

# Dr Nabil Shather

## Quality Report

Bilston Street Surgery  
25 Bilston Street  
Sedgley  
Dudley  
DY3 1JA  
Tel: 01902665700  
Website: [www.bilstonstreetsurgery.co.uk](http://www.bilstonstreetsurgery.co.uk)

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We undertook an announced comprehensive inspection of Dr Nabil Shather's practice, at Bilston Street Surgery, on 10 August and 6 September 2016.

This inspection was also carried out to check that the provider had made improvements in line with the recommendations made as a result of our focussed inspection on 9 December 2015. This was because during our inspection on 9 December 2015, the practice's rating remained as requires improvement for providing safe services as the provider had not made sufficient improvement in order to comply with legal requirements.

During our visit on 10 August 2016 we found that although some improvements had been made we identified further areas of concern pertaining to the practice's systems for managing and monitoring high risk medicines. We also found that at this stage, we did not have sufficient evidence in order to make a fair and proportionate judgement of the service.

Therefore, we visited the practice further on 6 September 2016 to obtain further evidence and to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This report covers our findings in relation to our findings on 10 August and 6 September 2016. You can read the report from the practice's previous comprehensive inspection, by selecting the 'all reports' link for Dr Nabil Shather on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Overall the practice is rated as requires improvement. Our key findings across all the areas we inspected were as follows:

- During our comprehensive inspection we found that the practice had made some improvements with regards to specific areas of medicines management. However, we noted a reactive approach to improvement and that sometimes the practice did not proactively improve and had not identified areas to improve on independently.

# Summary of findings

- Furthermore, we found that the practice had made some improvements regarding systems and processes associated with medicines management. However, we identified that 78 patients on specific medication to reduce cholesterol levels in the blood were overdue for specific liver function tests.
- The practice had improved their programme of continuous clinical and internal audit by using this to monitor quality and to make improvements. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- There were adequate arrangements in place to respond to emergencies and major incidents. There were some effective arrangements in place to the support processes for identifying, recording and managing risks.
- During our inspection visits we saw that that members of staff were friendly, respectful and helpful to patients. Practice staff spoke positively about working at the practice.
- Patients we spoke with and the completed comment cards we received described staff as helpful, caring and respectful.

The areas where the provider must make improvements are:

- Ensure that effective systems and processes are established in order to proactively improve and to sustain improvement work across all areas of medicines management.

The areas where the provider should make improvements are:

- Ensure that all aspects of medication needs are continually managed through well embedded systems to support that where required, necessary monitoring and reviews take place.
- Ensure that records are well maintained to reflect emergency protocols such as fire drills.
- Continue to identify carers and ensure that all carers are captured on the computer system, in order to provide further support where needed.
- Consider contingency arrangements to provide continuity of medical and nursing care during annual leave.

**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 requires improvement for providing safe services.

**Requires improvement**



- There were systems, processes and practices in place to keep people safe and safeguarded from abuse. We saw that significant events were regularly discussed with staff during practice meetings.
- Learning was shared on a day to day basis as a close team, as well as formally during practice meetings. However, we noted a reactive approach to improvement and that sometimes the practice did not proactively improve and had not identified areas to improve on independently.
- During our inspection we found that the practice had made some improvements regarding systems and processes associated with medicines management. However, during our inspection we identified that 78 patients on specific medication to reduce cholesterol levels in the blood were overdue for specific liver function tests.
- We observed the premises to be visibly clean and tidy. There were adequate arrangements in place to respond to emergencies and major incidents.
- We saw records to show that regular fire alarm tests had taken place however there were no records of fire drills that had taken place and although staff knew what to do in the event of a fire; we received mixed feedback regarding actual fire drills.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

# Summary of findings

- The practice had improved their programme of continuous clinical and internal audit by using this to monitor quality and to make improvements. Prescribing audits demonstrated a steady improvement in prescribing rates.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- We saw that that members of staff were friendly, respectful and helpful to patients both attending at the reception desk and on the telephone.
- Information for patients about the services available was easy to understand and accessible. Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- 1% of the practices list had been identified as carers; the practice was starting to focus on improving this by ensuring that they captured carers through their new patient registration form. The practice had also collated a range of supportive resources for carers containing advice, guidance and signpost information to other services. The practice offered flu vaccines and annual reviews for anyone who was a carer.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health.
- Urgent access appointments were available for children and those with serious medical conditions. Clinical staff carried out home visits for older patients and patients who would benefit from these.
- There were hearing loop and translation services available. The practice was based in a two story building with a purpose built consulting room and a treatment room on the ground floor,

# Summary of findings

with a further two treatment rooms on the first floor of the building. We noticed that there was no lift in place and only stairs to access the first floor. The practice advised that staff would move between consulting rooms to suit patient needs.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- Although we identified some improvements regarding systems pertaining to high risk medicines, however we found that the practice took reactive approach to improvement and that sometimes the practice did not proactively improve and had not identified areas to improve on independently.
- There were some records in place to support the practice's arrangements for identifying, recording and managing risks.
- Practice staff spoke positively about working at the practice and we noticed that although the practice had a small team, they were very much dedicated and demonstrated a commitment to providing a high quality service to patients.
- The practice had an active patient participation group which influenced practice development.

**Requires improvement**



# 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 requires improvement for the care of older people.

- The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Immunisations such as flu vaccines were also offered to patients at home, who could not attend the surgery.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. This included members of the practices older population.
- The GP saw patients on the ground floor and the nurses' room was situated on the first floor. We noticed that there was no lift in place and only stairs to access the first floor. The practice advised that staff would move between consulting rooms to suit patient needs including, elderly patients and patients with mobility difficulties.

**Requires improvement**



### People with long term conditions

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

- The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.
- Performance for overall diabetes related indicators was 57%, compared to the CCG average of 89% and national average of 90%. More recent (unverified) data provided by the practice highlighted that they had slightly improved in this area.
- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 2%.

**Requires improvement**



# Summary of findings

## Families, children and young people

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

- The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.
- 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.
- Childhood immunisation rates for under two year olds ranged from 84% to 96% compared to the CCG averages which ranged from 83% to 98%. Immunisation rates for five year olds ranged from 91% to 100% compared to the CCG average of 93% to 98%.
- The practice offered urgent access appointments for children.

Requires improvement



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

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

- The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients.
- The practice offered text messaging reminders for appointments to remind patients of their appointments in advance.
- The practice offered extended hours on Mondays until 8pm for those who could not attend the practice during core hours.

Requires improvement



## People whose circumstances may make them vulnerable

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

- The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.
- The practice offered longer appointments for patients with a learning disability. There were 30 patients on the practices learning disability register, 78% of these patients had care plans in place and 78% of the eligible patients had received a review in a 12 month period.

Requires improvement





# Summary of findings

- There was a register which contained 37 patients from vulnerable groups, including patients with drug or alcohol dependency these patients were frequently reviewed in the practice and 56% had received a review in a 12 month period.
- Vulnerable patients were regularly reviewed and discussed as part of the practices multidisciplinary team meetings to support the needs of patients and their families.

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

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

- The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.
- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 4%. The data provided by the practice highlighted that 72% of their eligible patients had care plans in place and 72% had received a medication review in a 12 month period with ongoing reviews planned.
- Performance for mental health related indicators was 92%, compared to the CCG average of 93% and the national average of 92%.
- The practice also supported patients who were experiencing poor mental health by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

**Requires improvement**



# Summary of findings

## What people who use the service say

The practice received 104 responses from the national GP patient survey published in July 2016, 351 surveys were sent out; this was a response rate of 30%. The results showed the practice received mixed responses across areas of the survey. For example:

- 100% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 85% described the overall experience of the practice as good compared to the CCG and national average of 85%.

- 76% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and 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 spoke with four patients during our inspection including three members of the patient participation group (PPG). Service users completed 22 CQC comment cards. Patients and completed comment cards gave positive feedback with regards to the service provided.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure that effective systems and processes are established in order to proactively improve and to sustain improvement work across all areas of medicines management.

### Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Ensure that all aspects of medication needs are continually managed through well embedded systems to support that where required, necessary monitoring and reviews take place.
- Ensure that records are well maintained to reflect emergency protocols such as fire drills.
- Continue to identify carers and ensure that all carers are captured on the computer system, in order to provide further support where needed.
- Consider contingency arrangements to provide continuity of medical and nursing care during annual leave.

# Dr Nabil Shather

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

During our visit on 10 August the inspection team was led by a CQC Lead Inspector. The team included a CQC pharmacist specialist and a GP specialist advisor. During our visit on 6 September the inspection team was led by a CQC Lead Inspector. The team included a CQC pharmacist specialist, GP specialist advisor and practice manager specialist advisor.

### Background to Dr Nabil Shather

Dr Nabil Shather's practice is based in Bilston Street Surgery within the Sedgley area of Dudley. There are approximately 2,875 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. 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.

The clinical team includes a male single handed GP and a female practice nurse. The GP and the practice manager form the management team and they are supported by a non-clinical team of four staff members who cover reception, secretarial and administration duties.

The practice is open between 8am and 6:30pm on Monday to Friday. The practice offers extended hours on Mondays between 6:30pm and 8pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

### Why we carried out this inspection

We carried out two inspection visits to Dr Nabil Shather's practice, as Bilston Street Surgery, across two dates during August and September 2016. These inspections were planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

- Initially, we undertook an announced focused inspection of Dr Nabil Shather's practice, at Bilston Street Surgery, on 10 August 2016. This inspection was carried out to check that the provider had made improvements in line with the recommendations made as a result of our focussed inspection on 9 December 2015. During this visit we inspected the practice against two of the five questions we ask about services: is the service safe and effective. This was because during our inspection on 9 December 2015, the practices rating remained as requires improvement for providing safe services as the provider had not made sufficient improvement in order to comply with legal requirements.
- During our focused inspection on 10 August 2016 we found that although some improvements had been made we identified further areas of concern pertaining to the practices systems for managing and monitoring high risk medicines.
- Therefore, on 6 September 2016 we carried out a comprehensive inspection of the service to follow up on our inspection which took place on the 10 August and to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

# Detailed findings

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

As part of our inspection the inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 10 August and 6 September 2016
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before our inspection took place, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.

We viewed a summary of five significant events that had occurred for during the year so far, over the last nine months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded in relation to a systematic error resulting in conflicting paper based and electronic cytology results. On identifying the incident, the practice took remedial action by contacting the cytology department and obtained the correct cytology results. The practice also conducted an audit and shared findings with the cytology department to identify any further conflicting results, audit findings highlighted that no further cases were found. A review of the system was also completed and paper based results had been phased out so that all results were received electronically.

Significant events were discussed with staff during practice meetings and we saw minutes of meetings which demonstrated this. Staff told us how learning was shared on a day to day basis whilst communicating as a close team, as well as formally during practice meetings. We saw in the meeting minutes that learning was shared to ensure action was taken to improve safety in the practice.

### Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The principal GP was the lead member of staff for safeguarding. The GP attended safeguarding meetings and provided reports where necessary for other agencies.
- Clinical and non-clinical staff received safety alerts directly and records were kept to support that alerts

including patient safety, medicines and medical device alerts were received in the practice. We discussed examples of recent alerts with members of the clinical team and we saw how alerts were acted on effectively. For example, patients using mobile testing equipment to monitor specific blood levels were contacted by the practice and given guidance in relation to a medical device alert.

- Notices were displayed to advise patients that a chaperone service was available if required. The practice nurse would usually provide a chaperoning service and occasionally members of the reception team would act as chaperones. Staff members had been trained on how to chaperone. We saw that a disclosure and barring check was in place for the practice nurse and for three members of the reception team who were able to chaperone if required. There was also a record of a completed risk assessment for one member of reception who didn't have a DBS check. This risk assessment highlighted that the risk was assessed as low as they would never be left alone with patients.
- The practice nurse was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice. Staff had received up to date infection control training. There was a protocol in place and we saw records of completed audits which highlighted that the practice was fully compliant with infection control standards and therefore no actions to improve were identified. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.
- We observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed records were in place to support the cleaning of the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice ensured that patients were kept safe. The vaccination

## Are services safe?

fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England.

- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurse had received appropriate training to administer vaccines.
- We viewed three staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.
- The practice used locum GPs to cover if ever the principal GP was on leave. Staff explained that on occasions when locums were used this was done through locum agencies that they regularly used. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.
- There was one practice nurse employed at the practice, staff we spoke with confirmed that nurse cover was not sourced to cover their practice nurse when they were on leave and that the practice did not use locum nurses as an option for continuity of nurse clinics. To manage this staff explained that the GP would see patients in place of the nurse however patients requiring specific nurse care and specific treatments such as cervical screening were required to wait for the nurse to return from leave.

Historically as part of the practices previous CQC inspections we identified gaps in systems and processes regarding medicines management. However, as part of our most recent comprehensive inspection we found that the practice had made some improvements in this area. For example:

- Previously we found that there was no systematic approach to the medication reviews and for the checking of laboratory results. During our most recent inspection we found that there were adequate systems in place for repeat prescribing so that patients were

reviewed appropriately to ensure their medication remained relevant to their health needs. We saw that the practices process of medication reviews was governed by a repeat prescribing policy and there were systematic alerts in place to ensure patients medication was reviewed on a regular basis.

- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who worked at the practice once a week, part of their role included completing medication reviews on a regular basis. As part of our inspections we also looked at the management of laboratory results and found that these were well managed and checked on a daily basis. We spoke with a member of the practice pharmacy support team from the CCG during our comprehensive inspection; they highlighted how the practice was steadily improving with extra pharmacy support being increased from four hours a week to eight hours a week.
- Previously, we found that the system in place for the prescribing of high risk medicines was not always effective, specifically with regards to recommended blood monitoring. For example, we looked at 14 cases where patients had been prescribed with a specific disease-modifying anti-rheumatic drug (DMARD). Overall, we found that 13 out of 14 patients who had been prescribed to take this specific high risk medicine had no clear record of regular or up to date blood monitoring taking place. However, on reviewing this further as part of our comprehensive inspection we found that this was due to the set-up of the local system which prevented visibility of blood monitoring records for certain areas such as patients who were on high risk medication. We were able to access secondary systems with support from the CCG pharmacist; findings demonstrated that these patients were regularly monitored.
- During our inspection we identified 329 patients on specific medication to reduce cholesterol levels in the blood, 164 of these were overdue for specific liver function tests and records indicated that three of these patients had never had these tests done. The practice had been working through these patients and we saw that as of 6 September 2016, the practice had worked through 28% of these cases so far however 78 patients were due to be reviewed.

## Are services safe?

- During our previous inspection we found that prescription stationary was not securely stored and that the monitoring of uncollected prescriptions was not robust. During our most recent inspection we found that the practice used an electronic prescribing system and prescription stationary was securely stored with systems and supporting records in place to demonstrate that prescription stationary was adequately monitored. We also found that the practice had strengthened their process for monitoring uncollected prescriptions. Staff checked for uncollected prescriptions every three to four weeks and kept records to demonstrate that patients were contacted with regards to uncollected prescriptions. Additionally, prescriptions were delivered to patient's homes if they were unable to attend the practice due to ill health or mobility problems. We saw that the practice had a protocol in place to guide staff on how to follow up on any uncollected prescriptions. Staff also kept a record of any collected prescriptions.

### Monitoring risks to patients

There were a number of procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises. Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella.

We saw records to show that regular fire alarm tests had taken place however there were no records of completed fire drills and some staff we spoke confirmed that fire drills had taken place whilst others could not recall having a fire drill during the last two years. On discussing this further staff explained that this could have been due to varied shift patterns where fire drills had taken place during times when some staff did not work, however no records of drills were kept to support this. Staff did however, demonstrate an understanding of what to do in the event of a fire.

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 that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

Over time we saw that the practice had improved the arrangements in place in order to effectively respond to emergencies and major incidents. For example:

- The emergency equipment, which included a defibrillator and oxygen with adult and children's masks, was easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. Furthermore, following our previous inspections the practice had safely disposed of their two mercury sphygmomanometers (a medical device used to check blood pressure) and replaced them with electronic blood pressure machine.
- The practice had an emergency medicines kit which was easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. The medicines we checked were all in date and records were kept to demonstrate that they were regularly monitored.
- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice. There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. Additionally, staff we spoke with highlighted how they often accessed the green book online for latest information on vaccines. The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. The practice also conducted a daily check of their patient's attendances at the local Accident and Emergency departments.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2014/15 were 84% of the total number of points available, with 4% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 2%.
- Performance for mental health related indicators was 92%, compared to the CCG average of 93% and the national average of 92%. Data provided by the practice highlighted that they had 38 patients on the mental health register. The report highlighted that 67% of their eligible patients had received a medication review in a 12 month period with further reviews planned.

- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 4%. There were 14 patients registered at the practice with a diagnosis of dementia. The data provided by the practice highlighted that 72% of their eligible patients had care plans in place and 72% had received a medication review in a 12 month period with ongoing reviews planned.
- Performance for overall diabetes related indicators was 57%, compared to the CCG average of 89% and national average of 90%. More recent data provided by the practice highlighted that they had slightly improved in this area; unverified data indicated that current overall performance was 63%. The practice was also above target for specific diabetes related indicators such as blood pressure monitoring and influenza vaccines for patients diagnosed with diabetes where the practice was currently driving at above the 95% target, at 97%.

The practice shared records of two clinical audits. This included an audit for patients with atrial fibrillation (AF) who had been prescribed with anticoagulants to ensure that prescribing reflected guidance by the National Institute for Clinical Excellence (NICE). The practice had a target to achieve a 90% uptake rate. The first cycle of this audit was conducted in March 2016 and the practice achieved 78% uptake rate. To improve this, the GP implemented a strategy which included care plan reviews and medication reviews for all patients on the practices AF register. The second cycle of the audit was conducted in August 2016; some improvements had taken place with an uptake rate of 83% and to make further improvements the practices strategy was continued to ensure that all patients with AF were reviewed; including those not taking any medication.

The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. We also saw records of a rolling audit which aimed to reduce the overall levels of prescribing for specific psychoactive medication (Z-drugs). We noticed that these audits had been repeated on average every four months during 2014, 2015 and we saw that an audit cycle was conducted in April 2016 and due to be repeated in August. Each audit demonstrated a steady improvement in prescribing rates.



# Are services effective?

## (for example, treatment is effective)

### Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills including minor surgery, end of life care, long term condition and chronic disease management. We saw training records to support that clinicians had been trained in these areas.
- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.
- Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of doctors and the practice was offering support to their nurse with regards to the revalidation of nurses. The GP was up to date with their yearly continuing professional development requirements and had been revalidated. The practice nurse was also supported to attend studies days, such as updates on immunisations and cervical screening. In addition to in-house training staff made use of e-learning training modules.

### Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team meetings and palliative care meetings took place on a monthly basis with regular representation from other health and social care services. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The practice followed the

principles of the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life.

The practice had 22 patients on their palliative care register. The data provided by the practice highlighted that 100% of these patients had a care plan in place and all of these patients had been reviewed in the last 12 months. We saw that the practice's palliative care was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

There were 30 patients on the practice's learning disability register, 78% of these patients had care plans in place and 78% of the eligible patients had received a review in a 12 month period. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff 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 carried 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to

# Are services effective?

(for example, treatment is effective)

relevant services to provide additional support. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- Practice data highlighted that 79% of their patients had been identified as needing smoking cessation advice and support and 43% had successfully stopped smoking.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 84% to 96% compared to the CCG averages which ranged from 83% to 98%. Immunisation rates for five year olds were ranged from 91% to 100% compared to the CCG average of 93% to 98%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer

screening. Breast cancer screening rates were at 61% compared to the CCG and national averages of 72% and bowel cancer screening rates were at 47% compared to the CCG and national averages of 58%.

- The practice's uptake for the cervical screening programme was 66%, compared to the CCG average of 73% and national average of 74%. Clinicians confirmed that they opportunistically offered cervical screening where appropriate and that they raised awareness in the practice through consultations with patients. Current data provided by the practice highlighted that cervical screening rates had improved and were in line with the local and national averages of 74%.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

- During our inspection we noticed that members of staff were friendly, respectful and helpful to patients both attending at the reception desk and on the telephone.
- We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- We noticed that due to the layout of the reception area, there was a risk of conversations at the reception desk being overheard. Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed, although there were no notices on display to inform patients of this.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Results from the national GP patient survey (published in July 2016) showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

We spoke with four patients on the day of our inspection including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and all staff were described as caring, friendly, and helpful. Patients commented that the GP often took the time to listen to patients and carefully explain care and treatment options. We received 22 completed CQC comment cards, all cards contained positive comments. Comments described staff as professional, helpful and respectful.

### Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families. Practice data highlighted that 76 patients were on the register, these patients were frequently reviewed in the practice and 48% had received a review in a 12 month period.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There were 34 patients on the practice's register for carers; this was 1% of the practice list. Members of the reception team explained this was identified as an area to improve on and as a starting point to improve this the practice ensured that carers were captured through their new patient registration form. The practice had also

## Are services caring?

collated a range of supportive resources for carers containing advice, guidance and signpost information to other services. The practice offered flu vaccines and annual reviews for anyone who was a carer.

Staff told us that if families had suffered bereavement, the GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. Conversations with patients also highlighted how the GP had provided support to them and their families during difficult times and one patient we spoke with commended the practice on their bereavement support.

The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice's multidisciplinary team meetings contained examples of where vulnerable and lonely patients were supported by the GPs and referred to the Integrated Plus scheme, which was facilitated by the local Dudley CVS. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice offered extended hours on Mondays until 8pm. The practice also offered telephone consultations with a GP at times to suit patients and text messaging appointment reminders were utilised to remind patients of their appointments.
- There were hearing loop and translation services available. The practice offered a wide range of resources and information leaflets to patients. Information was available in a variety of formats and in a variety of languages including practice leaflets in easy to read formats.

The practice was based in a two story building with a purpose built consulting room and a treatment room on the ground floor, with a further two treatment rooms on the first floor of the building. The GP saw patients on the ground floor and the nurses' room was situated on the first floor. We noticed that there was an additional waiting room on the first floor but there was no lift in place and only stairs to access the first floor. The practice advised that staff would move between consulting rooms to suit patient needs including those with mobility difficulties, and that reception staff were advised to book appointments in to

suit patient preferences. For example, elderly patients and patients with mobility difficulties who needed to see the nurse would be booked in for appointments on the ground floor to avoid having to use the stairs.

During our inspection we saw that patients with mobility aids were able to access the ground floor consulting room without hindrance. However we noticed that the practice did not have a disabled toilet. The waiting rooms were relatively large enough to accommodate patients with wheelchairs and pushchairs; however the waiting room on the first floor could only be accessed by a flight of stairs. There were no automatic doors for wheelchair and pushchair users to enter and exit the practice without hindrance. We noticed that corridors on the ground floor were relatively narrow and access for electric wheelchairs, twin pushchairs and passing wheelchairs in the corridor could be problematic. We also noticed that there were steps to the ground floor consulting and treatment rooms. Staff highlighted that wheelchair and twin pushchair users could access the treatment and consultation rooms through a back entrance and that they could pass through the doorways without hindrance.

Staff we spoke with explained that a full premises risk assessment was completed in January 2015 and the practice did try to have a ramp installed however the width of the entrance to the corridor made it impractical to install a ramp. Records of the risk assessment were made available to the inspection team shortly after the inspection we saw that a number of actions had been implemented to manage some of the potential issues regarding the premises. For example:

- Records of the risk assessment highlighted that all newly registered patients were informed of car parks located near to the practice. Patients with mobility difficulties were informed to let the practice know if they may experience problems in accessing the practice so that staff could accommodate and support these patients as best possible. For instance, by helping wheelchair users to access the practice through the back entrance where they could avoid the steps leading to the ground floor consulting and treatment room.
- We saw that some actions had been completed such as installing clearer signage points for access points and lowering the check in screen to allow all patients to check in without any difficulties in having to reach the check in screen.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Special notes were added to patient records so that staff were aware of when to book appointments on the ground floor, such as for wheelchair users and patients experiencing mobility difficulties.

### Access to the service

The practice was open for appointments between 8am and 6:30pm on Monday to Friday and extended hours were offered on Mondays between 6:30pm and 7:30pm. Pre-bookable appointments could be booked up four weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2016 highlighted positive responses with regards to access to the service:

- 100% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 84% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.

The patients we spoke with during our inspection and the completed comment cards overall gave positive feedback with regards to the service provided, one card described a five star service provided by the practice whilst another comment noted that occasionally appointments ran late. Patients we spoke with commented that if appointments were running late, this was often because the clinical staff took the time to listen to patients and ensure that thorough discussions took place during consultations.

### Listening and learning from concerns and complaints

The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements. The practice website and leaflet also guided patients to contact the practice manager to discuss complaints.

We saw a summary of five complaints which were made since January 2016; these included verbal and written complaints. The complaints summary demonstrated that complaints were appropriately investigated, responded to and closed in a timely manner. Records also demonstrated that written complaints had been satisfactorily handled and that this was with openness and transparency.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice's vision was to provide patients with a high quality service and safe, professional and responsive care. Practice staff spoke positively about working at the practice and we noticed that although the practice had a small team, they were very much dedicated and demonstrated a commitment to providing a high quality service to patients. Staff we spoke with said they felt valued, supported and that they felt part of a close practice team.

### Governance arrangements

Although aspects of governance and record keeping had improved we found that in some areas, the practice did not have effective systems in place to proactively identify areas for improvement and to assess, monitor and mitigate risks such as those associated with specific medicines management systems.

Overall, although we identified some improvements regarding systems pertaining to high risk medicines, we found that these improvements had not been identified by the practice and had instead been driven solely by the inspection process. This highlighted a reactive approach to improvement. For example:

During our visit on 10 August 2016 we identified areas of concern pertaining to the practice's systems for managing and monitoring high risk medicines. At this stage, we did not have sufficient evidence in order to make a fair and proportionate judgement of the service. Therefore, we visited the practice further on 6 September 2016 to obtain further evidence.

- During this period, the practice had implemented a more robust process to identify and review patients on high risk medicines. Reception staff ensured that any blood test results received for high risk medicines were recorded on to patient notes. Our review of the patient record system demonstrated a more effective process with evidence of up to date blood tests and regular monitoring in patient records. This process was improved following our findings from our visit on the 10 August and there was no evidence or indication that the practice had identified this as an area to improve on prior to our inspection.

- During our visit on 10 August 2016 we identified that three patients were on a specific psychiatric medication and there was no record to indicate if they had received blood tests in line with the recommended three monthly intervals. When we returned to the practice to complete our inspection on 6 September 2016 we found that these patients had been adequately reviewed with completed blood tests in place and an effective follow up system implemented to ensure regular tests took place. However, there was no evidence or indication to support that the practice had identified that these patients required reviews prior to our inspection. This also emphasised that the practice did not have a robust system in place for monitoring high risk medicines prior to our inspection.
- Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for chronic disease management and end of life care, as well as operational leads in health and safety, patient participation group (PPG) support and multidisciplinary team (MDT) coordination.
- The practice had improved their programme of continuous clinical and internal audit by using this to monitor quality and to make improvements.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and easily accessible to staff.
- There were some records in place to support the practice's arrangements for identifying, recording and managing risks.
- The practice monitored themes from complaints, significant events and incidents on an annual basis and used this as an opportunity to share learning, in addition to practice meetings.

### Leadership, openness and transparency

Staff we spoke with explained that the practice team encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. The principal GP and the practice manager formed the management team at the practice. During our inspection staff we spoke with highlighted that although the GP was visible in the practice, the practice manager attended the practice for two weeks approximately every six weeks, or if there was specific need to attend. On discussing this further

# Are services well-led?

Requires improvement 

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

with staff, they did not highlight any concerns regarding this arrangement and advised that they felt well supported by the principal GP, practice nurse and by one another. Staff we spoke with also told us that they felt supported by the practice manager, explaining that the practice manager worked remotely and was always available over the phone and by email, during times when they were not at the practice.

On identifying this, we explored key day to day practice management processes to understand how the practice was led during the periods when the practice manager was not visible in the practice. Some of our findings highlighted that:

- Staff inductions were completed by the practice manager with support from the practice team. Staff we spoke with confirmed that when staff recruited and inducted, this was led by the practice manager who would attend the practice to complete these duties. We saw that completed records of recruitment and inductions for staff also supported this.
- The team worked together to deliver a quality service through the quality outcomes framework (QOF) and more recently, the local clinical commissioning groups long term conditions framework. We saw that effective recall systems were implemented and facilitated by members of the reception team.
- Staff we spoke with explained that human resources were managed by the practice manager and general practice duties such as processing claims were completed by the practice manager and the practice nurse; payroll duties were managed by the principal GP.
- Overall, we found that although the practice manager was not always visible in the practice; there was no evidence to demonstrate that this had negatively impacted on the running of the practice and staff we spoke with said they were supported, confident in raising concerns and suggesting improvements openly with all members of the practice team.

Practice meetings took place with the practice manager in attendance. Meetings were governed by agendas which staff could contribute to. We saw comprehensive minutes of these meetings which highlighted that key items were covered such as significant events, safety alerts and

changes to policies and processes. Staff we spoke with explained that shared learning took place informally in-between practice meetings, as staff communicated daily as a close knit team.

Staff we spoke with highlighted that a member of the reception team often attended the Dudley Practice Manager Alliance (DPMA) meetings in place of the practice manager. The DPMA supports practice managers to share ideas and discuss best practice by engaging with other practice managers in the local area.

The GP regularly attended clinical updates and education events facilitated by the CCG; these events were used as opportunities to engage with other medical professionals and share ideas. The practice nurse engaged with local nurses by attending educational events and regular clinical updates facilitated by the clinical commissioning group.

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

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.

- The practice had an active patient participation group (PPG) which influenced practice development. The PPG consisted of six members who met as a group on average every six to eight weeks. We spoke with three members of the PPG as part of our inspection. The PPG members discussed examples of how they had made suggestions for improvements in the waiting area by requesting that an information screen was installed to display practice and health care information. The PPG also suggested that patients have access to hand sanitising gel in waiting rooms, during our inspection we saw that the practice had acted on these suggestions.
- Minutes of the PPG meetings highlighted that practice staff regularly attended the meetings, including the principal GP. We saw how the GP gave PPG talks on health related topics such as mental health awareness. PPG members explained that the practice often invited the group to local health and social care events; a recent event was held at the local blind institute which some of the PPG members attended as an education and awareness event.



# Are services well-led?

Requires improvement



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

- The PPG was focussing on recruiting more members and we saw promotional material on display in the practice to try and encourage members to join. PPG meeting records highlighted that the practices DNA rates ranged from 48 to 88 missed appointments between January and June 2016. Therefore a further focus area for the PPG was raising awareness in the practice with regards to the importance of cancelling appointments when unable to attend and the use of the practices text messaging cancellation service.
- The practices internal patient survey findings from August and September 2015 indicated that 98% of the 144 survey responses highlighted good care and treatment from the practice. The practice had also acted on survey suggestions by making more appointments available on Thursday afternoons when the practice was previously closed for appointments on Thursday afternoons.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	We found that practice took a reactive approach to improvement.
Maternity and midwifery services	Improvements had not been identified by the practice and had instead been driven solely by the inspection process.
Surgical procedures	Furthermore, we found that some areas of monitoring medicines required improvement.
Treatment of disease, disorder or injury	