

Halliwell Surgery 3

Inspection report

The Halliwell Surgery
Lindfield Drive, Halliwell
Bolton
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www.bolton.nhs.uk/gp/halliwell

Date of inspection visit: 23 September 2022
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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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Halliwell Surgery 3 (also known as Dr Uddin and Dr Anwar) on 23 September 2022. Overall, the practice is rated as good, with the following key question ratings:

Safe - requires improvement

Effective - good

Caring - not inspected, rating of good carried forward from previous inspection

Responsive - not inspected, rating of good carried forward from previous inspection

Well-led - good

Following our previous inspection on 10 November 2016, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Halliwell Surgery 3 on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. We inspected the key questions of safe, effective and well-led, and looked at access with the key question responsive.

How we carried out the inspection/review

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 video conferencing.
- 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 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 rated the practice **requires improvement** for providing safe services:

Overall summary

- Training for safeguarding and infection prevention and control was not up to date for all staff.
- Recruitment processes were not effective.
- Sharps bins were not used in a safe way.
- Oxygen cylinders were not stored in a safe way.
- The system for managing safety alerts was not fully effective.

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

- Patients received effective care and treatment that met their needs.

We rated the practice **good** for providing well-led services:

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

In addition, the provider **should**:

- Work towards improving levels of cervical screening.
- Improve the system for monitoring training.
- Undertake annual appraisals to identify learning for all staff?

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 Hospitals and Interim Chief Inspector of Primary Medical Services

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 also 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 Halliwell Surgery 3

Halliwell Surgery 3, also known as Dr Uddin and Dr Anwar, is located in Bolton at:

The Halliwell Surgery

Lindfield Drive

Halliwell

Bolton

BL1 3RG

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

The practice delivers a General Medical Services (GMS) contract to a patient population of 4919 at the time of inspection. This is part of a contract held with NHS England. The practice is part of the Bolton locality of the Greater Manchester Integrated Care Board.

Information published by Public Health England shows that deprivation within the practice population group is in 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 65% White, 29% Asian, 3% Black and 3% Mixed or Other.

There is a team of two GP partners (one male and one female). The registration with the Care Quality Commission (CQC) was incorrect as there had been a change in the partnership. The practice was aware of this and was taking the necessary action. There was also a salaried GP, two practice nurses and an assistant practitioner. There is a practice manager and a team of administrative staff.

The practice is located in a building with two other GP practices. All consultation rooms are on the ground floor and the practice has a car park.

The practice is open from 8am until 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Patients could also access GP appointments through Bolton GP Federation. These were available at three locations in Bolton from 6.30pm until 9.30pm Monday to Friday and 9.30am until 1.30pm during the weekend and on Bank Holidays. Out of Hours services are provided by BARDOC Ltd.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none">• Evidence of identity, including a recent photograph, was not held for all staff.• Not all staff had provided an employment history prior to them starting work.• A written explanation of gaps in employment was not sought and not always provided.• Where a staff member had been previously employed in a position whose duties involved work with children or vulnerable adults the reasons the work had ended had not been sought. <p>The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular:</p> <ul style="list-style-type: none">• The practice did not carry out routine checks to ensure practice nurses had continued registration with the Nursing and Midwifery Council (NMC) <p>This was in breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p>

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

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:

- Not all staff, including clinicians, had up to date safeguarding training.
- Not all staff, including clinicians, had up to date training in infection prevention and control.

Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:

- The Medicines and Healthcare products Regulatory Agency (MHRA) alert relating to a Teratogenic medicine had not been actioned. This presented a risk of foetal abnormalities.

The equipment being used to care for and treat service users was not used in a safe way. In particular:

- Sharps bins were not secured and there was a risk of them being knocked over.
- Sharps bins were not replaced within the required time.
- Oxygen cylinders were not safely stored.

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