

Dr Samir Sadik

Inspection report

1 Dunkerley Street
Ashton Under Lyne
OL7 9EJ
Tel: 01613307087

Date of inspection visit: 31 May 2023
Date of publication: 10/08/2023

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?

Inadequate



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 comprehensive at Dr Samir Sadik on 31 May 2023 Overall, the practice is rated as **Inadequate**.

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive - Requires Improvement

Well-led - Inadequate

At the last inspection on 17 November 2022 the practice was rated good because we saw improvements after the practice was placed in special measures on 28 August 2019. At this inspection on 31 May 2023 we found many repeated concerns that had been raised in 2019 and the improvements that were previously implemented had not been embedded or continued.

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

Why we carried out this inspection

We carried out this inspection in response to concerns reported to us about the operation of the service and in response to risk.

Key questions inspected

- Safe
- Effective
- Caring
- Responsive
- Well Led

How we carried out the inspection

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 team meetings.
- 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.

Overall summary

- Reviewing feedback from staff questionnaires
- Speaking to staff

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 provider as inadequate for providing safe services. This was because :-

- The provider did not offer care in a way that kept patients safe and protected them from avoidable harm.
- Safeguarding was not given sufficient priority and staff were not suitably trained
- Staff had not undertaken mandatory training
- Risk assessments were not undertaken
- The arrangements for managing medicines did not always keep people safe
- Significant events were not discussed, shared and learned from
- The provider did not assess, monitor and improve staff capacity to ensure it was sufficient and safe to meet the needs of the service

We rated the provider as inadequate for providing effective services. This was because :-

- Patients did not always receive effective care and treatment that met their needs.
- Care and treatment was not always delivered in line with current legislation, standards and evidence based guidance supported by clear pathways and tools.
- Patients with long term conditions did not receive reviews that included all elements to sustain good outcomes.
- Patients were not always followed up in a timely manner when necessary.
- Quality improvement activity did not evidence improvement.

We rated the provider as good for providing caring services. This was because :-

- Staff said they dealt with patients with kindness and respect and said they involved them in decisions about their care as much as possible. Feedback from the patient survey demonstrated improvement.

We rated the provider as requires improvement for providing responsive services. This was because :-

- Patients could not always access care and treatment in a timely way.
- Complaints were not managed in a way that demonstrated the duty of candour and were not always dealt with in accordance with regulatory requirements.

We rated the provider as inadequate for providing well led services. This was because :-

- The way the practice was led and managed did not promote the delivery of high-quality, person-centre care.
- The overall governance arrangements were not effective.
- There was a lack of leadership at the practice.

Overall summary

- Arrangements for identifying, recording and managing risks, issues and mitigating actions were not effective.
- Structures, processes and systems for accountability were not clearly set out or understood by staff.

We found 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
- Send CQC a written report setting out what governance arrangements are in place and any plans to make improvements
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity

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 Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health 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 Samir Sadik

Dr Samir Sadik is a registered individual based at Waterloo Medical Centre located in Greater Manchester at:

1 Dunkerley Street

Ashton Under Lyne

Lancashire

OL7 9EJ

Telephone : 0161 330 7087

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

The practice offers services from a main practice.

Dr Samir Sadik is situated within the Tameside and Glossop Integrated Care Service and provides services to 3426 patients under the terms of a General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. The provider is a single handed male GP who registered with CQC from February 2017. The practice is part of a wider network of GP practices called a primary care network.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the third lowest decile (3 of 10). The lower the decile, the more deprived the practice population is relative to others.

The age profile of the practice population is broadly in line with the CCG averages.

The National General Practice Profile states that 85% of the practice population is from a white British background with 12% from an Asian background a further 3% of the population originating from black, mixed or other non-white ethnic groups.

Male life expectancy is 76.5 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

In addition to the provider there was a salaried GP (who was in the process of becoming a partner at the practice). There was also a female locum GP who attended one day a week on a Wednesday. The practice had a part time nurse prescriber on Tuesdays and Wednesdays every week and a locum advanced nurse practitioner who worked on Mondays. On the day of the inspection there were five part time reception staff employed and two casual workers. One of them was supporting the practice with Quality Outcome Frameworks and the other was supporting the practice through the inspection as there was no practice manager.

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

When the practice is closed patients are advised to call 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	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints
Family planning services	Regulation 16(2) HSCA (RA) Regulations 2014 Complaints
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	There was no effective system to identify, receive, record, handle and respond to complaints by patients and other persons in relation to use of the service.
Treatment of disease, disorder or injury	This was in breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users</p> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular in relation to:</p> <ul style="list-style-type: none">• Fire safety, health and safety, infection control, management of medicines, and the recruitment, supervision and training of staff. <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• The practice could not provide evidence that staff were up to date or had ever received required training. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• The practice could not evidence that NICE guidance was routinely followed.• Call and recall of patients was not effective.• Not all patients were receiving appropriate monitoring.• Prescriptions were not being checked before issue.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Safe care and Treatment</p>

Enforcement actions

Treatment of disease, disorder or injury

- There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.
- There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.
- There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.
- There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.
- The registered person had systems or processes in place that were operating ineffectively in that they failed to maintain such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities.

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