

Dr Amanullah Shamsheer Khan

Quality Report

Khan Medical Practice
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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?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

The Care Quality Commission previously inspected Dr Amanullah Shamsher Khan surgery on 15 October 2014. Overall the practice was rated as requires improvement. During the inspection we found that the provider did not operate effective recruitment procedures. We found that the provider did not operate effective systems to assess risks associated with infection control and did not operate effective systems such as clinical audits to assess and monitor the quality of services provided. As a result, requirement notices for breach of regulation 19 fit and proper persons employed, regulation 12 safe care and treatment and regulation 17 Good governance were served on the registered person.

We carried out a second announced comprehensive inspection at Dr Amanullah Shamsher Khan surgery on 21 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed. For example the practice did not carry out risk assessments in the absence of a DBS check for non-clinical staff and did not conduct a risk assessment to mitigate risks in the absence of some emergency medicines. Following the inspection the practice provided evidence where appropriate actions had been taken to mitigate identified risks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had carried out two clinical audits in the last two years however these were not practice driven and the process for continual clinical audit cycles was not evident.
- The practice had a well-established shared care service which they managed in conjunction with

Summary of findings

community outreach workers. This allowed the practice to effectively manage physical and psychological health issues that may coexist with substance misuse.

- Patients we spoke to on the day of the inspection felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However results from the national GP patient survey showed that patients did not always feel treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. However some members of the patient participation group PPG felt that the group would be more successful if it was better organised.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to seek assurance that sufficient stocks of appropriate medicines are available in case of emergencies and continue doing all that is reasonably practicable to mitigate identified risks.
- Gain assurance from the property landlords that fire checks are undertaken and actions arising addressed.
- Consider ways of improving the coordination, management and maximising the skills of the patient participation group.
- Continue to explore ways to improve the national GP patient survey results.
- Consider methods to increase the uptake of national screening programs.
- Carry out risk assessments on non-clinical staff in the absence of a disclosure and barring service check.

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



- There was an effective system in place for reporting and recording significant events and staff we spoke to understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded. However Disclosure and Barring Service checks (DBS) had not been completed for all non-clinical staff who were not carrying out chaperoning duties and the practice had not carried out a risk assessment in the absence of a DBS check. Following the inspection the practice provided assurance that DBS checks had been carried out for all non-clinical staff.
- Risks to patients were assessed and well managed with the exception of risks associated with the absence of some emergency medication. Following the inspection the practice provided evidence that appropriate actions had been taken to mitigate identified risks.
- Robust infection control procedures were in place and the infection control lead had received adequate training to enable her to carry out this role effectively.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average, however they were below average for national screening targets.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Although clinical audit findings triggered new processes aimed at improving service delivery, the recording of completed audits were not thorough enough.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and they worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Although patients had access to NHS health checks, not all staff we spoke to were following the correct process when recording these checks. For example some clinical staff were not completing the patient health check template.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in January 2016 showed patients rated the practice below others for several aspects of care. Patients we spoke to on the day felt more positive about the care they received although some felt they did not have sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The practice analysed the national GP patient survey, created an action plan and adopted new ways of working to improve patient experience. An internal patient survey showed improvements in patients experience of care received.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a carers' list, and carers had access to health check and advice to enable them to maximise their own health needs. The practice also provided leaflets and displayed information on their electronic screen directing carers to various avenues of support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to

Summary of findings

ensure that they meet patients' needs. For example the practice held a well-established shared care opiate replacement therapy clinic and alcohol addiction therapy sessions with the support of community outreach workers.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, to increase patient access and reduce the number of missed appointments, the practice had extended their clinic times, offered weekend appointments and introduced processes to reduce the amount of missed appointments.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day although some patients felt there should be access to a female GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke to were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- Although there was an overarching governance framework which supported the delivery of the strategy and good quality care, there were gaps in relation to assessing risk. For example the availability of emergency medications and mitigation of risks in the absence of a DBS check.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. Although the patient participation group was active some members felt that the group would be more successful if it was more organised.
- There was a focus on continuous learning and improvement at all levels. This was demonstrated through internal patient surveys and the internal process for monitoring Quality Outcomes Framework targets.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, for example they offered weekly support to registered patients who resided in a local care home. Home visits and urgent appointments were available for those with enhanced needs.
- Data provided by the practice showed that 95% of patients aged 75 plus had had their health needs reviewed in the past two years.
- The practice held a list of patients over the age of 65 who were unable to access the practice and those residing in care homes. For example 20% were in residential care homes, 3% in nursing care homes and 20% were house bound. We were told that the GP carried out weekly visits to care homes and provided home visits for housebound patients.
- The practice provided data which showed that their uptake for the flu vaccination for patients aged 65 plus was 80%.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. We saw that the practice held a data base to monitor their unplanned admissions and there was clear evidence of actions taken to reduce further hospital admissions. For example the GP carried out follow up appointments.
- Performance for diabetes related indicators was similar to the national average. For example, 81% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 99%, compared to the CCG average of 97% and national average of 94%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. We saw positive examples of joint working with safeguarding
- The practice held nurse-led baby immunisation clinics and vaccination rates were relatively high for all standard childhood immunisations.
- The practice provided family planning and contraceptive which included IUDs (coils), implants and Depo-Provera injections (a hormone injection used to prevent pregnancy).
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme for patients aged 25-64 in the preceding five years was 80%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services such as access to appointments and repeat prescription requests as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.
- The practice offered extended clinic hours on Mondays from 6:30pm to 7:30pm.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability (LD). The practice provided data which showed that 90% of patients with a LD have had a care plan, medication and face to face review in the last 12 months.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example they provide shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their medication at the surgery. The practice found that this reduced stigma and allowed the practice to manage any physical and psychological problems that may coexist with illicit substance misuse.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.

Summary of findings

- Performance for patients with a mental health related disorder who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was above the national average
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example, the GP carried out weekly visits to the local residential and nursing care homes. The GP also held a list of patients unable to access the practice who they visited upon request.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, we also saw posters located in the reception area.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with some local and national averages although, responses to questions about recommending the practice to someone who had just moved into the area was less favourable. Three-hundred and eighty-eight survey forms were distributed and 87 were returned. This represented a 22% completion rate, which was below the national response rate of 38%.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards, the majority of which were positive about the standard of care received with the exception of two which were less favourable. For example, patients felt well looked after and valued by the GP, they said staff were caring, prompt, understanding and provided an excellent service. Patients felt that they were listened to, treatment was always explained and they felt that they were treated with dignity and respect.

We spoke with five patients during the inspection. All five patients we spoke to said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, this was a single handed GP and some patients we spoke to were unhappy about not having access to a female GP. Results from the March 2016 Friends and Family Test identified 89% of patients would recommend Dr Amanullah Shamsheer Khan surgery to friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to seek assurance that sufficient stocks of appropriate medicines are available in case of emergencies and continue doing all that is reasonably practicable to mitigate identified risks.
- Gain assurance from the property landlords that fire checks are undertaken and actions arising addressed.
- Consider ways of improving the coordination, management and maximising the skills of the patient participation group.
- Continue to explore ways to improve the national GP patient survey results.
- Consider methods to increase the uptake of national screening programs.
- Carry out risk assessments on non-clinical staff in the absence of a disclosure and barring service check.

Dr Amanullah Shamsher Khan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC), Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Dr Amanullah Shamsher Khan

Dr Amanullah Shamsher Khan surgery also known as Khan Medical Practice is located in Walsall West Midlands. It is situated in a multipurpose modern built NHS building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation in the area served by Khan Medical Practice are lower than the national average, ranked at one out of 10, with 10 being amongst the least deprived. The practice serves a higher than average patient population aged under 64 and over 85 years.

There are 1825 patients of various ages registered and cared for at the practice. Khan Medical Practice is a single handed GP practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

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.

Dr Amanullah Shamsher Khan is registered with the Care Quality Commission (CQC) to deliver Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures, Treatment of disease, disorder or injury.

The practice is situated on the ground floor of a multipurpose building shared with other healthcare providers. There is parking for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

There is a single male GP. The nursing team is made up of one practice nurse and one health care assistant. Service delivery is supported by a practice team which consists of one practice manager, one data clerk and three receptionists.

The practice is open between 8:00am to 6:30pm Monday to Thursday and 8:00am to 1pm on Fridays.

GP consulting hours are from 9:00am to 11:30am and 4:30pm to 6:30pm Monday to Thursday, Friday consulting times are from 9:00am to 12:00pm. GP extended hours are offered on Mondays from 6:30pm to 7:30pm. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by Primecare. The practice also has a contract with Waldoc who provide cover from 1pm to 6:30pm on Fridays.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 June 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Safe track record and learning

At the inspection in October 2014 we saw that systems were not in place to ensure that significant events and complaints were suitably recorded and monitored, and there was insufficient evidence to demonstrate learning outcomes. During our second visit to this practice we found that there was an established system in place for reporting and recording significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed, and saw systems in place which supported in-depth investigations. We saw evidence that lessons were shared with practice staff and action taken to improve safety in the practice was documented.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients would be informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was an open learning culture with systems for monitoring, investigating and sharing learning from significant events. For example, the practice held monthly practice meetings where they discussed incidents and actions. The practice carried out a thorough analysis of significant events and we saw that learning was driving process changes.
- Staff we spoke with had a clear understanding of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process of recording significant events and felt confident in following the process.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and

actions taken to improve safety in the practice. For example, we saw action taken to improve the handling of clinical letters when patients moved between services following a significant event. The practice implemented an improved process which involved staff to be more vigilant and to carefully check all secondary care correspondence.

The practice had system in place to ensure they complied with relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA). For example there were processes for receiving and distributing alerts and we saw that the practice held an alert database which all staff were able to access. We saw evidence of alerts received and actions taken, for example we saw that appropriate actions were taken following an alert regarding topical miconazole (an antifungal agent used to treat infections) and potential interaction with warfarin (a medication used to prevent heart attacks, strokes and blood clots).

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP who lead on safeguarding was trained to the appropriate level to carry out this role. We saw that the nurse and health care assistant (HCA) received level three safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received 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).

Are services safe?

- During the last inspection we found that infection prevention and control procedures were not being adhered to. However during this inspection we saw that the practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice, the health care assistant (HCA) supported the nurse with this role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example; the practice scored 95 out of a possible 100 following an audit carried out by Walsall infection control team within the last 12 months. We saw that the practice carried out a storage and disposal of vaccination audit within the last 12 months. This demonstrated that staff were effectively carrying out their infection control responsibilities.
- The arrangements for managing medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) kept patients safe with the exception of access to some emergency medicines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We were told that the community pharmacist attended the practice three days a week offering six hours support in total. There was a system to provide medication recommendations and support for decision making when deciding on treatment options. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Staff we spoke to told us that they were following National Travel Health Network and Centre (NaTHNaC) guidelines when administering travel vaccinations.
- The practice carried out a weekly shared care drug misuse clinic. This was a multidisciplinary co-ordinated care approach in the management of opiate dependency replacement therapy. We saw robust procedures in place to manage the storage, filling and collection of FP10SS prescriptions (a prescription used to prescribe controlled drugs such as Methadone which is an opiate used to reduce withdrawal symptoms in people dependent on Heroin).
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. Following our first inspection we said that the practice must ensure recruitment processes were robust and followed by the practice. During this inspection we saw that the practice had improved its recruitment process, for example by checking, proof of identification, references, qualifications, registration with the appropriate professional body and obtaining the appropriate checks through the Disclosure and Barring Service (DBS). We found that some non-clinical staff who were not carrying out chaperoning duties had not been subjected to a DBS check. No risk assessment had been carried out in the absence of a DBS check. The practice told us that they would carry out DBS checks on all non-clinical staff. Following the inspection the practice provided assurance that DBS checks had been carried out for all non-clinical staff.

Monitoring risks to patients

Risks to patients were partially assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and we were told that the building land lord arranged for fire checks to be carried out every two weeks. However, the practice was unable to provide completed logs to demonstrate that these had been carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

Are services safe?

such as the control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice provided meeting minutes where staffing levels were discussed. Staff we spoke with told us that they had great working relationships with staff from other practices within the shared building and therefore had access to extended support if required.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents with the exception of opioid overdose.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the

treatment room with the exception of Naloxone (a medication used to treat opiate overdose in an emergency situation). The practice did not carry out a risk assessment to mitigate identified risks. Following the inspection the practice provided evidence that appropriate actions had been taken to mitigate identified risks. For example the practice contacted the local addiction service and arrangements were made to provide identified patients with the required emergency medicine and training. The practice were also advised that the shared care lead would be making contact with the practice to discuss providing staff with training and information leaflets.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 98% of the total number of points available; this was higher than the national average of 95%.

Overall exception reporting was below national average at 6%, compared to the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example 82% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%.
- The percentage of patients with diabetes, on the register, who had had an influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 99%, compared to CCG average of 96% and national average of 94%.

- Performance for patients with a mental health related disorder who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was above the national average. For example 100% compared to the national average of 88%, with an exception reporting 3% compared to the CCG average of 5% and the national average of 13%.

During our previous inspection we found that although audits had been carried out, there was no evidence that audits were driving improvements in performance and patient outcomes. During this inspection we found evidence that some audits had been carried out, For example:

The practice participated in a local audit prompted by Walsall CCG. The community pharmacist carried out a full cycle audit on optimisation of statins (a class of medication used to lower blood cholesterol levels) in patients with Intradialytic Hypotension (IDH). We saw that the practice implemented new systems for recalling and chancing up patients identified as eligible for this form of treatment. Data provided by the practice demonstrated improvements.

We also saw that the GP carried out an audit on Lithium (a medication used to treat the manic episodes of manic depression) to see whether the practice was compliant with the requirements of Lithium monitoring parameters. Although we saw that the audit identified the need to implement more robust monitoring measures, there was limited documentation of actions required and there was no evidence of where the findings had been discussed with clinical and non-clinical staff.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice held a training matrix and carried out regular reviews of training needs. Staff we

Are services effective?

(for example, treatment is effective)

spoke to told us that they received learning and development updates from the local hospital. Staff were then placed on relevant training, for example we saw evidence that staff had been placed on the next round of information governance update training.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and meetings. We were told that the nurse engaged with other nurses located in the shared building to share learning updates. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

During our conversation with staff we saw that they were committed to working together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example:

- The practice operated a well-established shared care opiate replacement therapy clinic in conjunction with the local substance misuse community team. The practice held a clinic every Tuesday where they worked jointly with a community outreach worker. Data provided by the practice showed that 100% of patients had their care plan and medication reviewed and a face to face consultation in the past 12 months.
- The practice also cared for registered patients who were residing in local care homes. QOF data showed that 100% of patients diagnosed with dementia had their care reviewed in a face to face review in the preceding 12 months (01/04/2014 to 31/03/2015), compared to CCG average of 85% and national average of 84%. The practice had a 0% exception reporting rate compared to CCG average of 7% and national average of 8%. Data provided by the practice showed that 88% of patients had care plans in place and 100% received a medicine review in the last 12 months.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff were able to demonstrate how they would carry out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation, alcohol and illicit substance recovery. We saw posters and an electronic display screen which signposted patients to the relevant service such as well man and well woman clinics.
- We were told that the practice nurse carried out the following reviews; diabetic, chronic obstructive pulmonary disease COPD and methotrexate (a folic acid antagonist medication used to treat rheumatoid arthritis). As part of any qualified provider (AQP) contract the practice provided insulin initiation in uncontrolled type two diabetes community clinic. This was open to registered patients as well as referrals from the local area.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice operated an anticoagulation service (a blood test which tells clinicians how long Warfarin, a blood thinning medication, is delaying the blood from clotting) as a community clinic, open to both registered patients and referrals from the local area. Data provided by the practice showed that they had 59 patients on the clinic list. We were told that 11 patients failed to attend their appointments. However, the practice had a robust follow up system which was managed by the practice nurse. The practice carried out an internal survey which demonstrated that 79% of patients were satisfied with the service provided.

The practice's uptake for the cervical screening programme for patients aged 25-64 in the preceding five years was 80%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages, the GP was multi lingual and the practice had access to leaflets suitable for those with a learning disability. They ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There

were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Data from National Cancer Intelligence Network published March 2015 showed:

- Females, 50-70, screened for breast cancer in last 36 months was 61% compared to CCG average of 73% and national average of 72%.
- Patients, 60-69, screened for bowel cancer in last 30 months was 32% compared to CCG average of 53% and national average 58%
- The uptake rate for patients, 60-69, screened for bowel cancer within 6 months of invitation was 31%, compared to CCG average of 50% and national average 55%

Exception reporting for cancer related indicators was above CCG and national average at 25% compared to the CCG average of 12% and national average of 15%

When asked about cancer related indicators and exception reporting clinical staff we spoke to told us that they encouraged patients to engage with screening programs. We saw national screening program posters in clinic rooms and displayed on the electronic screen situated in reception. For those who were tested the GP would follow up abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% and five year olds from 97% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Data provided by the practice showed that 51% of patients aged 40-74 had had their health checks. The nursing team told us that they were opportunistically carrying out health checks and also sending invitation letters to identified patients. The GP told us that he was

Are services effective?

(for example, treatment is effective)

not completing the health check templates correctly and so completed checks were not being counted. The GP told us the practice uptake numbers were as a result of them not following the correct process for recording.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

A majority of the 48 patient Care Quality Commission comment cards we received were positive about the service experienced with exception of two which were less favourable. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also felt well looked after and valued by the GP, and that staff were understanding and provided an excellent service.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs but was above average for the nurses. For example:

- 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 85%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 63% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

We saw that the practice had analysed the national patient survey and had developed an action plan to address the areas of concern. The GP told us that they were aware of the results and had changed their approach, for example we were told that they spent more time explaining test results, involving patients and ensuring that they were treated with care and concern. The practice also carried out a number of internal patient surveys and we were provided with data which showed an increase in patient satisfaction. For example 20 patients completed GP related questions as part of an internal patient interaction survey, data showed the following:

- 85% were happy with the length of time received during their GP consultation.
- 93% felt the GP was good at listening to them.
- 91% were satisfied with the explanation and advice provided by the GP.

Since the inspection new national GP survey data has been released which indicated that patient satisfaction is improving. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

Are services caring?

Results from the March 2016 Friends and Family Test identified that 89% of patients would recommend Dr Amanullah Shamsheer Khan surgery to friends and family (this was based on 42 responses).

Care planning and involvement in decisions about care and treatment

During the inspection the five patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff however two felt they did not have sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and mainly aligned with these views with the exception of comments relating to sufficient time. We saw that care plans were personalised.

Results from the national GP patient survey showed patients responded less favourably to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages for the GP however above average regarding the nurse. For example:

- 59% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%,
- 58% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Since the inspection new national GP survey data has been released which indicated that patient satisfaction regarding their involvement in their care and

treatment is improving. For example, 74% of patients said the last GP they saw was good at explaining tests and treatments and 74% said the last GP they saw was good at involving them in decisions about their care.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and we were told that the GP was multilingual.
- Information leaflets were available in easy read format and we were told that the data clerk produced information in larger fonts when required.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers (2% of the practice list). Staff we spoke with told us that GP appointments were offered to carers on the register; carers had access to annual health checks, flu vaccinations, stress levels review and advice was available to enable them to maximise their own health and needs for example signposting onto support services. We observed written information in the reception area and via the electronic screen which directed carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example:

- The practice offered pre-bookable routine appointments on Mondays from 6:30pm to 7:30pm for patients who found it difficult to attend during normal working hours.. The practice nurse also offered appointments to accommodate working people and school-age children Monday to Thursday from 4:30pm to 6:30pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation. The practice also offered on line access to appointments and repeat prescriptions.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, and a hearing loop and translation services available upon request.
- The practice offered a shared care opiate replacement clinic and an alcohol addiction counselling clinic where they worked jointly with an external outreach workers. The practice held a list of patients accessing these services. There were 33 patients receiving support for alcohol dependency and 23 for substance dependency. Data provided by the practice showed that 100% of patients receiving treatment for substance dependency had care plans in place, and had received a medication review and a face to face consultation in the last 12 months.
- The practice had extended its opening hours on Mondays and opened the surgery on Saturday mornings for three hours to increase patient access and reduce the volume of missed appointments. However due to the low uptake, the practice had decided not to continue running the Saturday clinics. We were told that

the practice had also implemented a system to manage frequent non-attenders. Data provided by the practice demonstrated a reduction in the amount of missed clinic appointments.

Access to the service

The practice was open between 8:00am to 6:30pm Monday to Thursday and 8:00am to 1pm on Fridays.

Appointments were available from 9:00am to 11:30am and 4:30pm to 6:30pm Monday to Thursday, Friday consulting times were from 9:00am to 12:00pm. GP extended hours are offered on Mondays from 6:30pm to 7:30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's' satisfaction with how they could access care and treatment was above local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and there was continuity of care. However some patients felt that they should have the option of seeing a female GP. Staff told us that they had good working relations with other clinical staff within the shared building therefore were able to access this support. The practice manager told us that clinics were monitored on a weekly/daily basis and depending on demand they would extend the GPs morning clinic by one hour.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

For example, staff we spoke to advised us that patient medical requests were passed to the GP for triage. We were told that the GP carried out home visits following their surgery. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a

Are services responsive to people's needs?

(for example, to feedback?)

GP home visit, we were told that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its 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.
- We saw that information was available to help patients understand the complaints system, for example we saw posters displayed in the reception area and the practice had a complaints leaflet which was located on the reception desk and also copies were placed in the new patient registration pack.

We looked at two complaints received in the last 12 months and found the practice carried out thorough reviews and we saw that these complaints were satisfactorily handled, dealt with in a timely way with openness and transparency.

Are services well-led?

Good 

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

Our findings

Vision and strategy

We were told that the practice had a clear vision to deliver high quality care and promote good outcomes for patients. Non-clinical staff we spoke to were also able to demonstrate their understanding of the practice vision.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plan which reflected the vision and values and were regularly monitored.
- The GP told us that although the funding for over 75s health checks have been withdrawn they were keen on continuing to provide this service. Data provided by the practice showed that 95% of patients had had their health checks.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice had an understanding of their performance, and we saw that the practice had a data clerk who monitored this and provided the GP with data which was discussed during practice meetings.
- Although the practice had a programme of continuous internal surveys and clinical audits, we saw that clinical audits were not thorough enough or practice driven. For example the practice had not established a programme of practice driven clinical audits to further improve outcomes for patients. Evidence of discussions with the wider team, preparation methods, nominated person responsible for implementing change and details of how change had been sustained was limited.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating

actions with the exception of some arrangements to deal with a medical emergency. For example the practice had not carried out an assessment to mitigate the risk identified in the absence of some emergency medicines.

Leadership and culture

On the day of inspection the management team and GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the manager and GP were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager and GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- We were told that due to lack of interest the PPG stopped operating, but the practice relaunched the group in 2015. PPG members who were involved in the first group told us that they took part in the relaunch by delivering flyers around the local community.
- Not all PPG members we spoke to were aware of the functions of the group. For example some were not aware of who chaired the group, who the other members were and felt that the group could be more successful if the group was further developed.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We were told that the PPG met regularly, however when asked the practice were only able to provide evidence of one meeting held in September 2015. PPG members we spoke with told us that they were involved in patient surveys and submitted proposals for improvements to the practice management team. For example, we were told that patients were concerned about the lack of

appointments therefore the practice extended Monday opening hours. We were also told that the practice monitored appointment activities and extended the GPs morning clinic by one hour depending on demand.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example the practice staff raised concerns about the handling of aggressive patients. As a result the practice placed staff on e-learning conflict resolution training and implemented new processes for staff to follow when handling aggressive patients. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on improving access and reducing health inequalities for vulnerable groups. For example the GP had set up a shared care opiate dependency replacement service which they facilitate in conjunction with community outreach workers. This allowed the practice to effectively manage physical and psychological problems that may coexist with illicit substance misuse. We were told that the GP engaged with the local addiction service and presented talks to local GPs and as a result, 90% of practices within Walsall had signed up to deliver the shared care scheme.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that is reasonably practicable to mitigate risks. For example they did not ensure sufficient medication were available in case of a medical emergency or carry out a risk assessment to mitigate risks in the absence of some emergency medicines.</p> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>