

Dr Uday Abhyankar

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 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

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 Uday Abhyankar on 30 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Dr Uday Abhyankar on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 15 March 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 on 30 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- During our comprehensive inspection on 30 June 2016 we found that the practice had not shared learning from incidents with the wider team. When we inspected the practice in March 2017 we saw the

practice had reviewed its system for managing incidents. The practice was able to demonstrate that learning from incidents was shared across the practice team.

- When we inspected the practice in 2016 the practice was not able to demonstrate that risks relating to legionella and recruitment of locum GPs were managed effectively. At this follow up inspection, the practice was able to demonstrate risks to patients were assessed and well managed. This included risks related to legionella and the use of locum GPs.
- At our previous inspection the practice's uptake for the cervical screening programme was lower than the local Clinical Commissioning Group (CCG) and national averages. We saw that there was a system in place to remind eligible patients to attend for their screening. However, at this inspection we saw that although the provider had been calling patients who did not attend the uptake for cervical screening had not improved.

Summary of findings

- Previously we saw that the practice had identified 15 patients as carers (0.9% of the practice list). At this inspection we saw that there was a slight improvement as 18 (1.1%) carers had been identified.
- When we inspected the practice in June 2016 we identified that the practice governance processes were not effective to ensure feedback from patient surveys were actioned. During this follow up inspection we saw that the practice had taken action to improve in most areas we had previously identified as requiring improvement.
- The practice was open between 9.30am and 6pm Monday to Friday. Results from the national GP patient survey showed that patients' satisfaction with the practice's opening hours was below local and national averages. Existing staff were unable to commit to earlier opening hours and the provider was in negotiation with potential new providers. Therefore, the provider decided not to employ any new staff to make it easier for a new provider to take over.
- There was a complaints leaflet available which laid out the procedure and advised how patients could make a complaint. The complaints process was displayed in the reception area so that patients could be made aware of the process.
- During our previous inspection in June 2016 we saw that the practice had carried out a patient satisfaction survey. However, there was no evidence that all relevant feedback had been actioned or considered. During this follow up inspection we saw that the practice had responded.

However, there were also areas of practice where the provider needs to make further improvements.

Importantly, the provider must:

- Use feedback to drive improvements in the service in relation to opening hours.

In addition the provider should:

- Continue exploring and implementing effective processes aimed at increasing the uptake of cervical cytology.

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.

Good



- At our previous inspection on 30 June 2016, we rated the practice as requires improvement for providing safe services. The practice had not shared learning in relation to incidents with the wider team to minimise reoccurrence. Most risks to patients were assessed and well managed but some risks such as those related to legionella and recruitment of locum GPs had not been addressed. The practice had a business continuity plan but it was not tailored to the needs of the practice.
- When we undertook a follow up inspection on 15 March 2017 we saw that the practice had made arrangements to respond and to make improvements. For example: The practice had recorded four incidents since our inspection in June 2016 and minutes of meetings we looked at confirmed that learning had been identified and shared with all staff.
- We saw risks related to legionella had been addressed and saw evidence that legionella testing and monitoring had been undertaken in October 2016 by an external contractor.

Are services effective?

The practice is rated as good for providing caring services.

Good



- When we inspected the practice in June 2016, the practice was rated as Good for providing effective services. However, we had also identified an area where the practice should improve with regards to the uptake of cervical screening.
- The practice had a system in place to remind eligible patients to attend for their screening. However, at this inspection although the provider had been calling patients who did not attend we saw that the uptake for cervical screening had not improved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- When we inspected the practice in June 2016, the practice was rated as good for providing caring services. However, we had also identified an area where the practice should improve with

Summary of findings

regards to actively identifying carers in order to offer them with support. The practice had identified 15 patients as carers which was 0.9% of the practice list. At this follow up inspection we saw that there was a slight improvement with 18 carers (1.1% of the practice list) identified.

- The practice had developed a carer's protocol and there was a notice in the reception area encouraging patients to register as carers. There were information leaflets available and flu vaccinations were offered to carers.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Previously, we rated the practice as requires improvement for providing responsive services. The practice was open between 9.30am and 6pm Monday to Friday and the results from the national GP patient survey showed that patients' satisfaction with the practice's opening hours from July 2016 was below local and national averages.
- During this follow up inspection, the provider told us that they were due to retire along with two other staff. Existing staff were reluctant to change their working hours and therefore there had been no change to the opening hours and to improve patient satisfaction scores.

Requires improvement



Are services well-led?

The practice is rated as good for providing well-led services

- At our previous inspection on 30 June 2016, we rated the practice as requires improvement for providing well led services. The practice did not operate an effective governance process to improve quality and identify some risks related to the recruitment of locum GPs. We also saw that the practice had not actioned some feedback from patient surveys.
- During this follow up inspection we saw that the practice had taken action to improve in the areas we had highlighted. For example, the practice used two regular locum GPs when the provider went on leave and we saw that the practice had confirmed the indemnity status of one of the GPs and had processes in place to confirm if the GPs were on the performers list.
- The practice had ensured findings from patients surveys identified in our previous inspection had been actioned.

Good



Summary of findings

- The practice was able to demonstrate some areas of effective leadership and vision. For example, the provider was planning to retire and was in the process of succession planning to ensure a new provider was in place so that patients received uninterrupted service and continuity in care.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Use patient feedback to drive improvements in the service in relation to opening hours.

Action the service **SHOULD** take to improve

- Continue exploring and implementing effective processes aimed at increasing the uptake of cervical cytology.

Dr Uday Abhyankar

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 Uday Abhyankar

Dr Uday Abhyankar also known as Holly Road Surgery is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are unwell and includes chronic disease management and end of life care. The practice is located in an inner city area of Birmingham with a list size of approximately 1600 patients.

Based on data available from Public Health England, the practice is located in one of the most deprived areas.

Compared to the national average, the practice had a lower proportion of patients aged between zero and 50 years and slightly higher proportion of patients over 50 years of age. Practice staff consist of a GP provider (male), a practice nurse who works one morning a week and a health care assistant who also works in the reception. There are also two other reception staff and a practice manager.

The practice telephone was open between 9.30am to 12pm and 4pm to 6pm Monday to Friday except Wednesdays when the practice closed for the afternoon. Appointments were from 9.30am to 11.30am every morning and 4pm to 5.40pm daily except Wednesday. The practice had alternative arrangements in place when the practice was closed from 6.30pm to 8am.

Why we carried out this inspection

We undertook an announced focused inspection of Dr Uday Abhyankar on 15 March 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 30 June 2016.

We inspected the practice against three of the five questions we ask about services: is the service safe, responsive and well-led. This was because during our inspection in June 2016, breaches of legal requirements were found and the practice was rated as requires improvements for providing safe, responsive and well-led services. 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 Uday Abhyankar on 15 March 2017. This involved reviewing evidence that:

- Learning from all incidents was shared with all staff.
- Achievement for cervical cytology had been reviewed to ensure improvement.

Detailed findings

- Systems to increase the number of carers registered at the practice had been reviewed.
- Findings from patient surveys are actioned or considered.

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 30 June 2016, we rated the practice as requires improvement for providing safe services. Most risks to patients were assessed and well managed but some risks such as those related to legionella and recruitment of locum GPs had not been addressed. The practice had a business continuity plan but it was not tailored to the needs of the practice.

These arrangements had improved when we undertook a follow up inspection on 15 March 2017. The practice is now rated as good for providing safe care.

Safe track record and learning

Previously we saw that the practice had not shared learning from incidents with the wider team to minimise reoccurrence. At this follow up inspection we saw the practice had recorded four incidents. Minutes of meetings we looked at confirmed that learning had been identified and shared with all staff. For example, the practice had discussed and implemented learning following an incident involving the printing the repeat prescription for pick up by a patient.

Overview of safety systems and process

The practice employed a regular locum GP when the GP provider went on annual leave. At our previous inspection we saw that the practice had undertaken some recruitment checks to ensure they had the appropriate qualifications to practice. However, the practice had not undertaken adequate checks to assure themselves that the locum GP had appropriate indemnity cover. A doctor must have adequate and appropriate insurance or indemnity in place to practice medicine in the UK. We saw a letter from the locum GP which explained that they had purchased indemnity cover for life when they had first qualified over 40 years previously. We saw a copy of a document that had confirmed membership for indemnity but we could not establish if this was for life membership. The practice had not confirmed this either with the medical defence organisation providing the cover.

At this inspection the practice had contacted the defence organisation providing the cover and was able to obtain written confirmation from the defence organisation of the locum's lifetime indemnity cover.

Monitoring risks to patients

At our previous inspection in June 2016, we saw that most risks to patients were assessed and well managed. However, the practice had not carried out a formal risk assessment for legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

At this inspection we saw evidence that legionella testing had been carried out in October 2016 by an external contractor.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in June 2016 we saw that the practice had an Automated External Defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. However, the AED had not been working and no risk assessment had been undertaken to determine action and to mitigate risk in the absence of a functioning AED.

When we carried out a follow up inspection in March 2017 we saw that there was a working AED in the practice and we were told that the Clinical Commissioning Group (CCG) had checked the AED to ensure it was in working order. Records we looked at showed that regular checks were carried out to ensure it was in good working order.

During our previous inspection we noted that the content of the business continuity plan was not tailored to meet the needs of the practice. When we returned to the practice in March 2017 we saw that the business continuity plan had been reviewed in July 2016 with updated versions available to staff. The practice had a formal agreement with a nearby GP that they would cover if the provider could not deliver service because they were unwell. The content of the plan was current with relevant contact numbers for staff to access in the event of an emergency or major incident.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in June 2016, the practice was rated as good for providing effective services. However, we identified an area where the practice should improve with regards to practice's uptake for the cervical screening programme which was below local and national averages. We asked the practice to review the process to improve uptake.

Supporting patients to live healthier lives

Data we reviewed during our previous inspection showed that practice's uptake for the cervical screening programme was 69%. This was lower than the CCG average of 79% and the national average of 82%. At this inspection we saw that the practice had not made any improvements and the latest data indicated the practice's achievement as 68%. We looked at the practice's patient record system which showed the current year's performance for cervical cytology at 66%. However, this was unpublished and unverified data.

The practice manager explained that historically they had performed adequately in regards to achievements for cervical cytology. However, over the last few years they had seen a decrease and were aware of this. Available data we looked at from 2013/14 to 2015/16 showed that the gap between the practice achievement and the CCG and national average continued to widen.

The practice explained that many patients cancelled their appointments and some did not attend their appointments even after they were called the day before to remind them of their appointment.

We looked at the practice computer system and saw that alerts were in place for those patients that were due screening. Staff we spoke with showed us leaflets that were given to patients explaining the importance of the screening programme when they came into the practice. Staff told us that they always offered to book appointments with the practice nurse if alerts indicated they were due their cervical screening.

Records we looked at showed that some patients had cancelled their appointments on numerous occasions. We were told that some unmarried women were reluctant to undergo the screening procedure. Records we looked at also showed some patients had declined their screening.

The practice nurse worked on Mondays between 9.30am and 11.30am and therefore these times may not have been suitable for all patients. However, the practice explained that patients were advised that they could attend a nearby health centre at times that suited patients. The information leaflet handed out to patients also explained this.

Are services caring?

Our findings

The practice is rated as good for providing caring services.

When we inspected the practice in June 2016, the practice was rated as Good for providing caring services. However, we had also identified an area where the practice should improve with regards to actively identifying carers so that they were offered the support they needed.

Patient and carer support to cope emotionally with care and treatment

During our previous inspection we saw that the practice had identified 15 patients as carers (0.9% of the practice list). At this inspection we saw that there was a slight improvement as 18 carers (1.1% of the practices list) had been identified. The practice had developed a carer's protocol and there was a notice in the reception area encouraging patients to register as carers. There were alerts on the system to highlight carers. There were information leaflets available and flu vaccinations were offered to carers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 30 June 2016, we rated the practice as requires improvement for providing responsive services. The practice opened at 9.30am and data from the national GP patient survey (published in July 2016) showed patient satisfaction with opening hours was significantly below local CCG and national averages. At this inspection we saw opening hours had remained unchanged. The rating therefore remains unchanged.

Access to the service

The practice was open between 9.30am to 6pm Monday to Friday. Appointments were from 9.30am to 11.30am every morning and 4pm to 5.40pm in the afternoon apart from Wednesday when it was closed. When the practice was closed between the hours of 6.30pm and 8am the practice had an arrangement with an out of hours provider. Results from the national GP patient survey showed satisfaction with opening hours was significantly below local CCG and national averages.

For example, the national GP patient survey from 7 July 2016 showed:

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.

The provider told us that they were planning to retire sometime between July and September 2017. As part of

the succession planning they were at an advanced stage of negotiation with other potential new providers to take over the practice. They told us that they had a small team of two reception staff and one nurse. One of the reception staff and the nurse wanted to retire and the provider had asked to them to delay their retirement until a new provider had taken over.

The provider told us that they were at the practice before 8am to carry out administrative duties and could see patients from 8am. However, existing staff could not commit to the earlier opening hours. The provider decided not to employ any new staff to make it easier for the new provider to take over.

Listening and learning from concerns and complaints

During our previous inspection on 30 June 2016 we saw that the practice had an effective system in place for handling complaints and concerns. There was a complaints leaflet available which laid out the procedure and advised how patients could make a complaint. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. However, the complaints process was not displayed. At this inspection we saw a complaints leaflet had been displayed in the patient waiting area. The practice had not received any complaints during the past nine months.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 30 June 2016, we rated the practice as requires improvement for providing well-led services. The practice did not operate effective governance arrangements to identify and manage some risks.

We issued a requirement notice in respect of these issues. When we undertook a follow up inspection of the service on March 2017 we found arrangements had been made to make improvements in the areas we had identified. The practice is now rated as good for being well-led.

Governance arrangements

On our follow up inspection in March 2017 we noted that the provider had made improvements to concerns identified during our previous inspection on June 2016. For example, the practice had blind cord loops in the reception area and there was no evidence that the risks had been formally considered. At this follow up inspection we saw arrangements to manage risks such as those related to blind cord loops.

The practice had not carried out testing to manage risks associated with legionella when we inspected previously. At this follow up inspection we saw that practice had organised an external agency to carry out relevant testing.

When we carried out a comprehensive inspection in June 2016 we saw that the practice had a business continuity plan. However, this was not sufficiently tailored to ensure it was fit for purpose. During this follow up inspection we saw that the plan had been amended to suit the needs of the practice and to ensure it was fit for purpose.

The practice used two regular locum GPs when the provider went on leave. At our previous inspection we saw that the provider had not confirmed indemnity cover for one of the locum GPs and had not confirmed that they were on the performers list. The list provides an extra layer of reassurance for the public that GPs, practicing in the NHS are suitably qualified, have up to date training and have

appropriate skills to practice. At this inspection we noted that the practice had confirmed the indemnity status of the GP and had processes in place to confirm if the GPs were on the performers list.

Leadership and culture

The practice opened at 9.30am Mondays to Fridays despite the July 2016 national GP patient survey showing satisfaction with opening hours was significantly below local CCG and national averages. This was also pointed out to the practice on our inspection in June 2016. As discussed above, the provider explained that they were due to retire soon and were unable to open earlier. Although this did not demonstrate an ideal arrangement, the provider was able to demonstrate effective leadership and vision through succession planning for when they retired. This would ensure patients received continuity and uninterrupted in care.

Seeking and acting on feedback from patients, the public and staff

The practice provided a community Ear Nose and Throat (ENT) clinic for any patients referred by their GP. During our previous inspection in June 2016 we saw that the practice had carried out a patient satisfaction survey of patients that had attended the practice for this service. Although the feedback was positive regarding the service, some patients said they found it difficult to locate the practice. However, there was no evidence to demonstrate that the practice had considered or taken action in response to this.

At this inspection we saw that the practice had responded to patient feedback by providing directions to patients on their appointment letter. The practice also advised patients to call and speak with a reception staff if they needed further direction to locate the practice.

The practice had also carried out further patient surveys in June 2016 and January 2017. We saw that 12 patients had responded in June 2016 and three patients had completed a survey in January 2017. The survey related to their experience of patient consultations with the GP. We saw all responses received were positive.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not acted on feedback from patients to drive improvements in the service in relation to opening hours. This was in breach of regulation 17 (1) (2) (e)