

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Dr Avtar Suri

Birchills Health Centre, 23-37 Old Birchills, Walsall
, WS2 8QH

Tel: 01922614896

Date of Inspection: 24 July 2013

Date of Publication: August
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Dr Avtar Suri
Overview of the service	Dr Suri's Surgery provides a primary care service to approximately 4400 patients
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Management of medicines	10
Supporting workers	11
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

We visited the surgery to establish that the needs of people using the service were being met. On the day of the inspection we spoke with five staff members, two GPs and the practice manager. We also spoke with six patients and three children who were accompanying their parent to an appointment. The people we spoke with were generally complimentary about the service.

Patients told us that generally appointments were available at a time convenient to them. Patients were able to book an appointment with a specific GP if they wished. They told us that generally their care and treatment was explained and in most instances they had been happy with the outcome of the consultation.

The staff we spoke with said they had received training appropriate to their role. This had included protecting vulnerable adults and children.

The practice manager had systems in place to monitor the quality of the service provided at the surgery. This included a patient satisfaction survey and a complaints process

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

A service must uphold and maintain the privacy, dignity and independence of patients who used the service. The patients we spoke with said generally that staff were polite. We observed the staff engaging with patients in a polite and courteous manner.

It was noted that the results from a patient satisfaction survey revealed that some patients expressed concern regarding the openness of the reception area. We asked staff how they ensured privacy and confidentiality was maintained, particularly in a busy reception area. The reception staff we spoke with were aware of the need to respect the patients right to confidentiality. One staff member said, "If a patient wishes to have a word in private, we will take them through to a corridor out of ear shot to the waiting room". A second staff member told us rooms were always available should a patient request a discussion in private.

The practice manager told us that the patients registered at the surgery were ethnically diverse. One GP told us the communication difficulties brought by such diverse cultures were their biggest challenge. The staff at the practice told us they had access to an interpreter service. They told us they regularly arranged interpreters for appointments when necessary. One GP said that all front line staff were "switched on" and "on the ball" in terms of booking an interpreter. They told us that staff took the initiative to arrange interpreters when patients booked appointments. Given the ethnic mix of patients we noted that all the literature and leaflets in the waiting room were in English. The practice manager may wish to consider how they ensure important information is available to all patients at the surgery.

We saw that when a referral was required for a hospital appointment the staff accessed the 'Choose and Book' system. 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 or clinic. The staff responsible for making the bookings told us that patients were asked their preferences prior to an appointment being made.

When intimate examinations were required a chaperone policy was in place. A chaperone can be present during intimate examinations for a number of reasons including providing comfort and reassurance to the patient or to act as an interpreter. The GPs and nurses we spoke with said chaperones were always available when required.

We asked patients if they were able to get appointments at the surgery at a convenient time for them. One patient said, "This surgery is a million times better than the last one I was with. It's very easy to get appointment". Another patient said they liked the surgery because, "You gets seen quicker". A third patient told us they had rung earlier that morning and had got an appointment for same day without any problem. Another patient said, "Depends on who you speak to". Reception staff told us that they offered good access to appointments. Staff told us the next bookable appointment would be four working days away. However they told us that the practice offered a range of emergency appointments daily.

Patients we asked said they were satisfied with the waiting times at the surgery. Although children who had attended with their parents said they were a little bored and would have liked some sort of distraction whilst waiting, for example toys or books.

Some of the patients we spoke with said they had a preference as to which GP they saw. These patients were happy that they had this choice of practitioners. One patient said, "Given a choice I prefer to see a female GPs whom they described as, "really, really nice".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.

Reasons for our judgement

The essential standards of quality and safety state that the registered person should take proper steps to ensure that each patient is protected against the risk of receiving care or treatment which is inappropriate.

During the inspection we asked patients about their experiences of the care, treatment and support provided by the surgery. One patient told us they had only recently registered at the surgery. They said they had found the process of changing GP "very easy". The patient had been offered a new patient health check. We saw a range of new patient documentation, including a practice leaflet and new patient questionnaire. Included in the new patient documentation was a consent form for the patient to sign to give permission for the GP to access their health records.

The six patients we spoke with generally gave positive feedback regarding the care, treatment and staff working at the surgery. One patient told us they rarely attended the practice however stated that when they did need to see a GP they were always satisfied with the level of care and information provided. The patient said they felt "looked after" and described the doctor as a "nice lady" and the nurse as "helpful". Although their experience of the surgery was limited they felt confident in the doctor's ability and said, "They know what they are doing". One person told us they had visited the surgery to discuss their medication. They said the GP had taken time to discuss treatment options and had listened to their views and opinions. The reception staff we spoke with said that the patients were, "Well cared for". One staff member said, "Poorly patients are never turned away, even if the doctor had finished for the day". This meant care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.

One of the GPs we spoke with said that there was a system in place to ensure continuity of care for patients with a terminal illness. They gave examples of the close working relationship with both district nurses and the out of hours GP service. This meant the patient would continue to receive their care and treatment in a consistent manner.

We asked staff at the surgery how they ensured patients with chronic diseases, such as diabetes, asthma and hypertension, had regular reviews. The staff we spoke with said they

did experience some poor patient engagement. They said that the doctors and nurses were proactive and would often speak with patients for reviews of their condition when they visited the surgery for other appointments. We observed that the practice had devised a system for ensuring patients had appropriate follow ups or diagnostic tests by way of an action slip. The action slip outlined various options that the doctors and nurses ticked and handed to the patient to give in at reception counter, for example book a follow up appointment, or blood pressure check. One GP told us this system worked well and captured follow on care by giving clear instructions to both patients and staff.

We discussed the arrangements in place for care and treatment outside of surgery hours. All of the clinicians we spoke with said they had a good working relationship with the out of hours providers. They told us they received timely communication regarding patients that accessed the service. This meant that patients were supported to receive appropriate care and treatment outside of normal practice hours. The patients we asked were aware of how to access out of hours assistance if required.

We discussed emergency procedures with the practice manager. Fire notices, extinguishers and exit signs were all clearly visible and staff were able to demonstrate the collection point in the event of fire. They told us they had received fire training. The practice manager told us that the practice has systems in place to cope with loss of utilities such as power or telephone in short term.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

An organisation must ensure that staff and patients who used the service understand safeguarding (protecting vulnerable adults and children). They must ensure that all staff understand the signs of abuse and how to raise concerns with the right person when witnessing these signs.

All of the staff we spoke with said they were confident they could report concerns to the GP who was the safeguard lead. They told us they would also contact the local authority safeguard team if necessary. We saw contact details were available to make a referral in relation to a vulnerable child. We did not see that staff had access to this information if concerns were identified about a vulnerable adult. We discussed this with the practice manager who said this information would be made available. We will review this at our next inspection.

The practice manager told us that the surgery had a named safeguarding lead. Published guidance for this role states that within a year of appointment additional education will be completed at level three. The safeguarding lead told us this training had been completed. The staff we spoke with said they had attended training in relation to safeguarding vulnerable adults and children. We have asked the practice manager to provide us with copies of the certificates for this training.

We spoke with staff about the practice's policy for whistle blowing. This is a process which enables staff to raise concerns identified within the practice; this includes concerns of poor practice by colleagues. Not all of the staff were aware of the surgery's policy and process for whistleblowing. However all of the staff we spoke with stated they would raise any concerns they had with the practice manager and were confident to do so. The practice manager may wish to consider how they ensure all staff are aware of this policy.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The registered person must make appropriate arrangements for obtaining, recording, handling, using, safe keeping and dispensing medication.

Staff told us that the practice operated a 48 hour repeat prescription policy. Guidance on obtaining a repeat prescription was clearly stated in the practice information leaflet. Staff told us that if a prescription was not ready, the GPs would always write a note for the patient explaining the reason. The staff told us this system worked well and often relieved them of the pressure of having to excuse or explain for the GP. The patients we asked did not have any concerns regarding ordering and obtaining their medication.

For medication that required storage below 8°C, for example vaccines, there was a medication fridge. We saw that the temperatures of the fridge were checked daily to ensure stock was kept at the recommended temperature. All medications contained within the fridge were found to be in date.

We saw that the staff had access to emergency drugs and equipment which were clearly labelled. We found the emergency drug supply was in date. Medication must be stored securely. Emergency medication must be easily accessible to staff but also be secure. We found that emergency medication, vaccines and prescription pads were stored in treatment rooms. We saw treatment rooms were locked when not in use. The provider may wish to review the safe storage of medication should patients be left unsupervised in treatment rooms.

We saw the practice was supported by a community pharmacist and audits of medication prescribing had been undertaken. A GP told us that alerts from the national patient safety agency regarding medication were received via email.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The provider must ensure patients have their health and welfare needs met by competent staff. Staff must be appropriately supported, trained and supervised in delivering care and treatment to people who used the service.

All of the staff we spoke with reported good access to training opportunities including safeguarding, resuscitation and customer service. They told us they had a regular training programme. The staff we asked said they felt sufficiently trained to undertake their roles. One staff member said they had the opportunity to do further training and was given a staff handbook at induction which gave all the information they needed about the practice.

All staff we asked said felt they had a good team spirit and an excellent working environment. They told us they enjoyed considerable job satisfaction. One staff member said, "We are a tight knit team". They also told us they felt "invested in" having undertaken some training recently that they had requested.

There was a system in place for staff meetings and debriefing sessions. The practice manager told us these were held every three months. They said communication at the surgery was very good and there is no reason to hold meetings more frequently. We saw minutes from staff meetings which covered communication, incident reporting and shared learning.

The staff we spoke with confirmed they had annual appraisals. One staff member told us that during their appraisal they had been able to discuss their training requirements. Staff told us that they had regular one to one meeting with the practice manager. They told us this was not a formal process and were not recorded. One staff member said, "We have an open door policy and we are well informed about any changes". Another staff member said "I speak with the practice manager a few times every week". The practice manager may wish to consider the benefits to having a formal approach to one to one meetings.

We discussed the appraisal process with two GPs. They told us there was a local appraisal process in place. This was facilitated by Walsall's Clinical Commissioning Group (CCG). They said that learning, development and on-going training were discussed and reviewed during the appraisal process. They gave details of how they kept up-to-date with

their own skills and knowledge. This included attending learning events and meetings.

The staff told us that training had been linked to the needs of the practice population. For example a nurse told us they had received additional training in diabetes management. This training is important to providing care and support with patients at the practice who had a diagnosis of diabetes. We also saw that training was job specific for example the phlebotomist (a member of staff who does blood tests), had received venepuncture training. This meant their skills, knowledge and guidance in taking bloods were kept up to date.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had some systems in place to assess and monitor the quality of service that patients received.

Reasons for our judgement

Appropriate systems must be in place for gathering, recording and evaluating accurate information about the quality and safety of the care, treatment and support the service provides. We saw that systems were in place to review and monitor the quality of the care provided at the surgery.

Patients at the surgery had been invited to comment on the quality of the service via a satisfaction survey. We reviewed responses to the satisfaction survey for the last two years and noted that the results had significantly improved. Patients had been critical in the 2010/2011 survey regarding access to appointments. As a result, the practice had appointed two new doctors. The practice manager told us that this had made very significant improvements to survey responses. This meant the provider was listening to, and acting on the feedback from patients.

There was a notice in the reception area advising patients how to make complaints. A copy of complaints procedure was also seen. We saw there was a system in place to ensure complaints were processed appropriately and in accordance with the complaints procedure. We saw that any identified learning had been documented. For example, one complaint related to an excessive waiting period and as a result the practice now informed patients if there is delay.

The surgery had a 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 the care. The practice manager told us the group met two or three times per year and was chaired by the provider. We saw from minutes of the meetings that attempts have been made to encourage patients to take ownership of the group. We also saw from the minutes that patients had been given the opportunity to make suggestions regarding improvements. For example the minutes noted that the practice was in need of "sprucing up". As result the surgery had been re decorated and new furniture had been purchased. We spoke with a member of the PPG. They told us the group had been able to look at results from satisfaction surveys and be involved in the implementation of improvements at the surgery.

We asked the practice manager about the systems used by the practice to identify, collate, learn and share information on serious events or incidents. We saw incidents had been recorded. We saw that incident reports included details of the incident, investigations completed and lessons learnt.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
