

Dr Avtar Suri

Quality Report

Birchills Health Centre

23 – 27 Old Birchills

Birchills

Walsall

WS2 8QH

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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 previously carried out an announced comprehensive inspection at Dr Avtar Suri on 10 November 2016. The overall rating for the practice was good with requires improvement for providing safe services. We found two breaches of legal requirement and as a result we issued two requirement notices in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance
- Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing

The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Dr Avtar Suri on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 December 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 10 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The safe key question is now rated as good and overall the practice remains rated as good.

Our key findings were as follows:

- The practice had improved their recruitment procedures. The relevant information was recorded in the two staff files reviewed.
- The immunisation status of all staff for Hepatitis B had been established and recorded on a spreadsheet.
- All staff who acted as chaperones were trained in the role and had Disclosure and Barring Service (DBS) checks completed.
- The practice had invested in an on-line training system for staff. Clinical and non-clinical staff had completed infection control training.
- The practice had reviewed the system in place for recording and acting on significant events and incidents. Five significant events had been recorded during 2017. We saw that these had been acted on appropriately and lessons learnt shared with staff.
- The practice had introduced a log to record all alerts received. The alerts were shared with the clinicians, who signed the log to say they had received and acted upon the alerts. However, the log did not record the action taken as a result of the alert.
- We noted during our previous inspection that the practice had lower than average results for the national screening programmes and childhood vaccination programme. The practice was aware of the low results for the national screening programmes and had taken action to improve these. A member of reception staff had been trained to follow up patients who did not take part in the screening programmes.
- The practice was part of a local initiative to encourage participation in the bowel screening programme. This

Summary of findings

initiative involved following up patients who failed to respond or responded inappropriately to the screening kit. The practice identified these patients on a monthly basis, contacted them, encouraged participation and ordered a new screening kit if required.

- The practice's uptake for the cervical screening programme was 79% (up from 78%), which was close to the 80% coverage target for the national screening programme. Staff told us they were committed to proactive opportunistic targeting and used the alerts on the electronic records to remind reception staff to encourage patients to book appointments for the screening programmes. The practice had introduced a text message service for patients who did not attend their appointment or who were overdue. The service included an option to text back and so far, three patients had replied to the text message.
- The practice manager told us they were being supported by the breast screening team to encourage participation in the national breast screening programme. The screening team were going to send letters out on behalf of the practice to patients who failed to attend their first appointment. The practice also used the text messaging service for patients who did not attend their breast screening appointment.

- Posters informing patients about breast screening and when the mobile scanning unit was next due in the area were on display in the waiting room.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had improved their uptake rates for the vaccines given and these were in line with the target percentage of 90% or above. The immunisation rates for two year olds ranged from 97% to 99%. The practice manager told us that the new patient registration form specifically asked for information regarding childhood immunisations given in other countries. The practice also asked for evidence to support what vaccines had been given.

However, there were also areas of practice where the provider needs to make improvements. The provider should: ion the provider should:

- Record the action taken as a result of the safety or medicine alerts.

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

Dr Avtar Suri

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Avtar Suri

Dr Avtar Suri's practice is registered with the Care Quality Commission (CQC) as an individual provider operating a GP practice (Birchills Health Centre) in Walsall, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice operates from Birchills Health Centre, 23 – 27 Old Birchills, Birchills, Walsall, WS2 8QH.

The practice provides primary medical services to 4,757 patients in the local community. The practice has a higher than average patient population aged five to 45, and below average for ages 45 years and above. The practice provides GP services in an area considered as one of the more deprived within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

The staffing consists of:

- One male lead GP and two female salaried GPs.
- One female practice nurse and one female healthcare assistant
- One practice manager / business development manager supported by a deputy, secretary and reception staff.

The practice is a training practice for qualified doctors training as GPs and a teaching practice for medical students.

The practice is open to patients between 8.30am and 6.30pm every week day except Wednesday, when it is open from 8.30am to 1.30pm. Extended hours appointments are available 6.30pm to 7.30pm on a Thursday. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. When the practice is closed, primary medical services are provided by an out of hours service provider via the NHS 111 telephone service and information about this is available on the practice website.

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; for example, the Childhood Vaccination and Immunisation Scheme. Further details can be found by accessing the practice's website at www.birchillshc.co.uk

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Avtar Suri on 10 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was good with requires improvement for providing safe services. The full comprehensive report following the inspection on November 2016 can be found by selecting the 'all reports' link for Dr Avtar Suri on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Dr Avtar Suri on 12 December 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 10 November 2016, we rated the practice as requires improvement for providing safe services and issued two requirement notices. This was because:

- The registered person did not have up to date records that demonstrated staff were up to date with the immunisations recommended for working in general practice.
- Staff carrying out the role of chaperoning had not been risk assessed in the absence of a Disclosure and Barring Service (DBS) check.
- The registered person had not sought chaperone training to ensure staff were up to date with best practice guidelines when carrying out this role.
- Staff had not received the relevant infection control training to support them in their role and minimise risk to patients and staff.

The practice also needed to review the recruitment procedures and follow practice policy guidelines to ensure personnel files hold the relevant checks; review the process for the actioning of safety alerts; ensure staff have the necessary skills, knowledge and competencies to carry out their role and review the process for recording of significant events and incidents other than those identified via complaints.

Safety systems and processes

We saw that improvements had been made to the recruitment procedures including information held on file and the chaperoning procedures in place.

- The practice carried out checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). We looked at the staff files for two recently appointed staff members and found that the relevant information had been obtained.

- The immunisation status of all staff for Hepatitis B had been established and recorded on a spreadsheet. The practice had secured a contract with the local trust to provide occupational health services to immunise staff as required.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Following the previous inspection the practice carried out a chaperoning risk assessment and updated the chaperone policy. Any member of staff acting as a chaperone in the future would be required to undertake training and have received a DBS check. A decision had been made that only clinical staff and the reception manager would act as chaperones. We saw that staff who acted as chaperones were trained for the role and had received a DBS check. We observed the male registrar seek chaperone support from a female GP. There were chaperone notices within the reception/waiting area, and in all of the clinical rooms.
- The practice had invested in an on-line training system for staff. Infection control training had been completed by both clinical and non-clinical staff. The system allowed staff to revisit any section of completed training as an aide memoir. Staff were also provided with a video on hand hygiene.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice
- The practice had recorded five significant events during 2017. The practice had identified one incident through information received about a child who attended accident and emergency. The GPs invited the child's parent for an appointment to discuss and investigate the incident. This highlighted that a local pharmacist had dispensed incorrect medication to the child. The practice had reported the incident to the Clinical Commissioning Group (CCG).

Are services safe?

- Staff spoken with told us about a recent incident and how it had been managed by the practice and the support provided to staff.
- There was a system for receiving and acting on safety alerts. The practice had introduced a log to record all alerts received. The alerts were shared with the clinicians, who signed the log to say they had received

and acted upon the alerts. The practice told us they were supported by the CCG pharmacists, who carried out searches to identify any patients who were prescribed medicines included in any medicine alerts. However, the log did not record the action taken by the clinicians or others.