

# Dr Amanullah Shamsheer Khan

## Quality Report

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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?

Requires improvement



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 completed a comprehensive announced inspection at Khan Medical Centre on 15 October 2014.

Specifically, we found that the practice was effective, and responsive. However, it required improvement for providing a safe, caring and well-led service. We also inspected the quality of care for six population groups these are, people with long term conditions, families, children and young people, working age people, older people, people in vulnerable groups and people experiencing poor mental health. We rated the care provided to the six population groups as requires improvement. We rated the practice overall as requires improvement.

Our key findings were as follows:

- Systems were not in place to ensure that significant events and complaints were suitably recorded, monitored and there was insufficient evidence to demonstrate learning outcomes.

- Patients told us that the GP listened to what they had to say and discussed their health needs with them. Staff were seen to be caring and treated patients with dignity and respect.
- Systems and processes to manage risks to patient's safety were not in place or sufficiently robust. For example reviews of the premises, equipment, recruitment and the business continuity plan.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.

However, there are also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Implement effective systems to ensure patients and others are protected against the risks of receiving inappropriate or unsafe care or treatment. This should include the management of emergency situations, the premises, equipment, staffing and recruitment.

# Summary of findings

- Ensure that recruitment processes are robust and followed by the practice. Sufficient and suitable pre-employment checks must be undertaken for all staff, including locum GPs.
- Develop processes to ensure that infection prevention and control procedures are adhered to, for example the cleaning or replacement of curtain screening in line with the Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and the cleaning of equipment with records to demonstrate that cleaning has been completed. Ensure that staff training is up to date.

In addition the provider should:

- Information should be freely available to patients regarding the process for making a complaint and who to refer to if they are not satisfied with the practice's handling of the complaint or the outcome. Ensure that the whistleblowing policy gives sufficient information to enable staff to raise concerns external to the practice, if necessary.
- Review computer records regarding children registered at the practice who have a child protection plan to ensure information is up to date.
- Ensure staff have a clear understanding of their role and responsibility in regard to Gillick competencies, the safeguarding of vulnerable adults and children and the Mental Capacity Act 2005.
- Ensure that vaccine fridge temperatures are monitored on a daily basis and provide evidence to demonstrate that vaccinations are stored within the appropriate temperature range for safe storage of medication.
- Ensure that all equipment at the practice receives the necessary maintenance and checks and provide records to demonstrate this, for example portable appliance testing and calibration of equipment.
- Ensure that issues identified at staff appraisal and recorded on their performance reviews are addressed or provide evidence why the needs have not been addressed.
- The practice should put systems in place to identify patients at the practice with caring responsibilities; this could include an alert on the practice's computer system in order to enable staff to better support this group of patients.

**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 a safe service. Staff were aware of their responsibilities for reporting suspected abuse and they had undertaken relevant training regarding safeguarding vulnerable adults and children. Medication policies were in place as were systems for the authorisation and review of repeat prescriptions. However, recruitment systems were not robust. Emergency medication and equipment was available but there were no monitoring systems in place to demonstrate that it was available, in good working order and emergency medication was within its use by date. Records seen did not demonstrate that cleaning of equipment in one treatment room was completed on a daily basis and vaccination fridge temperature records were not up to date.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing an effective service. Meetings took place on a six weekly basis with staff from the multi-disciplinary team such as district nurses and community nurses. Information was shared regarding those patients registered at the practice with palliative care needs. The community pharmacist attended the practice on a weekly basis and conducted medication reviews for patients aged over 75 years. Care plans were in the process of being developed for these patients with over 50% having been completed. If needed patients were referred to other lifestyle services such as smoking cessation. The practice nurse delivered the childhood vaccination programme and was achieving a 100% rate for the majority of childhood vaccinations. The practice had treated 100% of patients aged 75 or over who had suffered a fragility fracture with an appropriate bone-sparing agent (medication used for the treatment of osteoporosis). However, some staff spoken with were not aware of their responsibility regarding the Mental Capacity Act 2005 or Gillick competencies. Staff were regularly appraised and personal development plans put in place but there was insufficient evidence to demonstrate that action was taken to address the learning needs of all staff identified in all personal development plans.

**Good**



### Are services caring?

The practice is rated as requires improvement for providing a caring service. We saw that staff treated patients with kindness and respect and tried to ensure that confidentiality was maintained. Patients

**Requires improvement**



# Summary of findings

were signposted to various local services via the practice website. Families were supported to cope with bereavement. The three patients we spoke with said that staff were caring and helpful and confirmed that the GP spent time to listen and discuss care and treatment. However, the results of the national patient survey for 2014 rated the practice as significantly worse compared to the national average regarding the GP involving patients in decisions about them, the GP listening to them and the GP explaining tests and treatments.

## Are services responsive to people's needs?

The practice is rated as good for providing a responsive service. There was an effective triage system in place. The practice's appointment system ensured that patients were offered an immediate or same day appointment for urgent cases and for those patients recognised as high risk. Multi-disciplinary team meetings were held six weekly to discuss the care and support needs of those patients on the practice's palliative care register. The practice had achieved a 100% uptake for the majority of childhood vaccinations and screening services were in place to detect and monitor the symptoms of long term conditions such as diabetes. Extended opening hours were provided one day each week and home visits and telephone consultations also took place. The practice had all of the necessary equipment to treat patients and meet their needs. However, information regarding the process for making a complaint was not freely available and patients would have to ask reception staff for this information.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led. The practice had a vision and strategy, although this had not been formalised. There was visible leadership however; roles and responsibilities were not always clearly defined. The practice had a number of policies and procedures to govern activity and these were regularly reviewed and updated, however the vast amount of both old and newly amended procedures on the computer desktop caused some confusion for staff. Staff had received regular performance reviews and attended staff meetings although evidence was not available to demonstrate that learning objectives had been met on all occasions. There was no Patient Participation Group (PPG) and very limited means of encouraging patients to become a member of the PPG. Not all of the staff spoken with had a clear understanding of Gillick competencies (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment) and the mental capacity act.

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 provider was rated as requires improvement for safe, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example the unplanned admissions enhanced service, a scheme to avoid unplanned hospital admissions by focusing and coordinating care for the most vulnerable patients. The practice offered home visits, telephone consultations and rapid access appointments for those with complex needs. Care plans had been developed for over 50% of the practice population over 75 years of age and this was on-going. Regular medication reviews were being undertaken by the community pharmacist for these patients.

Requires improvement



### People with long term conditions

The provider was rated as requires improvement for safe, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice nurse regularly reviewed the long term condition register to ensure patients were reminded when a review of their condition and treatment was required.

The practice had identified patients and developed care plans for those with the most complex needs as part of the unplanned admissions enhanced service. There were arrangements to ensure the continuity of care for those who needed end-of-life care. Patients with urgent health needs were able to access same day appointments. Emergency admissions for 19 ambulatory care sensitive conditions was in line with the national average. These are chronic conditions that can be appropriately managed in the primary care setting.

Requires improvement



### Families, children and young people

The provider was rated as requires improvement for safe, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Appointments were available outside of school hours and the premises were suitable for children and babies. Immunisation rates were high for all standard childhood immunisations.

All staff had received training in safeguarding children so that they had the knowledge and understanding to act if they were concerned

Requires improvement



# Summary of findings

a child may be at risk of harm. Safeguarding procedures were in place for identifying and responding to concerns about children who were at risk of harm although computer records required updating. Women were offered cervical screening and there were systems in place to contact patients who did not attend their appointment.

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

The provider was rated as requires improvement for safe, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice offered online services for appointments and repeat prescription. Telephone consultations were available so patients could call and speak with a GP or a nurse where appropriate if they did not wish to or were unable to attend the practice. Extended opening hours were provided on Mondays until 7.30pm which reflect the needs of this age group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requires improvement for safe, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients with learning disabilities and this showed that annual health checks were in the process of being completed. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

The GP provided an outreach clinic for patients with drug problems as part of a shared care agreement. This meant that the GP worked closely with the local substance misuse service to support patients with their recovery.

The practice provided an enhanced service to avoid unplanned hospital admissions. This service focused on coordinated care for the most vulnerable patients and included emergency health care plans. The aim was to avoid admission to hospital by managing their health needs at home. An enhanced service is a service that is provided above the standard general medical service contract (GMS).

The practice had some arrangements for identifying and following up patients who lived in vulnerable circumstances such as homeless people. We were told about one example where the practice had seen and treated a patient with no fixed abode.

**Requires improvement**



# Summary of findings

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

The provider was rated as requires improvement for safe, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice website provided contact details to services relevant to mental health such as the Community Mental Health Service and the Samaritans.

Performance data available for patients in relation to outcomes for patients with dementia were in line with the CCG average.

Performance data available in relation to outcomes for patients with mental health conditions including schizophrenia, bipolar affective disorder and other psychoses was in line with the CCG average.

The practice nurse had undertaken a mental health first aid training course. This is a course which helps staff to identify, understand and help people who may be developing a mental health problem.

**Requires improvement**





# Summary of findings

## What people who use the service say

As part of the inspection we sent the practice a box with comment cards so that patients had the opportunity to give us feedback. We received 48 completed comment cards and on the day of our inspection we spoke with three patients. The vast majority of comments received were positive. Patients commented that staff were caring, the GP was helpful and the service was efficient. Some patients were less satisfied with the layout of the reception area which did not allow for confidential discussions between patients and staff.

We looked at results of the national GP patient survey carried out in 2014. Findings of the survey were based on

comparison to the national average. Areas that were assessed as worse than expected included the percentage of patients who would recommend their GP surgery, the percentage of patients who felt that the GP was good at involving them in decisions about their care, the percentage of patients who felt that the GP was good listening to them or explaining tests and treatments. Areas in which the practice does best related to ease of getting through to the practice on the telephone and satisfaction with opening hours.

## Areas for improvement

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

- Implement effective systems to ensure patients and others are protected against the risks of receiving inappropriate or unsafe care or treatment. This should include the management of emergency situations, the premises, equipment, staffing and recruitment.
- Ensure that recruitment processes are robust and followed by the practice. Sufficient and suitable pre-employment checks must be undertaken for all staff, including locum GPs.
- Develop processes to ensure that infection prevention and control procedures are adhered to, for example the cleaning or replacement of curtain screening in line with the Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and the cleaning of equipment with records to demonstrate that cleaning has been completed. Ensure that staff training is up to date.

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

- Information should be freely available to patients regarding the process for making a complaint and who to refer to if they are not satisfied with the practice's handling of the complaint or the outcome. Ensure that the whistleblowing policy gives sufficient information to enable staff to raise concerns external to the practice, if necessary.

- Review computer records regarding children registered at the practice who have a child protection plan to ensure information is up to date.
- Ensure staff have a clear understanding of their role and responsibility in regard to Gillick competencies, the safeguarding of vulnerable adults and children and the Mental Capacity Act 2005.
- Ensure that vaccine fridge temperatures are monitored on a daily basis and provide evidence to demonstrate that vaccinations are stored within the appropriate temperature range for safe storage of medication.
- Ensure that all equipment at the practice receives the necessary maintenance and checks and provide records to demonstrate this, for example portable appliance testing and calibration of equipment.
- Ensure that issues identified at staff appraisal and recorded on their performance reviews are addressed or provide evidence why the needs have not been addressed.
- The practice should put systems in place to identify patients at the practice with caring responsibilities; this could include an alert on the practice's computer system in order to enable staff to better support this group of patients.

# Dr Amanullah Shamsheer Khan

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector; the team included a GP and a second CQC inspector.

## Background to Dr Amanullah Shamsheer Khan

Khan Medical Practice is located in the Pinfold Health Centre and in the Walsall Clinical Commissioning Group (CCG). The practice provides primary medical services to approximately 2,000 patients in the local community. We reviewed the most recent data available to us from Public Health England which showed that the practice is located in one of most deprived areas in the country. The population served is younger than the national average.

The lead GP at the Khan Medical Practice is male, a male locum GP also works regularly at this practice. Khan Medical Practice is a teaching practice and teaches medical students from a local university. A practice manager, practice nurse (female) and four administrative staff also work at the practice.

The practice opening times are from 8:00am until 6.30pm Monday to Thursday and extended opening hours are provided on Mondays until 7:30pm. The practice closes at 12:30pm on Fridays.

The practice manager told us that when the practice was closed on a Friday afternoon, general medical service cover was provided by the out of hours provider. The answer

message informed patients to contact the NHS 111 service or the out of hours service provider. Out of hours services are provided by an external out of hours service contracted by the CCG.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

This provider had not been inspected before and that was why we included them.

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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where

# Detailed findings

patients and members of the public shared their views and experiences of the service. We carried out an announced visit on 15 October 2014. During our visit we spoke with a range of staff including a GP, nurse, practice manager and administration staff and we spoke with patients who used the service. We also spent some time observing how staff interacted with patients. This practice did not have an active patient participation group (PPG). PPGs are an effective way for patients and GP surgeries to work together to improve the service and to promote and improve the quality of care.

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
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

# Are services safe?

## Our findings

### Safe Track Record

Systems for reporting and checking safety alerts were not robust. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses although they were not aware who held the lead role for safety alerts or incident reporting. Staff should be aware of the lead person to ensure safety alerts were reported correctly and information was shared appropriately and not missed.

We saw examples of incident reports and evidence that action had been taken in response. For example, a prescription for a paediatric hepatitis B vaccination had been given to a patient instead of for an adult dose. The vaccination was not administered, the error was explained to the patient and an alternative appointment was made to administer the correct dose of vaccination.

We were told that national patient safety alerts were received at the practice via email. Copies of national patient safety alerts were available for all staff to review as required. Staff told us that the community pharmacist completed searches regarding medication safety alerts and took appropriate action which was also discussed at practice meetings.

We saw that some systems were in place to maintain patient safety, for example the practice's computer system contained a warning alert to staff for those patients who had the same/similar name as another patient and for those children on the child protection register.

### Learning and improvement from safety incidents

We discussed the systems in place for reporting, recording and monitoring significant events, incidents and complaints. Prior to our inspection we were told by the practice manager that there had been no significant adverse events at this practice within the last 12 months.

During this inspection we reviewed the records of complaints, incidents and significant events that had occurred during the last sixteen months. We saw three completed significant event forms, two of which related to medication errors. We saw that significant events and complaints were discussed at practice meetings. These were a standing agenda item at each meeting. We therefore saw evidence that these issues were discussed internally.

We were not shown sufficient evidence to demonstrate that robust investigation and analysis of findings took place; the recording of outcomes was brief. We were not shown an analysis of significant events or any audits undertaken which would identify any trends. Records seen did not provide sufficient evidence to demonstrate that learning had taken place following a significant event

### Reliable safety systems and processes including safeguarding

The practice GP was the appointed lead in safeguarding vulnerable adults and children. We saw records which confirmed that level 3 training had been undertaken to enable them to fulfil this role. The practice nurse had completed level 3 training in safeguarding vulnerable children and we were told that they were undertaking the level 3 course for safeguarding vulnerable adults in the near future. The practice manager confirmed that all other staff had undertaken safeguarding vulnerable adults and children training at a level appropriate to their role. Training records seen confirmed this.

Staff spoken with were also aware of their responsibilities regarding information sharing, reporting of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible. All staff were aware who the safeguarding lead was at the practice and confirmed that they could always speak with them if they had a safeguarding concern.

The computer system enabled an alert to be placed on the practice's electronic records to highlight vulnerable patients. This included information so that staff were aware of any relevant issues when patients attended appointments; for example children with a child protection plan. We found that computerised records were not up to date. We saw that approximately one half of the total list of children on the practice's records with a child protection plan were over 19 years of age and therefore the alert on the patient's record should have been removed.

We saw that the practice had a chaperone policy in place. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. We were told that the health care assistant or the practice nurse would usually act as chaperone and sometimes administrative staff. We saw that in-house chaperone training had been undertaken by administration staff. Patients that we spoke with confirmed

## Are services safe?

that they had been offered chaperones. The practice manager also told us that chaperone duties were discussed at practice meetings regularly. However, we did not see evidence of this in the notes that we saw.

We asked staff about the practice's policy for whistle blowing. Whistleblowing allows staff to report suspected wrong doing or poor practice at work. The staff we spoke with were aware of this process and were aware of their responsibility to raise any concerns they had. We were told that the whistle blowing policy was available to staff on the practice's computer system. Staff have the right to raise their concerns with an appropriate prescribed person outside of the practice if necessary. The policy stated that staff should ask the practice manager for the prescribed person's contact details. This may deter staff from raising any concerns that they had. Patients spoken with on the day of our inspection did not raise any safety concerns.

### Medicines Management

We looked at the Walsall NHS medicines policy which included information regarding medication errors. The GP at the practice was unaware of this policy and was referring to a policy dated 2012. We were told that medication errors would be discussed at practice meetings and significant event forms would be completed. We saw evidence to demonstrate that significant event forms had been completed following medication errors.

We were shown the storage of vaccines protocol which recorded lead roles and gave guidance to staff regarding the correct storage of vaccines. This protocol had recently been reviewed. We looked at the storage of medicines in medicine fridges and found they were stored securely and were only accessible to authorised staff. We saw that there were three vaccine fridges at the practice. We checked a random sample of vaccines and found them to be within their expiry date.

Staff were aware of whose responsibility it was to monitor fridge temperatures to ensure that medication was stored appropriately. Records seen showed that minimum and maximum temperatures were recorded but the temperature log did not demonstrate that fridge temperatures were recorded on a daily basis. The practice were not following their protocol regarding storage of vaccine which stated that fridge temperatures would be monitored and recorded daily by a designated person (Health Care Assistant).

The practice had systems in place for the authorisation and review of repeat prescriptions. Training had been implemented for reception staff regarding repeat prescribing systems. Reception staff flagged up medication review dates and sent a task note to the GP regarding repeat prescriptions of medicines on the system. Once a patient had reached their maximum allowed number of repeat prescriptions, a health check and medication review would be arranged with the GP before another prescription would be authorised. This helped to ensure that the medicine was still safe and necessary for the patient. Prescription pads were securely stored.

### Cleanliness & Infection Control

We observed the premises to be visibly clean and tidy. Patients we spoke with told us that they had no issues regarding cleanliness or infection control at the practice. However the processes in place for the cleaning of medical equipment and material curtains around examination couches were not robust. We saw there were cleaning logs for equipment, such as blood pressure monitors and ECG machines in treatment rooms. The practice manager and the practice nurse told us that the health care assistant (HCA) was responsible for cleaning equipment and keeping records to demonstrate this. The equipment cleaning log in the HCA's room was up to date whilst the other log in the nurse's room had not been completed since 2013. The system in place to ensure all equipment was suitably cleaned was not robust.

We saw that material curtains were in place around examination couches to maintain privacy and dignity whilst examinations took place. We discussed the cleaning of these curtains with the practice manager, we were told that the curtains were cleaned annually, we were not shown any records to demonstrate the date of last cleaning or replacement and we could not evidence that these curtains were cleaned in line with infection prevention and control guidance.

We looked at how infection prevention and control procedures were managed at the practice. There was some confusion amongst staff regarding who was the lead for infection control with no clear lead identified. Records showed that staff had undertaken training regarding infection control in 2013. Training certificates seen demonstrated that staff required update training regarding infection control as certificates state that they were valid until July 2014.

# Are services safe?

Infection prevention and control measures in place included the use of personal protective equipment (PPE) infection control audits, clearly labelled sharps bins, hand washing technique signage by sinks and spillage kits.

Spills of blood or bodily fluid need to be treated promptly to reduce the potential for spread of infection; we saw that spill kits were available in clinical areas. Staff were aware where spill kits were stored and when they should be used. This helped to ensure that any potentially infectious substances were attended to by staff in a timely and effective manner.

We saw that the immunisation history of staff was recorded in their personnel files and we were told that all clinical staff had received the necessary immunisations. Immunisation of healthcare workers is important as it may protect the individual from an occupationally acquired infection and also protects patients.

Infection control audits seen showed a slight decrease in compliance. The audit dated 28 June 2012 showed a 98% compliance rate whilst the audit undertaken on 7 August 2013 showed a score of 93%. There was an action plan following each audit and we saw evidence that action had been taken to address issues raised. We were told that the results of infection control audits were discussed at practice meetings but we could not find documentary evidence of this in the minutes provided to us.

We saw information which demonstrated that arrangements were in place for managing clinical waste. We were shown consignment notices which demonstrated that clinical waste was being removed from the premises by an appropriate contractor.

We were told that a management company were responsible for ensuring that regular checks were completed for the management, testing and investigation of legionella. These checks were important in order to reduce the risk of infection to staff and patients. We saw a copy of a legionella testing certificated dated November 2013 which demonstrated that legionella assessments were up to date.

## Equipment

We discussed the maintenance of equipment with the practice manager. Records were available to show that portable electrical appliances had been checked on an annual basis to ensure they remained safe to use. Stickers

were displayed on equipment indicating the last testing date. Records were also available to demonstrate that annual calibration and maintenance had been undertaken for the majority of equipment. We saw stand on weighing scales in a treatment room which had a date of calibration as 2010, the practice manager confirmed that these were not used and we saw that there were other scales in the room. We were not given an explanation as to why the scales were kept in the room or why they had not been calibrated. The practice could therefore not demonstrate that their system was robust, as equipment available in a treatment room had not received the necessary maintenance and checks.

Staff told us that new equipment requests were made through the practice manager and we were told that staff had all of the equipment necessary to enable them to carry out diagnostic examinations, assessments and treatments.

Systems in place for the monitoring of equipment to be used in an emergency situation were not robust. Records were not available to demonstrate that equipment was regularly checked to ensure it was available for use and in good working order when needed. We saw that equipment such as a defibrillator; oximeter and nebulisers were available for use in emergency situations. We could not see a supply of disposable tubing or masks for the nebuliser in the nurse's room. We saw that emergency oxygen was available and the last test date recorded was 2007. Following the inspection we received evidence via email that oxygen was available as a new cylinder had been purchased. Records regarding weekly checks on the defibrillator did not clearly record that action had been taken, for example providing a replacement battery or pads.

We saw evidence that fire-fighting equipment was available and tested on a regular basis.

## Staffing & Recruitment

There were no staff vacancies at the practice. We saw that there was a low turnover of staff with the majority having worked at the practice for many years.

Systems in place for the recruitment of staff were not sufficiently robust, we looked at the staff personnel files for two staff members; these files did not all contain the required information such as references and physical and mental health fitness to work information. We saw a staff



## Are services safe?

recruitment policy which had recently been implemented and the practice manager confirmed that she was aware of the information required for any future staff to be employed.

We asked to see documentary evidence of checks undertaken on locum doctors who worked at the practice. We were told that the majority of locum GPs were provided by a locum agency.

We saw that checks had been completed and information made available to demonstrate that these locums were appropriately skilled and qualified. However, records for two locums who had worked at the practice but were not provided by the agency did not contain sufficient information, for example there was no disclosure and barring service check (DBS), evidence of general medical council (GMC) registration and evidence that the locum was registered on the performers list. Medical practitioners may not perform any primary medical services, unless they are a general medical practitioner and their name is included in a medical performers list. The practice manager told us that the required checks and references were not available for these two locum GPs.

There was a system in place for checking clinical staff registration with their professional body. We looked at a random sample of records and saw that these were up to date.

We discussed the systems in place for managing expected and unexpected staff absences. There were arrangements in place for members of staff, including nursing and administrative staff to cover each other at times of sickness or annual leave, for example staff worked longer hours or additional shifts. We were told that staffing levels were also increased during busy periods at the practice. Staff told us there were usually enough staff to maintain the smooth running of the practice and to ensure patients were kept safe.

### Monitoring Safety & Responding to Risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. We saw that some risk assessments had been completed which would help the practice to take the measures necessary for the safety and health protection of workers and patients. Health and safety, control of substances hazardous to health (COSHH), fire risk

and legionella risk assessments had been completed (Legionella is a germ found in the environment which can contaminate water systems in buildings). However, we saw records to demonstrate that emergency lighting had been tested on a monthly basis until June 2014 where records stated that emergency lighting had 'failed'. The practice manager confirmed that the building was owned by the CCG and external agencies completed testing of equipment and therefore it was the CCGs responsibility to ensure that emergency lighting was in good working order. The practice were could not confirm that they had obtained information to demonstrate that the building was safe to use.

### Arrangements to deal with emergencies and major incidents

A business continuity plan was in place to deal with a range of emergencies such as fire and flood. The plan seen was brief and had not been reviewed and updated on an annual basis. Staff were guided to make contact with the Clinical Commissioning Group (CCG) who owns the building; however there was no contingency plan such as an arrangement with another medical practice to use their facilities until the Khan medical practice was again accessible. The plan did not include information regarding some of the various issues that may impact on the daily operation of the practice, for example power failure or staff sickness

Systems in place to manage emergencies were not robust. We saw records showing all staff had received training in basic life support. Emergency medication and equipment was appropriately stored and signage was in place showing the location of the emergency equipment. There were no records to demonstrate that emergency medication was checked to ensure that it was available and within its expiry date. All medicines seen on the day of inspection were in date and fit for use. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment; we were not shown records to confirm that these were checked regularly. At the time of the inspection we found that the emergency oxygen did not appear to have been tested to ensure it was in good working order since 2007. Following our inspection we received evidence to demonstrate that appropriate emergency oxygen was now available.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We discussed how relevant and current evidence-based guidance, standards, best practice and legislation were used to develop how care and treatment were delivered. The GP was aware of the need to stay updated regarding changes to guidelines. We were told that clinicians accessed and kept up to date with national guidelines on-line.

Performance data available showed us that the practice's performance for antibiotic prescribing was comparable to similar practices in the local area.

Systems were in place to review the care needs of those patients with complex needs or those in vulnerable circumstances. The practice were in the process of carrying out annual health checks for patients with learning disabilities. Palliative care meetings took place on a six weekly basis with a multidisciplinary team including district nurses and MacMillan nurses. Patients could be seen in their own home if they were unable to attend the practice.

The practice had started a scheme to avoid unplanned hospital admissions by providing an enhanced service. An enhanced service is a service that is provided above the standard general medical service contract (GMS). This focused on coordinated care for the most vulnerable patients and included emergency health care plans. The aim was to avoid admission to hospital by managing their health needs at home. These patient groups included vulnerable, older patients, patients needing end of life care and patients who were at risk of unplanned admission to hospital. We were told that patients had been identified as eligible to meet the unplanned admissions criteria and currently approximately one third of these patients still required care plans to be developed and agreed.

Emergency Admissions for 19 ambulatory care sensitive conditions was in line with the national average. These are chronic conditions that can be appropriately managed in the primary care setting.

New patient checks were undertaken by the health care assistant. We were told about the systems in place to ensure records were updated before the new patient check

took place. This helped to ensure that all relevant information was available to the clinical staff member undertaking the review. Where issues were identified patients were referred to the GP.

Performance data available in relation to outcomes for patients with mental health conditions including schizophrenia, bipolar affective disorder and other psychoses was in line with the CCG average. This included agreeing care plans and recording the smoking status and alcohol consumption for these patients.

### Management, monitoring and improving outcomes for people

The practice carried out reviews as part of the Quality and Outcomes Framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. Overall the practice was meeting their performance targets for QOF. We were told that the practice nurse did a regular computer search to identify which patients required an annual review of their long term health conditions. These patients were then invited to the practice for health review.

The practice nurse delivered the childhood vaccination programmes. The most recent data available to us showed that the practice was achieving a 100% rate for the majority of childhood vaccinations.

The practice had a system in place for completing clinical audits. We saw two clinical audits, for example and audit regarding insulin initiation. We were told that the GP completed two clinical audits per year and these had been repeated. The aim of the audit that we reviewed was to evaluate insulin initiation in patients whose Diabetes was not well controlled. The outcome of the audit demonstrated the benefits to patients but we were not shown any evidence to demonstrate that discussions regarding findings and outcomes had taken place. The community pharmacist also undertook audits related to medication.

Multi-disciplinary meetings were held on a six weekly basis to manage and monitor the care delivery, treatment and support of patients receiving palliative care. District nurses, MacMillan nurses and staff from the practice attended



# Are services effective?

## (for example, treatment is effective)

these meetings. We were told that no other multi-disciplinary meetings were held, for example regarding safeguarding vulnerable adults or children on the child protection register.

### Effective staffing

We noted that the practice had a stable staff group and a very low staff turnover which helped to provide continuity of care.

We reviewed staff training records and saw that staff had attended training courses, for example in annual basic life support. Staff spoken with told us that the local hospital provided the majority of training updates which the practice manager arranged on their behalf. The practice nurse told us that they could ask to attend other training courses if they had a particular need or interest.

We could not find any evidence to demonstrate that staff had undertaken any training regarding the mental capacity act; we were told that this training was not recorded on the mandatory training list provided by the hospital. Two staff spoken with did not demonstrate a clear understanding of the Mental Capacity Act 2005; however the GP gave an example where a best interests decision had been made due to the lack of capacity of a patient.

We discussed the practice nurse's defined duties that they were expected to perform and saw training certificates which demonstrated that they were trained to fulfil these duties, for example childhood immunisations, cervical cytology and seasonal flu vaccinations. The practice nurse told us that the GP was very proactive and good at suggesting training courses.

We saw information which confirmed that the GP was up to date with their yearly continuing professional development (CPD) requirements and had recently been revalidated. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

We reviewed a random sample of staff files and saw that annual appraisals had been completed. The practice nurse who had been employed in January 2014 had not received an appraisal since employment. The appraisal record for one member of staff recorded that they wished to undertake training regarding scanning and read codes. This

was mentioned on a few annual appraisal records for this staff member. We were told by the practice manager that the staff member had already undertaken this training and further training was not required as this was not a main part of their job.

### Working with colleagues and other services

The practice manager told us that they tried to hold practice meetings on a monthly basis but records we saw demonstrated that meetings were held every two or three months. There were no specific clinical staff meetings unless an issue of a clinical nature was identified. We were told that practice meetings were attended by all staff. We saw minutes of meetings which confirmed this; staff were required to sign a document to confirm that they had read the minutes of the meeting. The GP told us that they met with other GPs located at the health centre on a weekly basis to discuss local issues but these were informal and no records were kept.

We saw that the practice effectively shared information with other services, for example the out of hours service. Systems were in place to ensure that special patient notes were sent to out of hours providers so that important information was shared. (A special patient note is information recorded about patients with complex health and social care needs used to alert or highlight any specific care requirements, long term care plans or any other item of useful information for the patient).

Test results, information from the local hospital including discharge summaries, referrals and follow up information were received electronically. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles. Staff confirmed that the appropriate staff members were responsible for ensuring that any issues arising from communications with other care providers was passed on, read and actioned on the day they were received.

### Information Sharing

We discussed the systems in place to share and record information. We found that the practice had systems in place to provide staff with the information needed to offer effective care. An electronic patient record was used by all staff to coordinate, document and manage patient's care. All staff were trained on the system. Alerts were available

# Are services effective?

(for example, treatment is effective)

within the system to ensure staff were aware of key information relevant to each patient. There was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner.

## Consent to care and treatment

The practice had a policy regarding consent which had been reviewed annually. The staff we spoke with were aware of the importance of patient consent to care and treatment. The practice nurse discussed consent and mentioned systems in place to record consent including implied consent. We were told that the computer system generated the standard consent form available which was always signed by the patient. We were shown a copy of this consent form.

Patients with learning disabilities were supported to make decisions through the use of care plans which they were involved in agreeing. These care plans were reviewed annually or as needed.

Discussions with the GP did not demonstrate that they had a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). GPs should undertake the Gillick test where necessary to ensure that children's rights and wishes are balanced against the GPs responsibility to keep children safe from harm.

## Health Promotion & Prevention

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities and four out of 11 had received an annual physical health check by the health care assistant. We were told that care plans were agreed and recorded and patients were signposted to other services as necessary. The annual review process was still on-going at the time of inspection.

The practice nurse was responsible for undertaking any relevant assessments of patients with long term conditions but there were no specific clinics held, such as diabetes, or asthma at the practice. The practice nurse told us that patients were able to book a time which suited them. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. There were no specific childhood immunisation clinics; this enabled those patients who worked to arrange an appointment with the practice nurse at a time that suited them.

The practice website contained contact details signposting patients to the various local services available regarding some health related conditions. This helped to make sure that patients and their carers had access to further information if required.

The GP told us that the practice did not provide any health promotion clinics; yet the practice website advertised a well man and a well women clinic which was available to all patients over 20 years of age. We were also told that patients who required smoking cessation were sent to the pharmacist; although the practice website advertises that this clinic was provided by the practice nurse.

It was practice policy to offer all new patients registering with the practice a health check with the health care assistant or practice nurse. The GP was informed of all health concerns detected so that they could be followed-up in a timely manner.

The practice had treated 100% of patients aged 75 or over who had suffered a fragility fracture with an appropriate bone-sparing agent (medication used for the treatment of osteoporosis).

# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

We spent some time in the reception and waiting area observing the interactions between staff and patients. We spoke with staff and patients to find out about confidentiality, respect, and compassion. We saw that staff were careful to try and ensure confidentiality when discussing patients' treatments in order that confidential information was kept private. This was difficult due to the layout of the reception area which was alongside the reception of another medical practice. Patients told us that staff always tried to maintain confidentiality but some patients that we spoke with said that the layout of the reception area did not allow for confidential discussions between patients and staff. Staff told us that conversations of a private nature could be held in a treatment room if required. We saw that staff were respectful when dealing with patients and those patients spoken with confirmed this. We were told that staff treated patients with respect and courtesy. Staff had a caring attitude and showed empathy towards patients who were unwell.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We were told that chaperones were available if required during intimate examinations.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 48 completed cards and the large majority were positive about the service experienced. The three patients spoken with on the day of our inspection said that the GP would answer any questions they had and that all staff were helpful. We reviewed the results of the 2014 national patient survey and 65% of respondents felt that the GP treated them with care and concern and 79% had confidence and trust in the GP. These results were significantly worse compared to national averages.

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

We spoke with three patients on the day of our inspection who told us that they had received a health check when they joined the practice. We were told that they had confidence in staff and that doctors listened to what they had to say. Patient feedback on the comment cards we received was also positive and aligned with these views. We looked at results of the national GP patient survey carried out in 2014. We saw that 61% of respondents felt that the GP was good at explaining tests and treatments and 53% of respondents felt that the GP was good at involving them in decisions about their care. These responses were significantly worse compared with national averages.

Staff confirmed the processes in place for new patient health checks which involved an extended appointment with the health care assistant who would forward any concerns identified to the GP.

Staff told us that translation services were available for patients who did not speak English as their first language. This service was rarely required as the large majority of the practice population were English speaking. The practice website was available in English and did not have the facility to translate the information into any other languages.

The practice were in the process of developing and agreeing care plans for those patients with a learning disability, those aged over 75 years and patients with a mental health illness. We were told about the annual reviews that were taking place and the medication reviews which the community pharmacist undertook.

Performance data regarding the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was in line with regional averages.

### Patient/carers support to cope emotionally with care and treatment

Staff were aware that bereavement counselling services were available. We were told that a bereavement counselling agency was based in the same building as Dr Khan's practice (Pinfold Health Centre) and the GP would refer patients to this service.

We saw that the practice computer system did not alert the GP if a patient was a carer. The practice website did not

## Are services caring?

mention the need to inform the GP if a patient was a carer. This information would be useful so that emergency contact links were easily accessible and the carer could be supported.

Patients we spoke with on the day of our inspection said that the GP listened and took his time to ensure that they

understood everything that was discussed. We were told that reception staff were friendly and were able to give some support if required. Feedback from the comment cards received also confirmed this.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The needs of the practice population were understood. We were told that the practice population was mainly white British with 19% of patients of an ethnic minority. The practice manager told us about the interpretation service that could be accessed if patients' first language was not English.

The practice delivered core services to meet the needs of the main patient population they treated. For example screening services were in place to detect and monitor the symptoms of long term conditions such as diabetes. Babies and children were offered childhood vaccinations and women were offered cervical screening. Patients over the age of 75 years had an accountable GP to ensure their care was co-ordinated.

The practice had a palliative care register and held six weekly multidisciplinary meetings with district nurses, community nurses and MacMillan nurses to discuss patients' and their family's care and support needs. Staff were aware of the number of people on the palliative care register. Alert systems were in place so that staff would be made aware if a patient on the palliative care register telephoned in order that staff could prioritise their call, however, the register did not highlight the patient's dependency levels which would enable staff to better meet their support needs.

### Tackle inequity and promote equality

As part of the inspection process we reviewed the practice's website to see what information was available to patients. We saw that information provided on the website was recorded in English and could not be translated into other languages. The practice manager told us that the majority of patients registered at the practice were English speaking. However, patients whose first language was not English would not be able to access the information contained on the practice website.

The practice was located in a single storey building with all services being provided at ground floor level. This made movement around the practice easier and helped to maintain patients' independence. Disabled parking spaces were available in the car park. Disabled access to the service was via the front of the building. We saw that the

waiting area was large enough to accommodate patients with wheelchairs and prams and corridors and treatment rooms were wide to enable easy access to the treatment and consultation rooms.

Various systems were in place to aid working patients to access the service. This included extended opening hours on a Monday evening between 6.30pm – 7.30pm and patients being provided with telephone advice by the doctor.

We discussed the services available to patients in vulnerable circumstances. We were told that the GP provided an outreach clinic for patients with drug problems as part of a shared care agreement. Patients were seen by an outreach worker on a monthly basis and by the GP bi-monthly. The GP gave an example where they had provided a service to a vulnerable patient with no fixed abode.

### Access to the service

Staff spoken with confirmed that patients were able to book appointments in person at the practice, over the telephone or online. Time was set aside each morning and afternoon for patients who may need an urgent appointment. Reception staff told us that children and the elderly and those patients on the practice's palliative care list would take priority and would be seen on the day that they telephoned wherever possible. Telephone consultations were completed if required. Appointments could be booked up to one week in advance. The practice manager told us that the GP was accommodating and tried to fit around patient's needs and patients we spoke with confirmed this. Information was available to patients about appointments on the practice website. The website reminded patients that appointments could be booked online. Other information such as how to arrange telephone consultations and home visits was also available.

The practice operated the "choose and book" system for booking appointments with secondary care. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. The GP told us that they assisted patients by completing the choose and book

# Are services responsive to people's needs?

(for example, to feedback?)

process and producing the paperwork. The procedure was explained to the patient and the contact details were highlighted on the paperwork. The GP would arrange the patient's appointment if possible.

Home visits were available for those patients who were housebound. To support patients with the management and monitoring of long term conditions, appointments could be made with a named GP or nurse.

We were told about the arrangements in place to ensure patients received urgent medical assistance when the practice was closed; this information was detailed on the practice website. If a patient called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending upon the circumstances.

The reception of this practice was open between the hours of 8am and 6.30pm, Monday to Thursday. Appointment times differed as the GP conducted home visits during the middle part of the day. The practice was not open on a Friday afternoon and we were told that Walldoc, an out of hours service had been contracted to care for patients during this time. Extended opening hours were provided on a Monday evening until 7.30pm. This helped to ensure that those patients who worked during office hours had the opportunity to see a GP outside of their normal working hours.

## Listening and learning from concerns and complaints

We did not see any information in the waiting area giving patients information to help them understand the complaints system. Staff told us that patients were able to

complain verbally or could complete a complaints form but they would need to ask for this, however not all staff we spoke with were aware of this. We were told that staff also gave them a Patient Advice and Liaison Service (PALS) leaflet.

Patients were given details as to where they could escalate their complaint if they were dissatisfied with the response or way in which the practice had handled their complaints.

There was a designated responsible person for handling complaints. Staff were aware of whom to forward complaints to within the practice. Staff were able to describe the complaints procedure and confirmed that this included a meeting with the practice manager and GP if required. We were told that complainants would be given the opportunity to meet with the practice manager or doctor.

Minutes of practice meetings showed that complaints were discussed. This helped to ensure that all staff were able to learn from complaints. Staff spoken with confirmed this.

We looked at the records regarding two complaints received during 2014. One of the records seen did not contain evidence of an investigation into the allegations raised, there was no advice to the complainant regarding the steps to take if they were unhappy with the complaint outcome, for example contact details for the Parliamentary and Health Service Ombudsman (PHSO).

Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.



# 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

We discussed the vision of the service with the practice manager and the doctor. We were told that there was no formally documented vision statement or strategy for future working. The practice manager was able to discuss future changes but confirmed that this was not formally recorded.

### Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. The majority of policies and procedures we looked at had been reviewed annually and were up to date. The practice manager confirmed that they were currently reviewing and updating all policies and procedures. The computer desktop contained a lot of policies both old and new which had been updated which may be confusing for staff.

The GP is the nominated information governance (IG) lead. Information governance relates to the systems and processes to manage information and support the organisation's regulatory, legal, risk, environmental and operational requirements. Information governance processes help to ensure confidential patient information is protected. This also included a nominated Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information-sharing.

The practice had completed the information governance (IG) toolkit for and achieved a 'satisfactory' compliance rating. Improvements in IG toolkit scores were noted from previous years. The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards.

The Practice had a system in place for completing clinical audit cycles. For example we saw an audit regarding the use of strong opiates for non-cancer patients and another audit regarding insulin initiation. We were not shown any evidence to demonstrate that the outcome of these audits had been discussed or shared with other staff at the practice.

### Leadership, openness and transparency

We spoke with five members of staff about roles and responsibilities. Although there was some confusion about some of the lead roles, for example infection control and checking emergency medication, staff all said that they would either speak with the GP or the practice manager if they needed any guidance or had concerns about, for example infection control, safeguarding or complaints.

Staff told us that felt valued, well supported and knew who to go to in the practice with any concerns. We were told that the GP and practice manager were approachable and supportive and open to feedback from staff.

Staff told us that they could speak with the GP if they had any concerns or wanted to discuss anything. Staff said that they felt supported and also supported each other as necessary.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example recruitment, induction and disciplinary policy which were in place to support staff. These had recently been reviewed and were up to date.

We were told and saw minutes of meetings which confirmed that staff meetings were held on a regular basis and at least every three months. The practice manager said that they aimed to hold these meetings on a monthly basis but this was not always possible.

### Practice seeks and acts on feedback from users, public and staff

We were told that the practice manager and GP had an 'open door' policy meaning that staff could speak with them at any time. Staff confirmed that if they had any issues they would speak with the GP or the practice manager. We were also told that staff could speak out during practice meetings.

We discussed the methods used to obtain patients' views and experiences regarding the service they received. The practice did not have an active patient participation group (PPG). The practice manager told us that they had tried to recruit members but this had been unsuccessful. We saw that the practice leaflet and new patient registration form gave very brief details about what a PPG did and patients were requested to tell the reception staff if they were interested in joining the PPG. There was no information on display in the waiting area giving information about the PPG or encouraging patients to take part. The practice's

# Are services well-led?

Requires improvement 

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

website did not give any mention of a PPG or evidence that the practice were actively looking to recruit members. PPGs are a group of patients who meet on a regular basis and are involved in decisions that may lead to changes and improvements to the services the practice provides.

We saw that there was a suggestions/comments box in the waiting area, although we were told that this was rarely used.

Satisfaction surveys were undertaken on an annual basis, the analysis and action plan following the last satisfaction survey was reviewed. The satisfaction survey was undertaken in August 2014 and showed some improvements in satisfaction since the last survey. Where satisfaction had decreased brief action points were recorded. For example 60% of patients said that they were

seen on the same day or next day, this is a decrease on the previous survey (73%). The practice intended to investigate the feasibility of adding additional appointment slots based on demand.

## Management lead through learning & improvement

Khan Medical Practice was a training practice. The practice website confirmed that they took medical students from Birmingham University. There were no medical students at the practice at the time of our inspection.

Complaints and significant events were an agenda item at each practice staff meeting. Staff spoken with said that the management were open and complaints were discussed at these meetings.



## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>We found that the provider did not operate effective recruitment procedures to ensure that employees are of good character and did not ensure that the information specified in Schedule 3 was available in relation to each person employed.</p> <p>Regulation 19(1)(a)(b)(2)(a)(3)(a)(b)(4)(a)(b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The registered person had not protected persons employed, services users and others who may be at risk against identifiable risks of acquiring such an infection by:</p>

## Requirement notices

The effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection;

And by the maintenance of appropriate standards of cleanliness and hygiene in relation to equipment and reusable medical devices used for the purpose of carrying on the regulated activity;

The maintenance of appropriate standard of cleanliness and hygiene in relation to the materials to be used in the treatment of service users where such materials are at risk of being contaminated with a health care associated infection.

Regulation 12 (1)(2)(a)(b)(h)

### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the Regulation was not being met

We found that the provider had not protected people against the risks of inappropriate or unsafe care and treatment by means of effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of services provided in the carrying on the regulated activity identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from them carrying on of the regulated activity.

Regulation 17(1)(2)(a)(b)