

Dr Joann Amin

Inspection report

The Willows
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Date of inspection visit: 22 July 2022
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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?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at Dr Joann Amin on 22 July 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective – requires improvement

Caring – good (rating awarded at the inspection 24 May 2016)

Responsive – good (rating awarded at the inspection 24 May 2016)

Well-led – requires improvement

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Dr Joann Amin on our website at www.cqc.org.uk

Why we carried out this inspection/review (delete as appropriate)

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. This inspection was a focused inspection looking at the key questions Safe, Effective and Well-led.

How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

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:

- Conducting staff interviews remotely and on site.
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- Reviewing patient records remotely to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- Gaining feedback from staff by using staff questionnaires.

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 and

Overall summary

- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall

We found that:

Following this inspection, we have rated the practice **requires improvement** for providing safe services. We identified the following areas of concern:

- Recruitment checks were not always carried out in accordance with regulations.
- The practice did not hold appropriate emergency medicines, have risk assessments in place to determine the range of medicines held, or an effective system in place to monitor stock levels and expiry dates.

Following this inspection, we have rated the practice **requires improvement** for providing effective services. We identified the following areas of concern:

- The practice was unable to demonstrate that some clinical staff had the skills, knowledge and experience to carry out their roles.

Following this inspection, we have rated the practice **requires improvement** for providing well-led services. We identified the following areas of concern:

- The practice had not identified the actions necessary to address challenges to quality and sustainable care.
- The practice did not always have clear and effective processes for managing risks, issues and performance.
- Some governance and assurance systems were not effective.
- There were limited systems and processes for learning, continuous improvement and innovation.

We found two breaches of regulations. The provider **must**:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed. Ensure where appropriate, persons employed are registered with the relevant professional body.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Involve staff in the development of the vision, values and strategy of the practice.
- Continue to establish a patient participation group.
- Establish a quality improvement programme.
- Ensure clinical staff receive copies of practice meeting minutes when they cannot attend.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr Joann Amin

Dr Joann Amin, also known as The Willows Medical Practice, is located in Salford at:

The Willows Medical Practice

Lords Avenue

Salford

Manchester

M5 5JR

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

The practice is situated within the Greater Manchester Integrated Care System (ICS) and delivers General Medical Services (**GMS**) to a patient population of about 3400. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in the Ordsall and Claremont primary care network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one 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 87.2% White, 5.4% Asian, 4.2% Black, 2.3% Mixed and 0.9% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is one GP and one advanced nurse practitioner who provide cover at the practice. The practice is a training practice and regularly has student doctors provide care and treatment at the practice. The practice has one nurse who provides nurse led clinics for long-term conditions. The GP is supported at the practice by a team of reception/administration staff. There is a practice manager to provide managerial oversight.

The practice is open between 8:30am to 5:30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

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 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
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated 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. In particular:</p> <ul style="list-style-type: none">• The practice did not have an effective system to monitor emergency drug stock levels.• The risk assessments supplied for omitted emergency drugs did not detail how the risk was mitigated.• The practice did not follow their own recruitment policy.• The monitoring training system was not fully embedded. The practice did not have evidence of completed training for all clinical staff.• The practice had not identified the actions necessary to address the challenges to quality and sustainability.• The practice did not ensure clinical staff received copies of practice meeting minutes when they did not attend. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p>

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Requirement notices

- The practice held no information for locum doctors.
- The practice did not have full employment history, together with a satisfactory written explanation of any gaps in employment for all staff.

This was in breach of Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.