

Dr Syeda Aliya Zaidi

Inspection report


Newton Medical Centre
Newton Lane, Sprotbrough
Doncaster
South Yorkshire
DN5 8DA
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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 effective?

Not sufficient evidence to rate 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions, is the practice effective, responsive and well-led.

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 rated this practice as **requires improvement overall**.

We have rated this practice as good for responsive because.

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We have rated this practice as requires improvement for well led because:

- The leadership, governance and culture did not always support the delivery of high quality person centred care.

We did not rate the practice for effective. This is because there was limited evidence available to the Commission relating to this provider to make a judgement. There was no GP to speak to on the day of inspection, we gave them an opportunity to speak with us after the inspection but we had no response.

The areas where the provider must make improvements 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 plans for staff appraisals.
- Continue with plans for staff safeguarding training.

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)	Good 
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 inspector. The team included a specialist GP advisor.

Background to Dr Syeda Aliya Zaidi

Dr Syeda Aliya Zaidi also known as Park View Surgery is located on Newton Lane, Sprotbrough, Doncaster, DN5 8DA. The practice has good transport links and there is a pharmacy located nearby.

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

Dr Syeda Aliya Zaidi is situated within Doncaster Clinical Commissioning Group (CCG) and provides services to 2314 patients under the terms of a primary medical services (PMS) contract and offers enhanced services for various immunisation checks. It offers extended hours access, health check schemes for patients with a learning disability, alcohol dependency and dementia.

The practice registered with the CQC in April 2013 as an individual practice. The practice has one lead GP

(female), one salaried GP (male), two nurses and one health care assistants. The practice is supported by a practice manager and an experienced administration/reception team.

When the practice is closed, out of hours cover for emergencies is provided by Doncaster out-of-hours service. The practice is part of a hub and patients can access extended appointments.

The Public Health National General Practice Profile shows that around 97% of patients are of a White/British origin. The level of deprivation within the practice population is rated as eight, on a scale of one to ten. Level one represents the highest level of deprivation; and level ten the lowest. The practice has a comparable number of patients aged over 65 years. The age/sex profile of the practice shows a comparable number of patients aged between five and 14 years registered at the practice. The average life expectancy for patients at the practice is 79 years for men and 82 years for women, compared to the national average of 79 years and 83 years respectively.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <p>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. In particular:</p> <ul style="list-style-type: none">• Clinical audit activity was low, we saw evidence of a one cycle audit and a two-cycle audit. Audit activity was not scheduled in advance. <p>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 in particular:</p> <ul style="list-style-type: none">• There was a lack of oversight of significant events as actions were not documented in two of the significant events we viewed.• The last fire risk assessment was completed in 2011.