

Dr Touseef Safdar

Inspection report

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

Date of inspection visit: 15 October 2021
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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

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 on 13 and 15 October 2021. This inspection was undertaken to confirm that the practice had carried out their plan to meet the legal requirements regarding the breaches in regulation set out in the requirement notice and warning notice we issued to the provider in relation to Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance.

At the last inspection in June 2021 we rated the practice as Inadequate overall. This will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the June 2021 inspection report.

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 review of information undertaking a site visit inspection to follow up on compliance with a requirement notice in respect of breaches of regulation 12 (safe care and treatment) and a warning notice for regulation 17 (good governance).

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:

- 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 not rated this practice as the rating remains unchanged until we have completed a further inspection incorporating all relevant key questions.

However we found that:

Overall summary

Action had been taken to address the areas of concern set out in the requirement notice for Regulation 12, safe care and treatment.

Actions had been taken to address some of the areas of the breaches identified in the warning notice and it was evident that work had taken place and improvements had been made. However, we continued to find some issues and some required actions which were ongoing and not yet fully completed or embedded. These related to the warning notice for regulation 17 (good governance).

We found a continued breach of regulation. The provider must:

- 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:

- Review safeguarding registers and ensure these are appropriately coded in patient records.

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

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.

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 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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:</p> <ul style="list-style-type: none">• The recall systems for the monitoring and reviewing of long term conditions needed strengthening to keep patients safe. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>