

# Dr Touseef Safdar

## Inspection report

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

Date of inspection visit: 9 and 11 June 2021  
Date of publication: 25/08/2021

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?

Requires Improvement 

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 inspection at Dr Touseef Safdar Surgery on 9 and 11 June 2021. Overall, the practice is rated as inadequate.

The ratings for each key question are as follows:

Safe - Requires improvement

Effective - Inadequate

Caring - Good

Responsive - Requires improvement

Well-led - Inadequate

Following our previous inspection on 17 December 2019, the practice was rated Requires Improvement overall and for all key questions of safe, effective and caring and good for responsive and well-led services.

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](http://www.cqc.org.uk)

## Why we carried out this inspection

This was a comprehensive inspection to follow up on the previous ratings. Whilst we found no breaches following our last inspection, we also reviewed the areas where the previous inspection identified that the provider should make an improvement, these were:

- Develop an effective system to risk assess, record and monitor the immunisation status of staff members in line with best practice.
- Continue work to increase the uptake for cervical, breast and bowel screening.
- Continue to work to improve the quality of care and treatment for people experiencing poor mental health.
- Continue work to improve performance and outcomes relating to diabetes.
- Review procedures in place to demonstrate improved outcomes for patients where satisfaction levels are still low.
- Continue work to identify and support carers registered in the practice.
- Complete sepsis training for all staff in the practice.
- Continue with steps to engage with a patient participation group.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

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- Conducting staff interviews using video conferencing
- 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
- A short site visit

## 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 have rated this practice as Inadequate overall and inadequate for all population groups.**

**We rated the practice as inadequate for providing effective and well-led services because:**

- Long term conditions outcomes, asthma reviews, chronic obstructive pulmonary disease (COPD) and hypertension reviews were below local and national targets.
- The practice's childhood immunisation uptake rates were below the World Health Organisation (WHO) targets for three out of five indicators and there had been a decline in outcomes since our last inspection. The practice had seen improvements in some of their immunisation outcomes, however this was unvalidated data at the time of our inspection.
- The practice had seen a slight improvement in their cervical screening rates since the last inspection in December 2019, however the actions they had taken to improve had not yet been fully effective and uptake remained significantly below the Public Health England coverage target.
- Mental health indicators were below the local and national averages. Although the practice had demonstrated improvements in their personalised care adjustment rate (PCA), overall outcomes for mental health had declined further since our last inspection in 2019 from 68.2% to 41.4%.
- The practice could not demonstrate how they assured the competence of clinicians working in the practice as there were no systems for supervision or clinical oversight.
- There were gaps in governance which resulted in oversight in respect of certain aspects of medicines management which had not been identified prior to our inspection.
- The practice was not always able to demonstrate that systems in place to consider or mitigate risks were effective, or that there was an overall system of oversight to ensure systems were updated or working as intended.
- There were systems for managing risks, issues and performance, however this needed strengthening to ensure that the services were safe or that the quality was effectively managed.
- There was limited evidence to demonstrate that the practice involved patients, staff or stakeholders in shaping the service.

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

- We identified issues with recruitment processes and ongoing employment checks.
- We found concerns in relation to some of the monitoring of high-risk medicines.
- There was a lack of systems and processes for oversight of clinicians working in the practice.

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- The practice was not always responsive to the needs of their patients and complaints were not always used to improve the quality of care.

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

- The practice had taken action which demonstrated that improvements had been made in relation to patient satisfaction for caring.

We found the following 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.

Whilst we found breaches of regulations, we found the provider should:

- Improve practice processes for recruitment checks.
- Continue to encourage patients to attend the practice for cervical cancer screening and immunisation appointments.
- Continue to work to improve the quality of care and treatment for people experiencing poor mental health.
- Continue to identify patients who may be carers to ensure they receive appropriate support.
- Embed a system to review patients with do not attempt cardiopulmonary resuscitation (DNACPR) in place.

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 Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## 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 staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## 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 and surgical procedures.

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 and retained managerial responsibility. 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.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>Care and treatment must be provided in a safe way for service users</b> <b>In particular:</b> <ul style="list-style-type: none"><li>The provider did not ensure there was a clear system in place to monitor patients on high-risk medicines.</li></ul> <b>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>

This section is primarily information for the provider

# 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 data-bbox="815 667 1385 734">Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p data-bbox="815 757 1517 936"><b>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</b></p> <ul data-bbox="815 958 1517 1361" style="list-style-type: none"><li data-bbox="815 958 1517 1070">• The practice could not demonstrate an effective system for the oversight of locum staff to provide assurances that their input was safe and of high quality.</li><li data-bbox="815 1070 1517 1144">• The systems for the monitoring and reviewing high risk medicines needed strengthening to keep patients safe.</li><li data-bbox="815 1144 1517 1256">• Learning from investigations and complaints was not always shared with all staff and so risks relating to repeated incidents were not always mitigated.</li><li data-bbox="815 1256 1517 1361">• There was limited evidence that staff meetings were held regularly and used to learn and drive improvements.</li></ul> <p data-bbox="815 1384 1517 1491"><b>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>