

Dr Shoeb Suryani

Quality Report

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Date of inspection visit: 22 June 2017

Date of publication: 20/07/2017

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 Shoeb Suryani on 27 June 2016. After the comprehensive inspection, the practice was rated as requires improvement for providing safe services.

We issued requirement notices in relation to:

- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Fit and proper persons involved.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Shoeb Suryani on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 22 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified at our previous inspection on 27 June 2016. This report covers our findings in relation to those requirements.

Our key findings were as follows:

- The practice had reviewed its recruitment procedures to ensure that all necessary employment checks were completed for all staff employed and the required information maintained safely.

- The recording of significant events had been reviewed and they were sufficiently detailed to show that concerns identified were appropriately followed up to prevent further occurrences and ensure improvements made were appropriate.
- Arrangements were in place for sharing alerts, best practice guidance and the learning outcomes from significant events, incidents and near misses with staff.
- The practice's complaint handling procedures had been reviewed to ensure that the appropriate management of verbal complaints were included. Staff were made aware of the procedure to follow. We saw that four complaints had been received since the last inspection. Records available showed that these were responded to in a timely manner, they detailed the action taken, contact was made with the complainant and the improvements made and any learning was shared with staff.

At this inspection we found that the practice had addressed all the concerns raised and is now rated as good for providing safe services.

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:

- There was an effective system in place for reporting and recording significant events.
- Records of clinical and significant event meetings demonstrated that incidents were discussed and appropriate systems put in place to monitor that action taken was appropriate.
- The practice had reviewed its recruitment procedures to ensure that all necessary employment checks were completed for all staff employed and the required information safely maintained safely.
- Arrangements were in place for sharing alerts, best practice guidance and the learning outcomes from significant events, incidents and near misses with staff.
- The practice's complaint handling procedures had been reviewed to ensure that the appropriate management of verbal complaints was included.

Good



Dr Shoeb Suryani

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 a GP specialist adviser.

Background to Dr Shoeb Suryani

Dr Shoeb Suryani is registered with the Care Quality Commission (CQC) as an individual GP. The practice is located in Wolverhampton and has good transport links for patients travelling by public transport. Services are provided to patients on the ground floor of the premises and all areas are easily accessible by all patients.

The practice team consists of a lead GP and a salaried GP (one male and one female). The lead GP works five sessions per week and the salaried GP, four sessions. The lead GP is also the owner of the practice. The GPs are supported by a practice nurse and a healthcare assistant, who both work part time. Clinical staff are supported by a practice manager, business manager and seven administration / receptionist staff. Two of the reception/administration staff have a dual role and also work as healthcare assistants. In total there are 12 staff employed either full or part time hours to meet the needs of patients. The practice also use GP locums at times of absence to support the clinicians and meet the needs of patients at the practice.

The practice is open between 8.30am and 6.30pm Monday, Wednesday, Friday, 8.30am to 7.30pm on Tuesday and 8am to 1pm on Thursday. Appointments are from 9am to 11.30am every morning, 1.30pm to 3.30pm on Monday, 4.30pm to 6.50pm on Tuesday, 4.30pm to 5.50pm on

Wednesday and 3.30pm to 4.50pm on Friday. This practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to Wolverhampton Doctors on Call service when the practice is closed on Thursday afternoons from 1pm to 6.30pm. At all other times when the practice is closed patients are directed to the out of hours service provided by Vocare via the NHS 111 service.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 1,769 patients. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations and the care of patients with a learning disability. The practice has a higher proportion of mainly male patients aged 45 to 54, 60 to 69, 75 to 79 and 85 plus years when compared with the average across England. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. There is a higher practice value for income deprivation affecting children and older people in comparison to the practice average across England. The level of income deprivation affecting children of 34% is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (29% compared to 16%).

Why we carried out this inspection

We previously undertook a comprehensive inspection of Dr Shoeb Suryani on 27 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement

Detailed findings

for providing safe services. The full comprehensive report following the inspection on 27 June 2016 can be found by selecting the 'all reports' link for Dr Shoeb Suryani on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Shoeb Suryani on 22 June 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.

How we carried out this inspection

We carried out a focused inspection of Dr Shoeb Suryani on 22 June 2017. This involved reviewing evidence to establish that:

- The practice had completed employment checks for all staff employed as required by legislation.
- Information in respect of persons employed by the practice was available for inspection.

- There were systems in place for the ongoing monitoring of significant events to prevent further occurrences and, ensure improvements made were appropriate.
- Arrangements for sharing alerts, best practice guidance and learning outcomes from significant events, incidents and near misses with staff had been reviewed.
- Procedures had been put in place for the appropriate recording, handling and responding to verbal complaints.

During our visit we:

- Spoke with the GP, practice manager, business manager and receptionists.
- Visited the practice location
- Looked at information the practice used to deliver safe care and treatment.
- Looked at other relevant documentation.

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

During our previous inspection in June 2016, we found that care and treatment was not being provided in a safe way. This was because:

- Full employment checks as required by legislation for all staff employed and information to confirm safe recruitment practices were carried out were not available.

The visit in June 2016 also identified:

- Appropriate systems were not in place for the ongoing monitoring of significant events and checking that improvements made were appropriate.
- The arrangements for sharing alerts, best practice guidance and learning outcomes from significant events, incidents and near misses with staff were not effective.
- Appropriate complaint handling procedures for identifying, receiving, recording, handling and responding to verbal complaints were not in place.

This resulted in the practice being rated as requires improvement for providing safe services.

Safe track record and learning

At the inspection in June 2016 we found that the practice had not ensured that systems were in place for the ongoing monitoring of significant events and checking that improvements made were appropriate. At this inspection on 22 June 2017 we found that improvements had been made.

- The systems for reporting and recording significant events had been reviewed and all staff had been updated at meetings on the effective management of significant events following the last inspection.
- 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).
- Significant event records were clearly documented at the time they were reported. Action recorded on the

significant event forms were used to inform staff of the event at practice meetings. The information documented in the forms clearly identified learning and improvements made.

Records we looked at showed that two significant events, had occurred since the last inspection. One of the events related to the inappropriate disposal of a needle into one of the sharps boxes. Staff were put at risk of a needle stick injury as the needle was not put completely into the sharps box. An investigation was carried out and the findings discussed with staff. All staff were reminded of the safe sharps procedures and an ongoing audit of safe disposal of sharps practice put in place.

There was an effective system for the active management of safety alerts with evidence of recent reviews and action taken available. The practice manager received the alerts and disseminated them to the GP for follow up. Discussions with the GP and practice manager showed they were aware of recent medicine alerts. We saw that a record of all medicine and equipment safety alerts were maintained. The information recorded included evidence of the action taken by the practice to address the alerts where appropriate.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements and 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.

Posters advising patients they could access a chaperone were displayed in the waiting room, in the practice information leaflet and on the practice website. All staff had received chaperone training. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for staff who carried out chaperone duties. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting

Are services safe?

rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available.

The arrangements for managing medicines, including emergency and high risk medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and forms were securely stored and their use monitored. Specific medicine directions (Patient Group Directions for the practice nurses and Patient Specific Directions for the healthcare assistants) were adopted by the practice to allow the practice nurse and healthcare assistant to administer specific medicines in line with legislation.

At the inspection in June 2016 we found that safe staff recruitment practices were not consistently followed to confirm that appropriate recruitment checks had been undertaken prior to employment of all staff. At this inspection we found that the practice had reviewed recruitment practices. We saw that staff files were organised and full employment checks carried out. Safe recruitment practices were seen and documents available included proof of identification, references, checks through the DBS. The practice used locum GPs to provide cover at times of absence. The practice ensured that confirmation was received that GP locums and the practice nurse were registered with their professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were 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 area. The practice had completed up to date fire risk assessments and carried out fire drills. 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 completed risk assessments specific to the practice.

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 the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- 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.
- 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 for major incidents.