

# Dr Momosir Ali

## Quality Report

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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 service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Momosir Ali on 22 February 2016. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Dr Momosir Ali on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our previous inspection in February 2016 we rated the practice as 'good' overall but as 'requires improvement' for safety as we identified three breaches of regulation. This was because improvements were needed to; the staff recruitment procedures, to staff training and to make information about the complaints process available to patients.

This inspection visit was carried out on 3 March 2017 to confirm that the provider had carried out their plan to meet the legal requirements in relation to the breaches. This report covers our findings in relation to that and additional improvements made since our last inspection.

The findings of this inspection were that the provider had taken action to meet the requirements of the last inspection and the service is now rated as 'good' for providing safe services. Our key findings were as follows:

- Pre-employment checks for new staff were carried out in line with requirements.

- Staff had been provided with the training they required for their roles and responsibilities. This included the provision of training, since our last inspection, in topics such as: health and safety, fire safety, infection control, safeguarding and the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards (DoLS).
- Information about how to make a complaint was readily available for patients to access.

We also found that the provider had made a number of improvements to the service in response to recommendations we made at our last inspection. These included;

- A process had been introduced to share the learning from significant events. This included significant events being discussed at regular staff meetings.
- A system had been introduced to account for and securely store blank prescriptions.
- Action had been taken to ensure that all Patient Group Directions (written directives for the administration of medicines to a pre-defined group of patients without them having to see a prescriber directly) had been appropriately authorised by a GP.
- A supply of oxygen had been obtained for supporting patients in a medical emergency.

# Summary of findings

- All referrals to secondary care were now made electronically thereby reducing the margin for error in the referrals process.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as good for providing safe services.

- All required pre-employment checks were carried out to ensure the suitability of staff.
- Staff had been provided with training relevant to their roles and responsibilities.
- Information about the process of making a complaint was readily available to patients.

**Good**



# Dr Momosir Ali

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This inspection was carried out by a lead Care Quality Commission inspector.

### Background to Dr Momosir Ali

Dr Momosir Ali, known also as 'Parkfield Surgery' is based in a purpose built facility in St Helens. There were 2,600 patients on the practice list at the time of inspection. The practice is based in a more deprived area when compared to other practices nationally. The male life expectancy for the area is 75 years compared with the CCG averages of 78 years and the national average of 79 years. The female life expectancy for the area is 80 years compared with the CCG averages of 82 years and the national average of 83 years.

The practice has one male GP who is the sole provider and one male salaried GP. The practice has one practice nurse, a health care assistant, a practice manager, reception and administration staff.

The practice is open Monday, Tuesday, Wednesday and Friday from 8.30am-1pm and from 2pm-6pm. On Thursdays the practice is open from 8.30am-1pm. Patients requiring GP services outside of normal working hours are referred on to the St Helens Rota who are the local out of hour's provider.

The practice has a General Medical Services (GMS) contract. In addition the practice carried out enhanced services such as health assessments for patients with a learning disability.

### Why we carried out this inspection

We had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions on 22 February 2016. We undertook this follow up focused inspection of Dr Momosir Ali on 3 March 2017 to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

### How we carried out this inspection

We carried out an announced visit on 3 March 2017. During our visit we:

- Spoke with the practice manager.
- Looked at some of the systems in place for the running of the service.
- Viewed staff personnel files
- Viewed a sample of key policies and procedures.

# Are services safe?

## Our findings

At our previous inspection on 22 February 2016 we rated the practice as 'good' overall but 'requires improvement' for safety as we identified three breaches of regulation. This was because; the staff recruitment process did not fully demonstrate staff suitability for their roles, not all staff had undergone training in key areas linked to their roles and responsibilities and information was not readily available to inform and assist patients in how to make a complaint.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook this follow up inspection of the service on 3 March 2017. The practice is now rated as good for being safe.

Our key findings were as follows;

Processes had been improved to protect patients from the risk of harm. These included;

- The staff recruitment process had been improved to ensure that all required pre-employment checks had been carried out. The improvements included maintaining a record of the outcome of interviews and the induction process.
- Staff had been provided with the training they required for their roles and responsibilities. This included the

provision of training in topics such as: health and safety, fire safety, infection control, safeguarding and the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards (DoLS).

- Information about how to make a complaint was readily available for patients to access.
- A system had been introduced to ensure significant events and the learning from these was shared across the staff team. Significant events and the learning from these were discussed at regular practice meetings.
- The provider had introduced a system to account for blank prescription pads and to ensure these were stored securely.
- Action had been taken to ensure that all Patient Group Directions (for the administration of medicines to a pre-defined group of patients without them having to see a prescriber directly) had been appropriately authorised by a GP.
- A supply of oxygen had been obtained for supporting patients in a medical emergency.
- All referrals to secondary care were now made electronically thereby reducing the margin for error in the referrals process.