

# ISSA Medical Centre - Dr Z H Patel

## Inspection report

73 St Gregory Road  
Deepdale  
Preston  
PR1 6YA  
Tel: 01772798122  
[www.issamedicalcentre.co.uk](http://www.issamedicalcentre.co.uk)

Date of inspection visit: 05/04/2022  
Date of publication: 27/06/2022

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?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at ISSA Medical Centre on 5th and 6th April 2022. Overall the practice is rated as Good.

The key question ratings are as follows:

Safe - Requires improvement

Effective - Requires improvement

Caring – Previously rated- Good

Responsive - Previously rated- Good

Well-led - Requires improvement

## Why we carried out this inspection

This inspection was a focused inspection to check the provider was complying with the regulations under the Health and Social Care Act 2008. We inspected three key questions to determine if the service is safe, effective and well led. We also collected evidence around access to the service in the responsive key question.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Lancashire and South Cumbria. To understand the experience of GP Providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

## 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 was with consent from the provider and in line with all data protection and information governance requirements.

This included

- Completing remote 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 site and branch 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;
- information from the provider, patients, the public and other organisations.

## We have rated this practice as Good overall

# Overall summary

We found that:

- The practice had some systems in place to deliver safe care in a way that kept patients safe and protected them from avoidable harm. However we found not all these systems were working as intended, which presented risk.
- Patients received effective care and treatment that met their needs. However, there were shortfalls in staff capacity to effectively deliver some screening programmes.
- Caring was not inspected as part of the inspection.
- The practice was responsive to patients in terms of access to appointments, however access to the building was restricted to patients until 8.30am.
- The practice's governance systems were limited, quality assurance processes were lacking structure, learning, outcomes and discussions were not documented. We found structured supervision for non-clinical prescribers and healthcare assistants were not standardised but more informal and tasked based.

We found one breach of regulations. The provider **must**:

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

We also found the provider **should**:

- Review extended families on the safeguarding register and flag other residents of the household where appropriate.
- Complete the MHRA alert process to documents outcomes and actions.
- Review risk assessment documentation to ensure they fully reflect identified risks and mitigating actions taken..

**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, a second inspector and one inspector who shadowed. We spoke to staff and undertook a site visit.

The team also included a GP specialist advisor who spoke with the lead GP using video conferencing facilities and completed clinical searches and records reviews remotely without visiting the location.

## Background to ISSA Medical Centre - Dr Z H Patel

ISSA Medical Centre is housed in a purpose-built two storey building in the Deepdale area of Preston, this is known as ISSA @ Deepdale. There is also a branch location which occupies the ground floor at the Fatima Medical Centre, this is known as ISSA at Fulwood.

The practice provides services to 32,415 patients. It is a member of the NHS Greater Preston Clinical Commissioning Group (CCG) and services are provided under a General Medical Services (GMS) Contract.

The practice and branch site are situated in modern purpose-built health centres. The building is accessible for people who use wheelchairs and services for patients are located on the ground floor. There are two reception points, patient information boards, a large seating area, toilet facilities (which provide access for disabled people), a hearing loop system, digital display screens (providing public health information) and electronic check in screens located in the reception area. There is also an on-site pharmacy located on the ground floor, next to the patient waiting and main reception. .

The clinical team is made up of 18 GPs mixed between male and female who provide cover over both sites. This number includes two GP partners. The practice also employs three advanced nurse associate (one who supports all non medical prescribers HCA and nurses), two practice nurses, a phlebotomist, eight health care assistant, four clinical pharmacists, two paramedic prescriber and two physician's associate.

The GPs are supported by two practice managers, two assistant practice managers and reception/administration staff. These include a business manager, prescription clerks, medical secretaries, medical receptionists and care navigators.

The practice is open between 8.30am and 6pm every weekday. Telephone lines to the practice open at 8am on weekdays and close at 6.30pm. When the practice is closed, patients are able to access out of hours services offered locally by telephoning NHS111.

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.

The practice is part of a wider network of eight GP practices called a primary care network (PCN) in the Preston area.

Information published by Public Health England 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.

According to the latest available data, the ethnic make-up of the practice area is 37.2 % Asian, 57.4% White, 3.9 % Mixed, and 1.5% Other.

There are more working age patients registered at the practice 63%, with older patients accounting for 12.3% of patients and the younger people registered at the practice accounts for 24.6%.

The practice offers training and support to year one and two physician associates from the University of Central Lancashire and medical students from Manchester University. And also take paramedic and student nurse placements.

## 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  |
|--|---|
| Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance  |
| Surgical procedures                      | Comply with Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.  |
| Maternity and midwifery services         | Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014   |
| Family planning services                 | <b>How the regulation was not being met:</b><br>There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: <ul style="list-style-type: none"><li>• No structured supervision was in place for non- clinical prescribers and healthcare assistants. This included no standardised individual support plans, no one-to-one meetings taking place with no documented auditable reviews of consultations taking place.</li><li>• The practice capacity for cervical screening was one full time nurse. The same nurse worked one full day at weekends to provide patients extra cervical screening clinics. The practice figures showed 57.8% uptake, which is below the National average target of 80%.</li></ul> |
| Diagnostic and screening procedures      | The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: <ul style="list-style-type: none"><li>• There was lack understanding of quality assurance and clinical audits. We received a list of clinical searches when we had requested clinical audits. Further information submitted after the inspection still did not provide assurance.</li></ul>   |

This section is primarily information for the provider

## Requirement notices

- The infection control policy (IPC) was limited in information and had no clear systems of work documented within it. The infection control audit lacked COVID-19 information, missed issues within the practice and had no action plans.
- Governance system were lacking. For example, there were limited documented learning, outcomes and discussions around significant incidents.
- There was no monitoring of the clinical systems to ensure both data reflects equally within each patients records.

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