Dr Nabil Shather

Quality Report

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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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We undertook an announced focused inspection on 9 December 2015. The aim of this inspection was to check that improvements had been made to meet legal requirements, following our comprehensive inspection in January 2015. This inspection will not result in a change to the practices published ratings.

The overall rating for this practice remains as good.

Summary of findings

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Nabil Shather on our website at www.cqc.org.uk

Our key findings across all the areas we inspected were as follows

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough. For example, there was no systematic approach to medication reviews and prescriptions pads were not securely stored.
- Medication audits were completed in conjunction with the CCG pharmacist
- There was no evidence of systematic checking or calibration of the two mercury sphygmomanometers. No mercury spillage kit was available and staff did not know how to manage a spillage of mercury.
- The defibrillator, oxygen and emergency medicines were all stored in separate locations. Storing equipment in one location would enable staff to have immediate access when needed, thus reducing delay in an emergency.
- Policies and procedure had been implemented but not monitored to ensure effectiveness and compliance, for example the uncollected prescriptions.
- Appropriate recruitment checks had been undertaken prior to the employment of two new members of administration staff.
- Administration staff could demonstrate the use of the computer system, for example, basic searches and monitoring.
- Emergency medicines held in the practice did not include Penicillin.

The areas where the provider must make improvements are:

- Ensure that equipment used is safe for use, properly maintained and available when needed without posing a risk to the service user.
- Ensure medication reviews are carried out systematically and uncollected prescriptions are monitored
- Ensure that access to prescription pads is secure.
- Ensure there is a formal clinical audit plan

In addition the provider should:

- Consider the monitoring of compliance to newly implemented policies and procedures.
- Consider the range of emergency drugs held by the practice.
- Consider storing emergency equipment and drugs in one location to ensure immediate access when needed, thus reducing delay in an emergency.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

During our inspection in January 2015 we found that the practice had not ensured that care and treatment was provided to patients in a safe way. This was because patients receiving repeat prescriptions were not reviewed regularly and uncollected prescriptions were not monitored. Appropriate recruitment checks had not been undertaken, as evidence of conduct in previous employment was not available.

At our inspection in December 2015 we found that some improvements in these areas had been made, but further improvement is still needed.

- Appropriate recruitment checks had been undertaken prior to the employment of two new members of administration staff.
- Medication reviews were being undertaken however there was no systematic approach to the medication reviews. For example, the checking of recent laboratory results. There was a process for monitoring uncollected prescriptions, however this had not been review
- The practice had a defibrillator and oxygen available. However, the defibrillator was stored in a cabinet and was still in its box, there was no evidence of systematic checking of the defibrillator or oxygen.

During this inspection we also found that:

- Prescription pads were not securely stored.
- There was no evidence of calibration or checking of the two mercury sphygmomanometers, there was no mercury spillage kit, or knowledge of the management should a mercury spillage occur.
- The emergency medicines in the practice did not include penicillin, with no risk assessment to justify this.

Are services effective?

During our last inspection in January 2015, staff reported a general lack of familiarity with the computer system that the practice used.

- The CCG had provided support and training on the new computer system and additional training was scheduled. Administration staff could demonstrate the use of the system, for example, basic searches and monitoring.
- We reviewed medication audits and identified that: The medication audits were driven by the CCG with co-operation

between the GP and the Pharmacist. The practice manager undertook the audits and the results were discussed with the GP. During the inspection there was no audit data available. There was no formal audit activity plan and no two year cycle audits available for 2015.

Dr Nabil Shather

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector.** The team included the Regional GP Advisor.

Background to Dr Nabil Shather

Bilston Street Surgery is registered for primary medical services with the Care Quality Commission (CQC). It is a single handed GP practice located in the Sedgley area of Dudley. The practice is part of NHS Dudley Clinical Commissioning Group (CCG) and provides primary medical community. The population covered is predominantly white British.

The staffing establishment at Bilston Street Surgery includes one GP (male), a practice nurse (female), a practice manager and four reception/administrative staff.

The practice offers a range of clinics and services including, asthma, child health and development, diabetic clinic, contraception and minor surgery.

The practice opening times are 8am until 6.30pm Tuesday, Wednesday and Friday, 8am until 12.30pm on Thursday and extended opening hours are provided on a Monday from 8.am until 8.pm. The practice have opted out of providing out-of-hours services to their own patients. This service is provided by an external out of hours service contracted by the CCG. The out of hours service also provide cover when the surgery is closed on a Thursday afternoon.

Why we carried out this inspection

We undertook an announced focused inspection on 9 December 2015. The aim of this inspection was to check that improvements had been made to meet legal requirements, following our comprehensive inspection in January 2015. We inspected the practice against two of the five questions we ask about the services: are services safe and effective. This was because the practice was not meeting some legal requirements in those areas

Under Regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Dr Nabil Shather was requested to provide a written report, of the action taken to achieve compliance with the Health and Social Care Act 2008, associated regulations and any other legislation identified by 23 July 2015.

How we carried out this inspection

We carried out the follow up inspection on 9 December 2015. During our inspection we spoke with the GP, the practice manager, the pharmacist from the CCG and one administration staff member. We reviewed the staff files of two new members of the administration team and other supporting information. We did this to check that actions had been completed following the previous inspection.

Are services safe?

Our findings

Safe Track Record and Learning

We saw that the practice had some improvement from out last inspection. We saw evidence that discussions had taken place and learning was being disseminated amongst staff.

Overview of safety systems and processes

- Minutes of practice meetings demonstrated that incidents had been discussed, and lessons learned identified
- Staff recruitment had been an issue during the last inspection, appropriate recruitment checks had not been undertaken, as evidence of conduct in previous employment was not available. We reviewed files for two newly employed members of staff and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and the appropriate checks through the Disclosure and Barring Service (DBS).
- During the last inspection it was identified that management of repeat prescriptions was not robust. Patients were not seen on a regular basis and there were uncollected prescriptions which were over three months old. We found that medication reviews were being completed, but there was no systematic approach to these reviews, for example the prescribing of Methotrexate without evidence of checking recent laboratory results. This evidence was not corroborated by
- There was a process for monitoring uncollected prescriptions; the monitoring occurred monthly for adults and weekly for vulnerable patients including children. If prescriptions were not collected, they were reviewed and cancelled, destroyed and changes made. We were informed that the administration staff destroyed or made changes, unless the prescription was for controlled drugs (controlled drugs are medicines controlled under the Misuse of Drugs legislation). We found one child's prescription that had not been collected for a month and no action had been taken. This was a lower risk medicine
- Access to prescriptions pads was not secure, for example, there were no locks on the consulting room doors to prevent entry when the room was vacant.
- The practice had two mercury sphygmomanometers in use, there was no evidence of checking or calibration of these, the practice did not have a mercury spillage kit and had no knowledge of how to manage a mercury spillage.
- During the last inspection, we saw that interpreter services were available.

Arrangements to deal with emergencies and major incidents

- During the last inspection emergency equipment was not available. The practice had a defibrillator and oxygen available on the premises. However the defibrillator was stored in a cabinet and was still in its box, there was no evidence of systematic checking of the defibrillator or oxygen. The defibrillator, oxygen and emergency medicines were all stored in separate locations. Storing equipment in one location would enable staff to have immediate access when needed, thus reducing delay in an emergency.
- The practice held a selection of emergency medicines, but these did not include Penicillin. There had been no risk assessment completed to support this decision. The emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

During our last inspection staff reported a general lack of familiarity with the computer system that the practice used. The CCG had provided support and training on the new computer system and additional training was scheduled. Administration staff could demonstrate the use of the system, for example, basic searches and monitoring. However the GP was not confident or comfortable in using the computer system to its full capacity, for example using standard templates to demonstrate effective monitoring of outcomes for vulnerable groups and when reviewing medication.

Management, monitoring and improving outcomes for people

The medication audits were driven by the CCG with co-operation between the GP and the Pharmacist. The practice manager undertook the audits and the results were discussed with the GP. During the inspection there was no audit data available. There was no formal audit activity plan available for 2015

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met** We found the regulation was not being met as the provider had not ensured that care and treatment was provided in a safe way: Medication reviews were not carried out systematically. Uncollected prescriptions were not monitored. Prescription pads were left in vacant unlocked consulting rooms. There was no evidence of systematic checking of the defibrillator or oxygen and no evidence of calibration of the two mercury sphygmomanometers, there was no mercury spillage kit and the practice had no knowledge of how to manage a mercury spillage. Regulation 12(1)(2)(a)(b)(e)(g)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met** Providers must operate effective systems and processes to make sure they assess and monitor their services. There was no formal audit activity plan.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1)(2)(a)