	
Working age people (including those recently retired and students)	Not inspected	
People whose circumstances may make them vulnerable	Not inspected	
People experiencing poor mental health (including people with dementia)	Not inspected	

Our inspection team

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

Background to Dr Touseef Safdar

Dr Touseef Safdar surgery is located in Dudley:

The Surgery

Central Clinic

Hall Street

Dudley

West Midlands

DY2 7BX

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

The practice is situated within the Black Country and West Birmingham Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 4,017 patients. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 68% White, with a further 32% from Black, Asian, mixed or other non-white ethnic groups.

The practice is led by a single-handed GP. At the time of our inspection the lead GP was unable to carry out clinical duties however, they retain managerial responsibility for the practice. The practice employs, two long term locum GP's and two part time locum nurses. The clinical team are supported by a practice manager and six reception/administrative staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then then the patient is offered an appointment at the surgery.

Extended access is provided locally by Dudley and Netherton Primary Care Network (PCN), where late evening and weekend appointments are available. Out of hours services are provided by West Midlands Ambulance Service via NHS 111.

Enforcement actions

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• The monitoring of emergency medicines, equipment and vaccines were not consistently completed. We found emergency medicines and vaccines that had expired.• Medicine fridge temperatures were not appropriately monitored and reported when found to be out of the recommended safe temperature range.• Risk assessments had not been completed for medicines not held at the practice.• Patient group directions were not signed by nurses.• Effective systems were not in place for the safe prescribing and monitoring of patients prescribed high risk medicines. <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">• There was not an effective approach to managing staff absences which led to gaps in appointment provision, cancellation of appointments and clinics for patients.• There was no consistent clinical oversight and supervision in the practice. We found that nurses were providing clinical sessions with no GP on-site.

Enforcement actions

- Patients with long term conditions had not had annual health reviews and assessment checks completed.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Regulation 16 (2) HSCA (RA) Regulations 2014 Receiving and acting on complaints

How the regulation was not being met

The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:

- Complaints were not routinely acknowledged and investigated to provide shared learning and make improvements to the quality of the service provided.

This was in breach of Regulation 16 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014 Good Governance

How the regulation was not being met:

Enforcement actions

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met

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. In particular:

- The provider did not have management oversight of governance arrangements at the practice.
- There was no documented business plan, strategy and succession plan to support the delivery of high quality care and promote good outcomes for patients.
- The arrangements to assess, identify and manage risk was insufficient. Particularly in relation to the management of medicines, staffing, health and safety, complaints, access and timely patient care and treatment.
- The provider did not have a system or policy in place which ensured that all children who were not brought to their appointment were appropriately monitored and followed up.
- There was a limited programme of meetings at the practice to discuss and share feedback on any concerns regarding the safe operation of the practice.
- There was a lack of oversight of the clinical leadership and staffing at the practice.
- The provider did not operate effective systems and processes to manage risks associated with emergency situations.

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