

# Dr Zuber Ahmed

## Inspection report

Sun Valley Medical Practice  
137 Glodwick Road  
Oldham  
Lancashire  
OL4 1YN  
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Date of inspection visit: 19 July 2019  
Date of publication: 03/09/2019

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?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



# Overall summary

We carried out a full comprehensive inspection at Dr Zuber Ahmed, also known as Sun Valley Medical Practice, Glodwick Primary Care Centre, 137 Glodwick Road, Oldham, OL4 1YN on 19 July 2019 as part of our inspection programme.

The practice had been previously inspected on 31 March 2015. At the 2015 inspection the practice was rated good overall with the following domain ratings:

Safe – good

Effective – good

Caring – good

Responsive – outstanding

Well-led – good.

At the 19 July 2019 inspection 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 now rated this practice as inadequate overall and for all population groups.**

The individual domain ratings are:

Safe – inadequate

Effective – inadequate

Caring – requires improvement

Responsive – inadequate

Well-led - inadequate

We rated the practice as **inadequate** for providing safe services because:

- Not all staff had been trained in safeguarding adults and children.
- The practice did not carry out all the required checks prior to recruiting new staff, and there was no evidence of on-going checks.
- The practice did not have assurance that safety checks were carried out.
- Evidence was not requested of the Hepatitis B or MMR status of staff.
- There were failings in the infection prevention and control process.
- There was no guidance for non-clinical staff on how to deal with medical emergencies.
- The competence of nurse prescribers had not been formally assessed.
- Some medicines were incorrectly stored.
- The significant event process was not well monitored or recorded. There were no reviews and learning was not documented.

We rated the practice as **inadequate** for providing effective services because:

# Overall summary

- One person had responsibility for disseminating new NICE guidance in meetings. There was no record of any discussion in the minutes we reviewed, going back to November 2018.
- There were several areas in the latest verified QOF data where the practice was below the CCG and national average.
- Audits were mainly for medicines and prescribing. There was no programme of improvement for other areas of the practice.
- Staff training was not well-monitored and there was no evidence of some essential training for staff. There was no evidence of any training for the healthcare assistant or phlebotomist.
- Clinical support and appraisal for clinical staff was all informal with no records being kept.

We rated the practice as **requires improvement** for providing caring services because:

- The practice did not carry out its own patient satisfaction survey. The patient participation group (PPG) carried out a survey but the results were not reviewed by the practice.
- There was no information about support groups on the practice website or in the waiting area.
- The practice did not have a carers' register. They had started to identify carers and had identified nine which was 0.16% of the practice population.
- The practice was unaware of local support for carers.

We rated the practice as **inadequate** for providing responsive services because:

- The practice had designed a training programme so the clinical practitioner could verify a death to make the process quicker. However, evidence of their training was not kept.
- Some staff had completed training in dementia awareness but for some this was over five years ago.
- The system for prioritising urgent requests for appointments or home visits was not safe as it was left to the discretion of the receptionists.
- The practice told us they had had no complaints in the previous 12 months. The complaint we examined from June 2018 had not been responded to appropriately.

We rated the practice as **inadequate** for well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The lead GP had not identified and was unaware of the issues identified during this inspection.
- The practice culture did not effectively support high quality sustainable care.
- The practice did not always act on appropriate and accurate information.
- We did not see evidence of systems and processes for learning, continuous improvement and innovation going forward.

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

- 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.
- Ensure persons employed by the service provider receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

# Overall summary

- Ensure persons employed by the service provider are of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them and have all the information required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

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

## Background to Dr Zuber Ahmed

Dr Zuber Ahmed, also known as Sun Valley Medical Practice, is located at Glodwick Primary Care Centre, 137 Glodwick Road, Oldham, OL4 1YN. The surgery is on a bus route, has a large car park, and there is a pharmacy located in the same building.

The provider is registered with CQC to deliver the Regulated Activities diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Dr Zuber Ahmed is a member of Oldham Clinical Commissioning Group (CCG) and provides services to approximately 5,500 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice population has increased by approximately 2000 patients during the last four years.

The provider is a single-handed male GP who registered with the CQC in April 2013. From April 2019 the single-handed GP was supernumerary, having a salaried and locum clinical team to see patients. There was a male and a female salaried GP and a male and a female long-term locum GP. The practice also employed a

practice nurse, an advanced nurse practitioner, and a member of the nursing team referred to as a clinical practitioner who had just completed a masters degree enabling them to be an advanced nurse practitioner. There is also a healthcare assistant and phlebotomist, and a chiropractor is directly employed by the practice. They are supported by a practice manager and several administrative and reception staff.

There is a higher than average number of patients under the age of 18, and a slightly below average number of patients between the ages of 65 and 85. The number of patients over the age of 85 is in line with the CCG average and below the national average. The National General Practice Profile states that 47% of the practice population is from an Asian background with a further 5% of the population originating from black, mixed or other non-white ethnic groups. 48% of patients are from white backgrounds. Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 76 years compared to the national average of 79 years. Female life expectancy is 80 years compared to the national average of 83 years.

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

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><b>The provider had failed to ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely. In particular:</b></p> <ul style="list-style-type: none"><li>• The provider had no evidence that the healthcare assistant had the training or competence to carry out their role.</li><li>• The provider had no evidence that the phlebotomist had the training or competence to carry out their role.</li><li>• The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as sepsis.</li><li>• The provider did not have a system in place to ensure all appropriate staff had received and were following up to date NICE guidance.</li></ul> <p><b>The provider had failed to assess the risk of and prevent, detect and control the spread of, infections, including those that are health care associated. In particular:</b></p> <ul style="list-style-type: none"><li>• The provider had no cold chain policy in place and no guidance for staff in cold chain procedures.</li><li>• The provider did not check the Hepatitis B or MMR status of staff members including clinicians.</li><li>• The provider had some clinical rooms that were visibly dusty and dirty and clinical wipes were only available in one clinical room.</li></ul> <p><b>The provider had failed to ensure the proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>• The provider had medicines that were stored in a dirty fridge and were touching the back of the fridge.</li></ul>

This section is primarily information for the provider

## Enforcement actions

The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:

- The provider did not seek assurance that appropriate safety checks and procedures had been carried out in their premises.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**There was a lack of systems and processes established and operating effectively to ensure compliance with requirements to demonstrate good governance. In particular:**

- Governance systems such as for training and personnel were not kept up to date or monitored so gaps in compliance were not identified.
- The recently reviewed business continuity plan did not contain the accurate information required.
- The provider did not have a formal carers register. They had identified a small number of carers but were unaware of the definition of a carer and unaware of support available for carers.
- The provider did not have a system in place to identify injuries to staff in the practice. Appropriate staff were unaware of a needlestick injury.

**The registered provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). In particular:**

- The provider did not formally record all significant events. Significant events were not reviewed, were not always appropriately actioned, and learning was not apparent. There was no central record of significant events.

This section is primarily information for the provider

## Enforcement actions

- The recently completed infection control audit had not been accurately completed so required improvements were not identified.
- The provider carried out some audits relating to medicine and prescribing but did not audit non-clinical areas of practice so required improvements could not be identified.
- The provider did not actively seek the views of patients. The practice was not involved in the patient participation group surveys of the practice, either in carrying them out or analysing and monitoring the results.
- The provider told us they had had no complaints in the previous 12 months. The most recently received complaint had not been correctly actioned and learning was not documented.

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

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:**

- The provider did not ensure that all staff, including clinicians, had appropriate training and they did not monitor training effectively.
- The provider did not give formal clinical supervision and appraisals for the salaried clinicians. supervision.
- Staff induction was not consistent.

**This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

### Regulation



This section is primarily information for the provider

## Enforcement actions

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not have systems and processes in place to ensure staff were of good character or had the required qualifications, skills or experience required for their role. In particular:

- Not all relevant pre-employment checks were carried out.
- Not all information required under Schedule 3 was requested for staff.
- Ongoing professional registration checks were not routinely carried out.

This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.