

Dr's P L & S Kaul and Dr G K Gill

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.

Ratings

Overall rating for this service

Good



Are services effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr's P L & S Kaul and Dr G K Gill on 5 December 2016. The overall rating for the practice was good with the effective domain rated as requires improvement. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Dr's P L & S Kaul and Dr G K Gill on our website at www.cqc.org.uk.

This inspection was a desk based review carried out on 3 October 2017 to confirm that the practice had carried out their plan to make improvements in the areas that we identified in our previous inspection on 5 December 2016. This report covers our findings in relation to those areas and also additional improvements made since our last inspection.

The effective domain is now rated as good and overall the practice remains rated as good.

Our key findings were as follows:

- The practice had purchased disposable curtains for consultation and treatment rooms in July 2017. The cleaning schedule indicated that the curtains were due to be replaced in January 2018.
- The practice had invested in an e-learning training programme, which allowed management to monitor staff training and identify when refresher training was required.
- The GPs had completed fire safety and infection control training.
- Non clinical staff had completed adult safeguarding training.
- The practice had reviewed the results from internal and external patient surveys and identified a number of areas for improvement. Action plans had been put in place to improve patient satisfaction.
- The practice had improved their overall QOF score to around 96% (up from 90%) of the total number of points available. The practice had also taken action to improve performance in specific areas such as diabetes and mental health.

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 effective?

The practice is rated as good for providing effective services.

- The practice had improved their overall QOF score to around 96% (up from 90%) of the total number of points available. The practice had also taken action to improve performance in specific areas such as diabetes and mental health.
- The practice had invested in an e-learning training programme, which allowed management to monitor staff training and identify when refresher training was required.
- The GPs had completed fire safety and infection control training.
- Non clinical staff had completed adult safeguarding training.

Good



Dr's P L & S Kaul and Dr G K Gill

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector.

Background to Dr's P L & S Kaul and Dr G K Gill

Dr's P L & S Kaul and Dr G K Gill Surgery also known as Harden Health Centre or Leamore Medical Centre is located in Walsall, West Midlands. The practice is situated in a multipurpose modern built NHS building, providing NHS services to the local community. Dr's P L & S Kaul and Dr G K Gill operate two practices both managed under separate General Medical Services (GMS) contracts with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

Based on data available from Public Health England, the levels of deprivation in the area served by Dr's P L & S Kaul and Dr G K Gill Surgery are below the national average, ranked at one out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds. The practice serves a higher than average patient population aged between zero to 34 and 40 to 54. The practice also has a below average number of patients aged 55 to 85 and over.

The registered patient list size is approximately 3,032. The surgery has expanded its contracted obligations to provide

enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice is situated on the ground floor of a multipurpose building with two other practices. There is car parking available along with facilities for cyclists and patients who display a disabled blue badge. The practice has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of four GP partners (two male & two female), one independent nurse prescriber, one practice nurse, one practice manager, and a team of secretaries and receptionists. Practice staff work across both sites.

The practice is open between 8.30am and 6.30pm every day except Wednesday, which the practice closes at 1pm. Telephone lines are closed between 1.00pm and 2.00pm every day except Wednesday, when they are closed from 1pm until 6.30pm.

GP consulting hours are from 9.30am to 11.30am and 4pm to 6pm Mondays; 8.40am to 10.30am and 5pm to 7pm Tuesdays; 8.40am to 10.30am and 4pm to 6pm Wednesdays; 9.30am to 11.30am Thursdays; 9.30am to 11.30am and 3pm to 4pm Fridays. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111. When the practice is closed during core hours services are provided by WALDOC (Walsall doctors on call).

Detailed findings

Why we carried out this inspection

We previously undertook a comprehensive inspection of Dr's P L & S Kaul and Dr G K Gill Surgery on 5 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall, with a rating of requirements improvement for providing effective services. The full comprehensive report following the inspection in December 2016 can be found by selecting the 'all reports' link for Dr's P L & S Kaul and Dr G K Gill Surgery on our website at www.cqc.org.uk.

We undertook a desk based focused top inspection of Dr's P L & S Kaul and Dr G K Gill Surgery on 3 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

We carried out a desk-based focused inspection of Dr's P L & S Kaul and Dr G K Gill Surgery on Day Month Year. This involved reviewing evidence that:

- Relevant staff had now completed their required fire safety, infection control and adult safeguarding training.
- Carpet and curtain cleaning schedules were in place.
- Ongoing monitoring of patient satisfaction was taking place and action plans developed to improve satisfaction.
- Improvements had been made to the performance of the practice in relation to the Quality and Outcomes Framework.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 5 December 2016, we rated the practice as requires improvement for providing effective services. This was because of lower scores in the Quality and Outcomes Framework (QOF) than the Clinical Commissioning Group (CCG) and England averages, and the system in place to ensure staff attended training.

We found improvements had been made when we undertook the desk based review on 3 October 2017. The practice is now rated good for providing effective services.

At the time of our previous inspection we found that the overall QOF score for 2015/2016 was lower than the CCG and England averages. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice told us this had improved for 2016/2017 and we show that they had achieved 97% (up from 90%) of the total number of points available.

The practice was also previously performing below the local and national average in diabetes and mental health. The practice shared their plan detailing what action they were going to take to improve performance in target areas such as diabetes and mental health.

The practice was now taking a more proactive approach to managing the care of patients with diabetes. The community diabetic nurse hosted twice monthly clinics at the practice. The practice told us that either a GP or a practice nurse would identify any poorly controlled diabetic patient and / or those patients who frequently attend hospital due to their condition. The practice contacted these patients and invited them in for blood tests and an appointment at the clinic. The practice nurses also proactively contacted patients by telephone to invite them for foot checks and blood tests. If telephone contact was not established then the patient was sent an appointment letter. Any patients who did not attend their appointments were also contacted. In addition, regular meetings between the advanced nurse practitioner and the community diabetic nurse take place at the end of every clinic. This provided the opportunity to discuss patients either seen during the clinic or otherwise.

The practice had identified that although diabetic patients often attended for their blood tests, they did not attend for their diabetic review. As a consequence, the nurses undertook blood pressure checks at the same time as blood tests.

The practice also told us they had signed up for local initiative regarding improving the uptake of structured education programme for patients.

The practice was now taking a more proactive approach to involving patients with mental health needs in their care. The register of patients with mental health needs had been reviewed to ensure all patients who needed a care plan and had consented to this had a care plan in place. Staff contacted other health care professionals involved in the patient's care to assist with care planning as required. Efforts have been made to record alcohol consumption by either contacting patients to enquire about this or asking during routine appointments and care plan reviews. Patients were given advice and support or offered a full review at the practice if required.

The practice had reviewed the coding of patients with a diagnosis of depression on the electronic patient record. Clinicians had taken responsibility to book the next appointment with the patient during their consultation. The practice used alerts on the electronic patient record to identify patients who did not attend their appointment. These patients were then contacted to rebook an appointment within the specified timescales.

Since our previous inspection the practice had invested in an e-learning training programme, which was accessible to both clinical and non-clinical staff. This system allowed management to monitor the training that staff had completed and identify when training needed to be updated. The practice provided evidence in the form of certificates to support that the GPs had completed fire safety training and infection control training. We also saw that non clinical staff had completed adult safeguarding training.