

# Dr Salam J Farhan

## Inspection report

Partington Health Centre  
Central Road, Partington  
Manchester  
Greater Manchester  
M31 4FY  
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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?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating 20/02/2018 Requires Improvement)

At the February 2018 inspection the key questions were rated as:

Are services safe? Requires Improvement

Are services effective? – Require Improvement

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Requires Improvement

**The key questions at this inspection are rated as:**

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Dr Salam J Farhan, also known as Partington Central Surgery on 14 August 2018. This was a full comprehensive inspection carried out to check that the practice had made the required improvements.

At this inspection we found:

- Safety concerns were now consistently identified and addressed in a timely manner. Reviews and learning from incidents were now thorough and there was a clear

system to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was evidence that audit was driving improvement and complaints were now used as an opportunity to learn and approve.
- Staff involved patients and treated them with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it. Fifteen-minute appointments were provided to all patients.
- There was evidence of sustained improvement and a strong focus on continuous learning at all levels of the organisation.

The areas where the provider **should** continue to improve are:

- Improve the processes for uncollected prescriptions and checks on children who have missed hospital appointments to ensure they are failsafe.
- Refine the process around incident review, in particular about who is taking action.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and two additional CQC inspectors.

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## Background to Dr Salam J Farhan

Partington Central Surgery is located in a purpose-built community health and social centre. The practice offers services under a General Medical Services contract to approximately 3500 registered patients, with a high population of families and young children. The population is mostly white British living in an area of high deprivation with higher than average rates of preventable cancers. The centre is easily accessible with good public transport links and plenty of available car parking. The centre is well equipped to accommodate disabled people.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures, and treatment of disease, disorder and injury.

Regulated activities are delivered to the patient population from the following address:

Partington Health Centre  
Central Road,  
Partington Manchester M31 4FY

Since our last inspection in February 2018 the previous staffing issues identified have stabilised and there is now

a consistent medical, nursing and administration team led by a full time male lead GP. The part time female salaried GP is soon to become a full-time partner. Additions have also been made to the nursing and administration teams and we saw evidence that the increase in staff has benefitted the patient population.

The practice is open Monday to Friday from 8am until 6.30pm and on Wednesdays the hours are extended to 7.30pm. The clinic times vary and are flexible during these hours. Appointments are always 15 minutes long and can be made by telephone, online or calling at the surgery. Telephone consultations, same day and urgent appointments are available.

The community team run the Phlebotomist clinic held on a Wednesday at Partington Central Surgery between 8.30am and 11.30 am. ( Fasting bloods between 8.30-9.30am and non fasting between 9.30am-11.30am ). Child Health and Immunisations, baby clinics, minor surgery, travel immunisations and vaccinations and flu vaccinations are also offered at the practice.

When the practice is closed, patients can be seen by the On-Call services provided by Mastercall.

# Are services safe?

**Since our inspection in February 2018 the practice had implemented and sustained improvement in all required areas. We rated the practice as good for providing safe services.**

## Safety systems and processes

There were now clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- All staff had completed the Care Certificate and this included up-to-date safeguarding and safety training appropriate to their role. All staff were consistent in their responses about what they would consider appropriate to escalate as a concern. The practice should refine the process for checks on children who have missed hospital appointments to ensure that everyone is following the same protocol so that none are missed.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had reliable systems for the appropriate and safe handling of medicines.

- The system for managing Warfarin (a medicine that stops blood clotting) had improved and was now well managed.
- Patient records that we reviewed identified that improvements had been made in the process of medicine reviews, including the recording of such.
- There was a system to manage cold storage, including vaccines, and staff knew what to do in the event of failure.
- The systems for managing medicines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice should improve the processes for uncollected prescriptions to ensure they are regularly destroyed.

# Are services safe?

- The practice had audited antimicrobial prescribing. There was evidence of regular visits from the CCG's pharmacist and actions taken to support good antimicrobial stewardship.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## **Track record on safety**

At our previous inspection there was no evidence presented regarding the track record for safety at the practice. Improvements had been made and safety incidents were now recorded in a way that they could be monitored. Leaders had a clear and accurate picture of what could be a risk within the practice.

- There were comprehensive risk assessments in relation to safety issues. A fire risk assessment and health and safety assessment pertinent to the practice was being carried out in August with the help of an outside company.

- The practice monitored and reviewed safety using information from a range of sources.

## **Lessons learned and improvements made**

The practice learned and made improvements when things went wrong. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. However, the practice should refine the process around incident review, in particular about who is taking action
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services.**

## **Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had improved the use of their clinical system and were using searches and registers to assess, monitor and improve patient outcomes.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental health and communication needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was average and above.

### Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% (Between 94% and 100%).
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. They regularly discussed any failed appointments at team meetings and this was recorded. However they should improve this process to ensure that it is failsafe.

### Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 67% which was below the 80% coverage target for the national screening programme. They were aware of the score and had an action plan in place to improve. This included employing additional staff and creating champion roles within the practice. We saw evidence of action taken to date.
- The practice's uptake for breast and bowel cancer screening was below the national average. They were aware of the score and had an action plan in place to improve. This included employing additional staff and creating champion roles within the practice. We saw evidence of action taken to date.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

# Are services effective?

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in any vulnerable circumstances such as homeless people, travellers and carers. There was a high number of patients with learning disabilities and a high number of patients with autism. Specific protocols and registers were in place for those patients so that their outcomes could be monitored and reviewed effectively.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. We saw evidence of monitoring and discussion of such patients in team meetings so that all staff were aware of what to do at any given time.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice performance on quality indicators for mental health was above average.

## Monitoring care and treatment

The practice had comprehensive programme of quality improvement activity and routinely reviewed/did not review the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- QOF results were above average and overall exception reporting was slightly above average. However, we reviewed exceptions at the inspection and found them to be appropriate in all cases.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

Staff were provided with protected time and specific learning and had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable and this was evidenced.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community

# Are services effective?

services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**



# Are services caring?

## **We rated the practice as good for caring.**

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The GP patient survey results were in line with local and national averages and had increased in some areas following the February 2018 inspection. For example patients were more satisfied with the amount of time they had for their appointment and that they were treated with care and concern.

### **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The GP patient survey results were in line with local and national averages and had increased in some areas following the February 2018 inspection. For example, an increased number of patients felt they were as involved as they would like to be with regards to their care and treatment.

### **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of protecting people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services.**

## **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. Staff took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Families of older patients were encouraged to attend appointments with the patient's consent. The most vulnerable of older patients were classed and added as priority patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Additional staff such as an advanced nurse practitioner had been employed.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice had meetings with school nurses and health visitors who assisted in the identification of those families that were vulnerable and/or at risk.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Weekend appointments were offered at a Hub where patients could be seen by a GP and a nurse on a Saturday and Sunday.
- Contraception and sexual health advice were offered in-house.
- Blood tests were available at Partington Central Surgery on a Wednesday and Friday between 8.45am and 10.45am and were also available between 9am and 11am on Wednesdays and Fridays at the community centre in the same building.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

# Are services responsive to people's needs?

- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

## **Timely access to care and treatment**

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The practice had introduced a text service that enabled patients to cancel appointments by text, freeing up space for others.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use and more patients were being encouraged to use on-line service.

- Patient survey results were in line with local and national averages.

## **Listening and learning from concerns and complaints**

The practice had improved ways in which to obtain positive and negative feedback from patients following the February 2018 inspection. Complaints and concerns were taken seriously and responded to appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

# Are services well-led?

## **We rated the practice as good for providing a well-led service.**

At the inspection in February 2018 the arrangements for governance and performance management did not always operate effectively. Risks, issues and poor performance were not always dealt with appropriately or in a timely way. The risks and issues described by staff did not correspond to those reported to and understood by leaders. In addition, leaders were not clear about their roles and their accountability for quality and there was a limited approach to obtaining the views of people who used the service and staff.

The leaders at the practice took the findings from that inspection to improve services provided. A full and comprehensive action plan was formed and each area for improvement had an owner to ensure the improvement was implemented and sustained. At this inspection we found evidence in each area to support that improvement.

### **Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were now knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and we saw evidence that they were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### **Vision and strategy**

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. Their improvement plan was ongoing.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### **Culture**

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### **Governance arrangements**

Clear responsibilities, roles and systems of accountability to support good governance and management had been implemented and sustained following the February inspection.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

# Are services well-led?

## **Managing risks, issues and performance**

There were clear processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

**Please refer to the evidence tables for further information.**