

# Care Quality Commission

## Inspection Evidence Table

### Dr Touseef Safdar (1-548913045)

Inspection date: 21 December 2021

On 21 December 2021 we carried out an unannounced focused inspection at Dr Touseef Safdar, due to areas of concern received about the practice. This inspection is specifically related to those concerns. This inspection was not rated and therefore the rating of Inadequate from our inspection in June 2021 remains unchanged.

## Overall rating: Inadequate

At this inspection we found:

- Governance systems were not fully embedded and not all risks were proactively assessed and managed.
- There was a lack of a structured approach in the management of patients care and treatment with limited clinical oversight.
- There was insufficient governance oversight to monitor the quality and effectiveness of the service.
- There was a lack of leadership oversight. Leaders could not demonstrate that they had the capacity and skills to address the challenges within the practice.
- There was an absence of comprehensive systems and processes to monitor the quality and effectiveness of the service and care provided.
- A succession plan had not been developed for the protection of the practice, patients and staff.

## Safe

### Safety systems and processes

**The practice did not always have clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Partial
There were systems to identify vulnerable patients on record.	Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>• We found some evidence of safeguarding systems in place, but these were not always monitored or reviewed resulting in gaps and inconsistencies.</li><li>• We found that no action had been taken to maintain, update or add alerts to patients identified as a vulnerable adult, child or person living in the same household as a child with a safeguarding concern. These issues were brought to the attention of the provider at our last inspection.</li></ul>	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>We found an example where a safeguarding alert for a vulnerable adult had been raised with the practice but there was no evidence that the practice had taken action to review the risks identified.</li> <li>We found that there were no registers in place for housebound patients. During our inspection we asked the practice for details of housebound patients and carried out a random sample of five patients records and found that alerts to identify them were not always on the system. We were told that there were a small number of housebound patients known to the practice and that there were key codes and a point of contact.</li> <li>We were unable to evidence any recent action or discussions relating to safeguarding. Staff told us that a practice meeting was held in November 2021, however minutes of this meeting were not available at the time of our inspection.</li> </ul>	

### Information to deliver safe care and treatment

**Staff did not always have the information they needed to deliver safe care and treatment.**

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	No
There was a documented approach to the management of test results, and this was managed in a timely manner.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We found that there was a lack of clinical oversight of patient clinical records and data. We carried out a review of patient records on the practice clinical system and found they showed a lack of clear record keeping and were not always consistently recorded in line with current guidance and legislation. This included inaccurate coding, lack of oversight of consultation records and poor alignment of health conditions to medicines to aid patients and other health care professionals. We found that action was not always taken in response to correspondence from secondary services requesting the practice to stop or start medicines for patients.</li> <li>We found there was a system in place to monitor test results and action urgent referrals. A long-term locum GP worked remotely each day and would review and action test results as part of their role. However, we saw gaps and inconsistencies in the information in patients records and a lack of timely response and referral to specialists. For example, the practice was not identifying and coding patients with diabetes or chronic kidney disease. We found that these patients had not been referred for screening and effective management, follow up or reviews did not take place.</li> <li>The practice continued to rely on locum staff to carry out all aspects of clinical work. A locum GP consultation audit had been carried out in September 2021 by the practice manager, however there was no oversight from the clinical GP locum lead to ensure clinical competencies,</li> </ul>	

supervision or clinical discussions were actively reviewed or monitored as part of best practice. We found there remained no formalised arrangements in place for clinical oversight of the nursing team.

### Appropriate and safe use of medicines

## The practice did not always have systems for the appropriate and safe use of medicines, including medicines optimisation

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	No
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• There was a lack of systems and procedures for supervision, peer reviews or clinical oversight of clinicians working in the practice.</li> <li>• We found that the processes for the safe handling of requests for repeat medicines were not always effective. For example, we found that a patient was issued a prescription for five courses of a high dose steroid with no evidence of a clinical examination, monitoring or follow up.</li> <li>• During our records review, we found many examples where records were being coded as a review taking place, however there was no details recorded in the patient records and we found that monitoring was not up to date.</li> <li>• We found the practice had reviewed some of its systems for monitoring high risk medicines, however, we found areas the practice could improve further. For example, reviewing prescription limits for patients on high risk medicines, carrying out required blood/urine tests, body mass index (BMI) and reviewing patients with rheumatoid arthritis.</li> <li>• We identified gaps and inconsistencies in the management of patients medicines including a lack of structured medication reviews, and monitoring of patients on certain medicines.</li> <li>• We found that some patient records did not accurately reflect up to date medicines they were actively prescribed. For example, we found some patient records had not been updated to reflect changes in medicines through correspondence.</li> </ul>	

## Track record on safety and lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Partial
There was a system for recording and acting on significant events.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice had a policy for raising and investigating significant events, however we found that opportunities to raise and investigate significant events had been missed. For example, delays in diagnosis and inadequate locum cover leaving gaps in service provision.</li> <li>We saw evidence that a significant event had been raised regarding the clinical care of a patient as we requested following our previous inspection in October 2021. We found that appropriate action had been taken to address the areas identified. However, we were unable to evidence that learning was shared in a practice meeting as there was no minutes available.</li> </ul>	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>There was a process in place for managing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts however this was not always effective. Whilst some safety alerts had been actioned, we found examples of alerts which were not acted on by re-visiting historic alerts. For example, our searches of the clinical system identified two patients who were prescribed a combination of medicines that should not be prescribed together as there could be a potential risk to their health. A MHRA alert had been published highlighting the risks associated with these two medicine combinations but patient records we reviewed identified no action had been taken in line with the safety alert. We also found that three patients were prescribed an anti-depressant in a higher dosage recommended for their age and no action had been taken in line with the safety alert.</li> </ul> <p>We found the practice did not have an effective system in place to ensure medicine safety information was incorporated into clinical practice, for example through discussion in regular clinical meetings.</p>	

## Effective

QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

### Effective needs assessment, care and treatment

**Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial
Patients' treatment was regularly reviewed and updated.	No
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• A search of the practice clinical system showed that patients care, and treatment did not always follow evidence-based practice. We identified that structured annual medicines reviews were not always carried out which impacted on the care provided to the practice population.</li> <li>• We found that there had been missed diagnosis of conditions such as diabetes and poor monitoring of other long-term conditions such as asthma and chronic kidney disease (CKD).</li> <li>• We found examples where the practice was not identifying and coding patients with diabetes and not referring for screening and reviews. We found annual diabetic reviews were not always taking place nor was the practice taking action for patients with raised HbA1c readings or following up patients who were asked to make an appointment and did not attend.</li> <li>• We found that patients' treatment was not regularly reviewed and updated. For example, we found patients who experienced asthma exacerbations were not always properly assessed and issued steroids, nor were they followed up after having a course of steroids prescribed for acute exacerbation in line with best practice.</li> <li>• We found that the practice did not have an effective system in place to ensure medicine safety information was incorporated into clinical practice, for example through discussion in regular clinical meetings.</li> </ul>	

## Management of people with long term conditions

### Findings

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Patients with long-term conditions were not always offered a structured annual review to check their health and medicines needs were being met.
- Structured medicines reviews were not always carried out and we saw examples of patients on high risk and other medicines who did not have appropriate monitoring in place.
- The practice did not always have clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions, as individual care records were not accurate or up to date.
- Patients with long term conditions were not routinely monitored and reviewed. We found there was no accurate diagnosis coded in the clinical system and patients were not informed or aware of the diagnosis. For example, we found two patients with increased HbA1c readings in the diabetic range that had not been coded as diabetic and had not been referred for screening or had regular reviews. We also found patients who had been diagnosed with diabetes with raised HbA1c suggesting poor control who had not been receiving annual reviews or follow up to improve control.
- Patients with asthma were not always offered an asthma management plan and overuse of medicines was not adequately monitored and acted on.

### Effective staffing

**The practice was not always able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	No
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• There was a named locum GP lead who was responsible for clinical oversight of the practice, however we were unable to evidence that clinical supervision, clinical oversight or meetings were being held with clinicians. There was no evidence of debrief sessions for nurses or audits of their consultations. We spoke with a locum nurse who told us they did not participate in any meetings however if they had concerns, they would contact a locum GP working on-site during the day.</li> <li>• We found the practice manager had carried out a clinical audit of locum GP consultations in September 2021, however there was no clinical oversight or action taken to address clinical competencies. For example, we found a clinician had carried out a medicine review for a patient which did not identify the over usage of their short-acting inhalers for asthma.</li> </ul>	

## Coordinating care and treatment

**Staff did not always work together and with other organisations to deliver effective care and treatment.**

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Partial
Patients received consistent, coordinated, person-centred care when they moved between services.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We identified gaps and inconsistencies in the management of patients medicines, coding of patient records and accuracy of patient records and registers such as safeguarding. This had a potential impact on the effective care and treatment across services.</li> </ul>	

## Helping patients to live healthier lives

**Staff were not always consistent and proactive in helping patients to live healthier lives.**

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Partial
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Partial
Patients had access to appropriate health assessments and checks.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Patient records showed diagnosis of medical conditions were not always coded appropriately. There was no effective recall system in place, which meant patients would not be identified appropriately in order to access appropriate and timely health checks, monitoring, treatment or referral to secondary care.</li> <li>The systems and processes for the review of patients with long term conditions such as asthma, diabetes and chronic kidney disease (CKD) needed strengthening further to demonstrate the support given to patients to be involved in monitoring and managing their own health.</li> <li>The clinical searches we carried out identified patients were not always informed they had a long term condition. Patient records showed a lack of annual review taking place and potential missed diagnosis.</li> </ul>	

## Well-led

### Leadership capacity and capability

**Leaders could not always demonstrate that they had the capacity and skills to deliver high quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	No
They had identified the actions necessary to address these challenges.	No
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice was unable to demonstrate effective leadership. The leadership team could not demonstrate they had the capacity to effectively manage the practice and oversee all areas of the practice adequately. For example, we found there was a lack of effective processes embedded to drive efficiency, manage risk and ensure safety at the practice.</li> <li>We were unable to establish whether the practice had developed a succession plan for the protection of the practice, the patients and staff. We were not assured that there were long term arrangements in place to safely manage the service effectively.</li> <li>We found that systems in place were putting patients at risk and the provider did not have the capability to lead effectively and drive improvement.</li> </ul>	

### Governance arrangements

**The overall governance arrangements were ineffective.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	No
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>We found there was no effective clinical oversight or systems in place to ensure clinical records contained appropriate information. Evidence reviewed from clinical records demonstrated patient care and treatment was delivered on an ad hoc basis. We did not see evidence to demonstrate effective governance structures and systems.</li> <li>A review of patients with safeguarding concerns showed patients records had not been linked with other family members to ensure staff were aware of the concerns.</li> <li>There was a lack of effective leadership oversight and no formal system in place to assess and monitor governance arrangements. We were not assured that there was a consistent approach to monitoring the quality and safety of the services provided. For example, there were gaps and inconsistencies in systems and processes relating to for example, safeguarding, supervision of staff and medicine management.</li> <li>We found governance structures and systems did not always keep patients safe. For example, to manage the safe review of patients with long-term conditions such as diabetes, asthma and chronic kidney disease and to respond and action safety alerts to support safe and effective prescribing.</li> </ul>	



## Managing risks, issues and performance

**The practice did not always have clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• There were ineffective systems to identify, understand, monitor and address current and future risks including risks to patient safety.</li><li>• We found there were gaps and inconsistencies in patients care and treatment which did not follow best practice guidance such as in the management of patients with asthma or diabetes. These risks had not been effectively managed by the practice's own quality assurance system.</li><li>• We found the practice had focused on addressing issues raised from previous inspections. However, further were risks identified at this inspection relating to clinical oversight, governance, succession planning and safety systems which could impact on patient safety. We were not assured of the practice's ability for effective long term management and sustainability.</li></ul>	

## Appropriate and accurate information

**The practice did not always act on appropriate and accurate information.**

	Y/N/Partial
Staff used data to monitor and improve performance.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The systems in place to monitor performance were not always effective as we identified gaps and inconsistencies in patient care and treatment from our clinical searches and these were not identified by the practices use of data.</li></ul>	

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- 
- ‰ = per thousand.