

Dr Sundar Vaid

Inspection report

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[modalitypartnership.nhs.uk/your-gp-practice/
west-midlands/gp/modality-darlaston-practice](http://modalitypartnership.nhs.uk/your-gp-practice/west-midlands/gp/modality-darlaston-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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

The practice is rated as Requires Improvement overall (previous rating July 2017 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We previously undertook a comprehensive inspection of Dr Sundar Vaid 6 July 2017. The overall rating for the practice was Requires Improvement with the Effective and Caring domains being rated as Requires Improvement. This was because the practice was not following Gillick guidelines in relation to caring for and treating children under 16 years old.

The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for Dr Sundar Vaid on our website at www.cqc.org.uk.

Dr Sundar Vaid and Dr Saptarshi Saha's practices merged on 1 January 2018. We previously undertook a comprehensive inspection of Dr Saptarshi Saha on 11 April 2017 and the overall rating was Good.

The full comprehensive report on the April 2017 inspection can be found by selecting the 'all reports' link for Dr Saptarshi Saha on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 10 July 2018 to confirm that the practice met the legal requirement in relation to the breach in regulation that we identified in our previous inspection on 6 July 2017.

At this inspection we found:

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice opening hours had been increased to five days a week.
- Patients were able to access appointments when they needed them.
- Policies and procedures were in place to manage risk, although they were not all being used effectively.

- The practice had not obtained all of the required recruitment information for newly employed staff or ensured that they completed the induction programme.
- There was some evidence that quality and operational information was reviewed to try to improve performance.
- There was some evidence of systems and processes for learning, continuous learning and innovation.

The areas where the provider must make improvements as they are in breach of regulations are:

- Ensure specified information is available regarding each person employed recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Establish effective systems and processes to ensure good governance with the fundamental standards of care.

The areas where the provider should make improvements are:

- All staff should be aware of which clinician is the safeguarding lead.
- The induction programme should be completed by all new staff.
- Consider formally monitoring the prescribing of controlled drugs.
- GPs should be aware of the arrangements for reporting concerns around controlled drugs with the NHS Area Team Controlled Drugs Accountable Officer.
- Consider holding formal meetings with the Health Visitors.
- Consider ways to increase the uptake of national programmes such as cervical screening and childhood immunisations.
- Recommence palliative care meetings.
- Improve staff awareness of the provider's vision and values.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a second CQC inspector and a GP specialist adviser.

Background to Dr Sundar Vaid

Modality Partnership is registered with the Care Quality Commission as a partnership, with services across the country. Dr Sundar Vaid, known as Modality Darlaston Practice, (which is part of Modality Partnership) is located in Darlaston, 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 Darlaston Health Centre, Pinfold Street, Darlaston, West Midlands, WS10 8SY. The provider is registered for the provision of the following regulated activities at this site:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

There are approximately 5020 patients of various ages registered and cared for at the practice. Demographically the practice has a higher than average under 18 years distribution (24%) when compared with the national average (21%). The percentage of patients aged 65 years

and over is higher than the average when compared to the Clinical Commissioning Group (CCG) and nationally. For example, 18% of the practice population are 65 years and older compared with the CCG average of 16% and the national average of 17%. The percentage of patients with a long-standing health condition is 61%, which is higher than the local CCG average of 56% and national average of 54%. The practice is situated in an area of high deprivation falling into the second most deprived decile. Income deprivation affecting children and older people is above the local clinical commissioning group (CCG) and national averages. 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:

- Two GPs (one male / one female) supported by a long-term locum.
- Two practice nurses and two health care assistants.
- A Practice Operation Manager supported by six reception staff.

The practice does not routinely provide an out of hours to their own patients but patients are directed to the out of hours service, through the NHS 111 service when the practice closed.

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Not all of the appropriate staff checks that should be carried out at the time of recruitment were held on file. This included references, full employment history and evidence of qualifications.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse, however they were not fully embedded.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Some of the staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns, however not all staff were aware of which GP was the safeguarding lead.
- Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. Staff told us they informally discussed patients with health visitors, but were did not hold regular meetings.
- We looked at the files for three new members of staff and the locum GP. We saw that not all of the appropriate staff checks or risk assessments, that should be carried out at the time of recruitment were held on file.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Although there were systems to assess, monitor and manage risks to patient safety, a number of these needed to be strengthened.

- There were arrangements in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice manager acknowledged that there had been challenges covering reception / administrative staff holidays following the merger.
- However, when there were changes to services or staff it was not clear if the practice had assessed and monitored the impact on safety. For example, the impact of one of the practice nurses leaving had not been assessed and there was no evidence that formal arrangements had been put in place to provide cover.
- There was an effective induction system for temporary staff tailored to their role. However, the induction system for permanent staff was not effective. The induction paperwork for the administrative staff was poorly completed and there was no induction on file for the nurse.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- Information to deliver safe care and treatment
- Staff had the information they needed to deliver safe care and treatment to patients.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. All test results were reviewed daily by the permanent GPs.
- The practice had some systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment and further improvements were made both during and following the inspection.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The prescribing of antibiotics was in line with or below the national average.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice did not formally monitor the prescribing of controlled drugs. They told us they reviewed the medication each month before issuing the prescription, although no formal audits were undertaken. Not all of the GPs were aware of the arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.
- We saw some evidence to show the practice learned and made improvements when things went wrong.
- 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 record we looked at showed that the practice learned from significant events. The lessons had not yet been shared with the wider practice team as the event had only recently been identified and analysed. Staff told us that significant events would be discussed at the monthly practice meetings. There was no evidence to support that the practice had reviewed previous events to identify themes.
- We identified another potential significant event relating to medication during the inspection, that had not been identified by the practice. We shared this information with the clinicians and asked them to investigate the event.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.
- The practice manager did not have any knowledge of the monthly drug safety updates, and know that these were received centrally and sent to the practice to action where appropriate.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff used appropriate tools to assess the level of pain in patients.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
 - Staff who were responsible for reviews of patients with long term conditions had received specific training.
 - Adults with newly diagnosed cardiovascular disease were offered statins (a medicine to lower the level of cholesterol in the blood) for secondary prevention.
- People with suspected hypertension (high blood

pressure) were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (a common abnormal heart rhythm) were assessed for stroke risk and treated as appropriate.

- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD an umbrella term used to describe progressive lung diseases), atrial fibrillation and hypertension) through new patient checks and NHS health checks.

Families, children and young people:

- Childhood immunisation were carried out in line with the national childhood vaccine programme. Uptake rates for the vaccines given were below the target percentage of 95% or above for the three indicators for vaccines given to children aged 2 years (NHS England Data for 2016/17).
- The practice provided Quality and Outcomes Framework (QOF) figures for the current situation with uptake rates for immunisations for April 2018. These showed that for the percentage of children aged 2 years who had been immunised was currently 97%.
- The practice organised weekly childhood immunisation clinics.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance. Weekly antenatal clinics were held at the practice.
- The practice nurse provided appropriate immunisations to pregnant women for example, immunisation for whooping cough.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. If a child failed to attend three times for an annual review, the practice contacted the parent / guardian to discuss the failed attendance. Letters were sent to parents / guardians if a child failed to attend for immunisations and health visitors were advised as appropriate.

Working age people (including those recently retired and students):

Are services effective?

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme (Public Health England data).
- The practices' uptake for breast screening was above the national average, although the uptake for bowel screening was below.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

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. QOF data relates to 2016/17. The most recent published results for 2016/17 (prior to the merger) showed the provider's QOF

results were comparable with the CCG and national averages. We looked at the end of year 2017/18 unverified data and saw that the results were slightly lower than the previous year.

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. The practice participated in organisational wide audits. The practice had carried out five audits in the last two years, all of which were two cycle audits. Four of these audits demonstrated quality improvements.

Effective staffing

The practice was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and had started to provide monthly protected time and training to meet them. The provider had a training policy in place which identified mandatory training and had introduced an on-line training programme to meet this need. At the time of the inspection, two separate records of skills, qualifications and training were being maintained, neither of which were fully up to date. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. However, we saw that induction programmes for new members of staff had not been completed in full. All staff had received an appraisal since the merger had taken place.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

Are services effective?

- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with community services, social services and carers for housebound patients and with health visitors. However formal multidisciplinary team meetings, where information could be shared and minuted, were not held. There were plans to introduce these meetings in the near future.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. However palliative care meetings had not been held since the practice merger.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services.

This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. However palliative care meetings had not been held since the practice merger.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice signposted patients to the local lifestyle advisers for support with smoking cessation, weight reduction and exercise programmes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- Consent to care and treatment
- The practice obtained consent to care and treatment in line with legislation and guidance.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results (For Dr Vaid's practice prior to the merger, published July 2017) were below local and national averages for questions relating to kindness, respect and compassion in relation to the GPs. The practice had reviewed the results and identified that improvements needed to be made.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them and had increased the number of carers on the register.
- The practice's GP patient survey results (for Dr Vaid's practice prior to the merger published July 2017) were below local and national averages for questions relating to involvement in decisions about care and treatment in relation to the GPs. The practice had reviewed the results and identified that improvements needed to be made

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice had altered its opening hours since our last inspection in July 2018. The practice no longer closed one afternoon a week and as a consequence was open between 8.30am until 6.30pm Monday to Friday. This included the reception desk.
- The practice had arrangements in place with WALDOC for telemessaging services between 8am and 8.30am and from 1pm and 6.30pm on the last Wednesday of every month when the practice closed for protected learning time.
- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Patients with no fixed address were able to register using the practice address.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice.
- There was a medicines delivery service for housebound patients organised by local pharmacies.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- Patients with long term conditions were referred to the specialist community support teams as required.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, online services such as repeat prescription requests and appointments.
- The latest practice nurse appointment was at 6.20pm.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice supported patients with substance misuse through a shared care agreement, and joint clinics with the community mental health nurse were held weekly.
- Same day urgent assessments were available on request.

Timely access to care and treatment

Are services responsive to people's needs?

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice's GP patient survey results (for Dr Vaid's practice prior to the merger, published July 2017) were above local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice had received one written complaint during 2018. We reviewed the documentation relating to this and saw that the practice had not followed their own policy for

managing complaints. The practice had not sent an acknowledgement letter to the complainant, investigated the complaint in accordance with their policy or included the relevant details in the final letter. There was nothing in the letter about the action the practice planned to take to address these concerns, or where the complainant could take their complaint if they weren't happy with the practice's response. The practice had not discussed the complaint or any subsequent learning as the patient had left the practice.

Staff told us that complaints were often dealt with by the practice manager as they arose on a face to face basis. There was no evidence that these complaints had been documented, discussed and any learning identified.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing a well-led service because:

- There was a lack of oversight of training records, recruitment files or ongoing oversight of professional qualifications. Training records and staff files seen were incomplete.
- There were a limited number of significant events were recorded, and there no evidence to support the practice reviewed previous events to identify themes.
- The practice had not investigated and responded to complaints in accordance with the provider's policy and procedure.
- The practice had not been proactive in managing changes to staffing or assessed and monitored the impact on safety.

Leadership capacity and capability

Dr Vaid's practice had merged with another local practice in January 2018. Both practices were part of the Modality Partnership and located within the same health centre. Both staff teams had been joined together, and number of staff chose to leave their employment, including the lead GP from the other practice. The practice had also relocated to the part of the building used by the other practice.

The practice was supported by the provider Modality Partnership. There was a corporate structure in place. The provider had a leadership structure supported by management structure and lines of accountability and responsibility. These structures were being introduced at the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were not aware of the vision, values and strategy and their role in achieving them.

Culture

- The majority of staff spoken with stated they felt respected, supported and valued. They were proud to

work in the practice. However, the management acknowledged that the merger had been a stressful time for staff, and some members of staff had found it more of a challenge than others.

- Openness, honesty and transparency was not always demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour although this was not fully embedded.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. Staff had received an appraisal since the merger.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. The majority of staff felt they were treated equally.

Governance arrangements

The new management structure had introduced clear responsibilities, roles and systems of accountability to support good governance and management. However, there were areas where these needs to be strengthened.

- Only two practice meetings had been held during 2018, the last meeting took place in March 2018.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control although not all staff were aware which GP was the safeguarding lead.
- We did not see any oversight of training records, recruitment files or ongoing oversight of professional qualifications. Training records and staff files seen were incomplete.

Managing risks, issues and performance

There were processes for managing risks, issues and performance although these need to strengthened.

- Practice leaders had oversight of safety alerts, incidents, and complaints. However, not all incidents had been recognised and recorded, and the complaint records seen did not comply with the practice policy. In addition, there were very few incidents or complaints recorded. We also identified that the practice was not receiving the monthly drug safety updates.

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice had not been proactive in managing changes to staffing or assessed and monitored the impact on safety. For example, the impact of one of the practice nurses leaving had not been assessed and there was no evidence that formal arrangements had been put in place to provide cover.

Appropriate and accurate information

The practice did not always have appropriate and accurate information.

- There was some evidence that quality and operational information was reviewed to try to improve performance, for example, a discuss around the year end for Quality and Outcomes Framework (QOF) figures had been included in the March practice meeting.
- There was no evidence to support that performance information was combined with the views of patients, as no recent patient surveys had been undertaken.
- There was some evidence of discussions regarding sustainability as the practice was now part of large provider but little evidence of action to address future know staffing shortages through staff leaving.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- Following the merger, the two patient participation groups had joined together. However, the practice had not organised a PPG meeting since the merger. We spoke with a member of the PPG, who told us they had a good working relationship with the practice, and provided support for the annual patient satisfaction survey.
- Information about the PPG was displayed in the waiting room.
- A compliments/comments box was available in the waiting room.
- Discussion with staff indicated they felt able to raise any issues or suggest different ways of working to make improvements.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- The practice had plans for incidents and complaints to be shared across the organisation and discussed at the clinical management group meetings. It was not clear if the lead GPs from the merged practices had previously attended these meetings.
- The practice was due to take part in the pilot project looking at the use of digital platforms (skype) for consultations with patients. The provider (Modality) was working with the national company to set up and deliver this service for a three month period. Patients who chose to have a digital consultation would be able to do so with one of the practice's GPs.
- The practice was involved in a project for homeless people that had been set up by another local practice within the wider organisation. A weekly clinic was held at one of the other practices with the group in Walsall, and any patient, regardless of their address, could be seen by a GP at that clinic.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none">• Risk assessments for staff who started prior to receipt of a Disclosure and Barring Service (DBS) check were not on file.• There was no evidence on file of full employment history for the nurse.• Information for the locum GP relating to qualifications was not on file.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Systems were not in place to ensure that professional registrations remained current and up to date.• Limited number of significant events were recorded, and there no evidence to support the practice reviewed previous events to identify themes.• There was no oversight of the training records, staff files and training records.• Not all staff were up to date with mandatory training.

This section is primarily information for the provider

Requirement notices

- The practice had not investigated and responded to complaints in accordance with the provider's policy and procedure.
- The practice had not been proactive in managing changes to staffing or assessed and monitored the impact on safety. For example, the impact of one of the practice nurses leaving had not been assessed and there was no evidence that formal arrangements had been put in place to provide cover.