

Dr Waleed Doski

Inspection report

41B Sycamore Road
Bournville
Birmingham
West Midlands
B30 2AA
Tel: 01214727231
www.bournvillesurgery.org.uk

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced focussed inspection of Dr Waleed Doski (also known as Bournville Surgery) on 11 November 2019. We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection focused on the following key questions: Safe, Effective and Well-led. This included how the practice provided effective care across the six population groups. The six population groups are:

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

Because of the assurance received from our review of information we carried forward the Good ratings for the key question of Caring and Responsive.

You can read the reports from our last inspections by selecting the 'all reports' link for Dr Waleed Doski on our website at www.cqc.org.uk.

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.

Following this inspection we have rated this practice as requires improvement for providing safe and well-led services, therefore the practice is rated as requires improvement overall. We rated the practice as good for providing effective care to all the population groups with the exception of working age people which was rated as requires improvement for effective care.

We found that:

- We noted that in some areas there was a lack of formal governance in place to assure safe and well-led systems and processes. This was reflected in risk management, staff induction and formal clinical supervision.
- The practice had some systems, practices and processes in place to keep people safe and safeguarded from abuse.
- We saw that in some areas policies required updating and embedding, this was reflected in policies for prescription security and significant events.
- In addition, We found that there were some gaps in the practices system of checking staff immunisation against infection diseases
- The practice did not have clear and effective processes for managing risks. For example, the practice could not provide evidence of formal risk assessments for health and safety. In addition, risk was not formally assessed in the absence of a specific emergency medicine.
- Public Health England (PHE) data showed that the practices cervical screening uptake rates for 2017/18 were below target and the practice was unable to effectively demonstrate actions in efforts to improve uptake in this specific area.
- We received positive feedback from patients during our inspection, this was consistent with feedback from other sources including in the most recently published national GP patient survey, NHS friends and family test feedback and comments made on CQC comment cards.

(Please see the specific details on action required at the end of this report).

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Continue with efforts to improve uptake cervical cancer screening.

Overall summary

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a second CQC medicines inspector.

Background to Dr Waleed Doski

Dr Waleed Doski's practice (also known as Bournville Surgery) is situated in a converted bakery in the village of Bournville, Birmingham. The building is owned by the Bournville Village Trust and the practice occupies the ground floor of the premises. Public Health England data ranks the levels of deprivation in the area as four out of 10, with 10 being the least and one being the most deprived. Approximately 2,130 patients are registered with the practice.

The service is registered to provide the regulated activities of Diagnostic and screening procedures, Maternity and midwifery services, Surgical procedures and the Treatment of disease, disorder or injury.

The practice team consists of a GP (male), a locum practice nurse and a health care assistant (both female), as well as a practice manager and administrative and reception staff. The practice manager is trained to carry out certain health care assistant duties, such as administering flu immunisations and taking blood

samples. During our inspection staff explained that patients could access a female GP by booking an appointment via the practices federation, the My Healthcare federation.

The practice is open for appointments between 8am and 6.30pm Tuesday to Friday, on Mondays the practice is open for appointments from 8am to the later time of 7.30pm when the practice offers extended hours. Appointments are available from 8am until 1pm and then from 3pm until 6pm on weekdays, with the exception of Mondays when evening appointments are available. The practice has primary care cover during the afternoons when appointments are closed, during these times telephone lines are diverted to the SouthDoc service. Extended hours are also available to patients each evening at local hub centres through the MyHealthcare federation until 8pm, on Saturday from 7am to 6pm and Sundays from 9am until 12pm. At all other times, patients are referred to the NHS 111 service or the local walk in centre.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. For example, the practice could not provide evidence of formal risk assessments for health and safety and in the absence of a specific emergency medicine.</p> <p>In some areas there was a lack of formal governance in place to assure safe and well-led systems and processes; in addition to risk management this was reflected in formal clinical supervision.</p> <p>There was additional evidence of poor governance. In particular we saw that in some areas policies required embedding.</p>