

# Dr P Pal and Jemahl

## 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 safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr P Pal and Jemahl on 19 April 2016. The overall rating for the practice was Good. However, for providing safe service the practice was rated as requires improvement. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Dr P Pal and Jemahl on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 19 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection on the 19 April 2016.

Overall the practice is rated as Good.

Our key findings were as follows:

- During our previous inspection in April 2016 we saw that the practice had considered the risks associated with not undertaking Disclosure and Barring Service

(DBS) checks for some staff. However, these risk assessments were not effective to mitigate all risks. During this inspection we saw that all staff had undergone a DBS check.

- When we inspected the practice in April 2016, we saw that the practice had carried out an annual analysis of significant events. However, all recorded incidents and significant events were not included in the analysis. During this follow up inspection, the practice had carried out an annual significant event audit including all significant events and occurrences.
- At our previous inspection we saw evidence that patient medicine safety alerts were received and cascaded to relevant staff. However, the practice could not evidence the actions taken following receipt of safety alerts. During this follow up inspection the practice could demonstrate that a process was in place for the monitoring of actions taken following the receipt of medicine safety alerts.
- When we inspected the practice in April 2016 we saw that health and safety risk assessments were not in place. At this follow up inspection we noted that actions had been taken to manage and mitigate risks related to health and safety.

# Summary of findings

- During our previous inspection in April 2016 we saw the practice had a whistle blowing policy which needed review as it did not reflect existing guidance. During this follow up inspection we saw that the policy had been reviewed and staff members we spoke with were aware of the changes.
- Treatment protocols clearly set out what actions should be taken in response to the results of health assessments, explaining the reason and justification for each action for health care staff. When we inspected the practice in April 2016, we saw the practice did not have protocols for the nurse and the

healthcare assistant to guide decision-making around specific health issues. For example, the frequency of a structured review for an asthma patient. During this follow up inspection we saw that treatment protocols were available for staff on the practices computer system and they were based on the National Institute for Health and Care Excellence (NICE) guidance. They included protocols on Hypertension, Asthma, and Angina amongst others.

**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?

The practice is rated as good for providing safe services.

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing safe services.

- During our previous inspection in April 2016 we saw that the practice had considered the risks associated with not undertaking Disclosure and Barring Service (DBS) checks for some staff. However, these risk assessments were not effective to mitigate all risks. During this inspection we saw that all staff had undergone a DBS check.
- The practice carried out annual analysis of significant events. However, all recorded incidents and significant events were not included in the annual analysis used to identify themes and trends. During this follow up inspection, the provider demonstrated improvement as the practice had carried out an annual significant event audit. The analysis included all significant events and occurrences
- We saw evidence that patient medicine safety alerts were received and cascaded to relevant staff. However, the practice could not evidence the actions taken following receipt of safety alerts. During this follow up inspection the practice could demonstrate that actions were being taken following receipt of alerts.
- During our previous inspection in April 2016 we saw the practice had a whistle blowing policy. However, the policy did not reflect existing guidance and needed review. During this follow up inspection we saw that the policy had been reviewed and staff members we spoke with were aware of the changes.
- We also noted that appropriate health and safety risk assessments were not in place during our previous inspection. At this follow up inspection we noted that actions had been taken to manage risks related to health and safety.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

# Dr P Pal and Jemahl

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our follow up inspection team was led by a CQC inspector.

## Background to Dr P Pal and Jemahl

Dr P Pal and Jemahl provide primary medical services to approximately 6000 patients of various ages in the local community. There are two GP partners (both male) and two part time salaried GPs (one male and one female). The practice is based in the Great Barr area of the West Midlands.

The GPs are supported by a practice nurse and two health care assistants. The non-clinical team consists of a team of six administrative and reception staff and a practice manager. Supporting the practice manager was an assistant practice manager.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice 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 open between 8.15am and 6pm Mondays to Fridays except Thursdays when it closed at 1pm. The practice is also open every Saturday from 8am to 11am. The practice has opted out of providing out-of-hours

services to their own patients. This service is provided by 'an external out of hours service provider. There were notices to inform patients of this arrangement in the surgery as well as through the practice website.

## Why we carried out this inspection

We undertook an announced focused inspection of Dr P Pal and Jemahl on 19 April 2017. This inspection was carried out to check that the provider had made improvements in line with the recommendations made as a result of our comprehensive inspection on 19 April 2016.

We inspected the practice against one of the five questions we ask about services: is the service safe. This was because during our inspection in April 2016, breaches of legal requirements were found and the practice was rated as requires improvements for providing safe service. This was because we identified some areas where the provider must make improvements and additional areas where the provider should improve.

## How we carried out this inspection

We carried out a focused inspection of Dr P Pal and Jemahl on 19 April 2017. This involved reviewing evidence that:

- The practice had not carried out risk assessments to mitigate risks in the absence of DBS checks.
- Annual analysis included all incidents and significant events to help identify themes and trends.
- Following receipt of patient safety and medicine alerts the practice could evidence the actions taken.

## Detailed findings

- All risks to patients and staff were being effectively managed
- Appropriate policies were reviewed to ensure effectiveness.
- Appropriate treatment protocols were in place for the nurse and healthcare assistant to guide decision-making.

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 safe?

## Our findings

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing safe services. Arrangement in respect of Disclosure and Barring Service (DBS) checks, effective management of alerts, significant event analysis and health and safety risk assessment checks were not adequate.

These arrangements had improved when we undertook a follow up inspection on 19 April 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

Previously we saw that the practice had carried out an annual analysis of significant events. However, all recorded incidents and significant events were not included in the annual analysis used to identify themes and trends. At this follow up inspection we saw the practice had carried out a significant event audit from April 2016 to March 2017. All incidents and significant events were included in the analysis and the practice had appropriately responded to themes and trends.

At our previous inspection we saw that the practice had received patient safety and Medicines and Healthcare products Regulatory Agency (MHRA) alerts. The alerts were logged and circulated to relevant staff members electronically. However, the practice could not demonstrate the actions taken following receipt of relevant alerts.

During this follow up inspection the practice could demonstrate that action had been taken following receipt of MHRA alerts. For example, we saw that the practice had received an MHRA alert in June 2016 in regards to a specific medicine. Documented evidence showed that the practice had carried out a search on the patient record system and had identified one patient prescribed this medicine. The practice had also documented that no further action was required as the patient was not prescribed the medicine between the times specified by the alert.

We were told that alerts were discussed at regular practice meetings and on an ad-hoc basis with relevant clinical staff. For example, the practice manager showed us an MHRA alert they had recently received. They told us that this had been scheduled for discussion with the GPs so that appropriate action could be taken.

At our previous inspection on 19 April 2016 we saw that the practice had a whistle blowing policy and staff members we spoke with were aware of the policy. However, they were unable to tell us the actions they would take to raise concerns outside of the practice where appropriate. We looked at the policy which did not provide guidance on this.

During the follow up inspection we saw that the policy had been reviewed and amended. All staff members had been given a copy of the policy and had signed the policy to confirm that they had read and understood. We spoke with two staff members who were aware of the changes to the policy.

### Overview of safety systems and process

During our previous inspection on 19 April 2016 we found some administration staff who acted as chaperones had not undergone a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice had carried out risk assessments to assess and mitigate risk in the absence of DBS checks. However, they were not effective to manage the risks.

During this follow up inspection we saw that the practice had reviewed and amended its recruitment policy. The policy stated that the practice would undertake a DBS check for any staff employed. Evidence we reviewed demonstrated that all staff employed by the practice had undergone DBS checks.

### Monitoring risks to patients

During our previous inspection in April 2016 we saw that the practice had most risk assessments in place to monitor safety of the premises. For example, the cleaners had access to risk assessments such as control of substances hazardous to health (COSHH) for cleaning products they used. There was also a legionella risk assessment in place. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. There was an up to date fire risk assessment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.



## Are services safe?

However, practice had not carried out health and safety risk assessment. During this follow up inspection, health and safety risks had been considered. We saw for example that

the practice manager had carried out a range of individual risk assessments to mitigate risks. For example, from slippery floor as well as from flashing light strip causing headache to staff and patients.