

# Drs Bilas & Thomas

## Quality Report

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Date of inspection visit: 15 June 2017  
Date of publication: 20/07/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Drs Bilas & Thomas on 20 June 2016. After the comprehensive inspection, the practice was rated as requires improvement for providing safe services.

We issued a requirement notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Drs Bilas & Thomas on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 15 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection on 20 June 2016. This report covers our findings in relation to those requirements.

Our key findings were as follows:

- The recording of significant events had been reviewed and were sufficiently detailed to show that concerns identified about patients were appropriately followed up to prevent further occurrences and ensure improvements made were appropriate.
- The practice had reviewed its systems and procedures to ensure the safe management of medicines.
- Records were available to confirm that a full legionella risk assessment had been carried out.
- The practice's complaint handling procedures had been reviewed to ensure that the appropriate management of verbal complaints was included. Staff were made aware of the procedure to follow.
- The practice chaperone practices had been reviewed to ensure that all staff were aware of the correct procedure to follow when carrying out the role.
- Staff had received training to ensure that they were aware of the requirements of the Mental Capacity Act (MCA) 2005 and their responsibilities under the act as it relates to their role.

There was one area where the provider should make improvements:

- Ensure that a risk assessment is completed to determine whether there is a need for a second thermometer to confirm the accuracy of the temperature of the fridge used to store medicines.

# Summary of findings

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

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as good for providing safe services:

- There was an effective system in place for reporting and recording significant events.
- Records of clinical and significant event meetings demonstrated that incidents were discussed and appropriate systems put in place to monitor that action taken was appropriate.
- When there were unintended or unexpected safety incidents, patients received reasonable support, relevant information and an apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed. For example, the practice had ensured that:
  - A full legionella risk assessment was carried out at the practice.
  - The management of medicines had been reviewed and changes made to ensure safe practices were implemented.

**Good**



# Summary of findings

## Areas for improvement

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

- Ensure that a risk assessment is completed to determine whether there is a need for a second thermometer to confirm the accuracy of the temperature of the fridge used to store medicines.

# Drs Bilas & Thomas

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector and a GP specialist adviser.

## Background to Drs Bilas & Thomas

Drs Bilas & Thomas are registered with the Care Quality Commission (CQC) as a two GP partnership. The practice is located in Wolverhampton. The practice is a single story building. There is level access to the building but doors to the building are not automated. Patients who experience mobility difficulties and/or use a wheelchair are asked to ring a bell at the entrance; this alerts staff to patients who require support to enter the premises. All areas within the practice are accessible by patients who use a wheelchair or parents with a pushchair.

The practice team consists of two GP partners, both male. One of the GP partners is currently on long term absence. Cover is provided by regular locums to ensure consistency for patients. A regular female locum undertakes a weekly session at the practice. The GPs are supported by a practice nurse and a healthcare assistant who both work part time. Clinical staff are supported by a practice manager, deputy practice manager, a medical secretary, an administrator, six reception staff, a scanning clerk and two domestic staff. In total there are 17 staff employed either full or part time hours to meet the needs of patients. The practice also provides training placement opportunities for student nurses.

The practice is open every week day between 9am and 12pm and from 4pm to 6.45pm Monday, Tuesday, Wednesday and Friday. The practice is closed from 12pm on Thursday. Appointments are available from 9am to 11am each weekday and from 4pm to 6pm on Monday, Tuesday, Wednesday and Friday. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service, provided by Vocare, via the NHS 111 service.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 3876 patients. It provides Directed Enhanced Services, such as the childhood immunisations, minor surgery and asthma and diabetic reviews. The practice has a slightly higher proportion of patients aged 45 to 59 and a higher proportion of patients, mainly female aged 75 to 85 when compared to the practice average across England. The income deprivation affecting children of 25% was higher than the national average of 20%. The level of income deprivation affecting older people was also higher than the national average (23% compared to 16%).

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Drs Bilas & Thomas on 20 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services.

The full comprehensive report following the inspection on 20 June 2016 can be found by selecting the 'all reports' link for Drs Bilas & Thomas on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up focused inspection of Drs Bilas & Thomas on 15 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a focused inspection of Drs Bilas & Thomas on 15 June 2017. This involved reviewing evidence to establish that:

- The management of medicines had been reviewed.
- A full Legionella risk assessment had been carried out.
- Appropriate systems were in place for the ongoing monitoring of significant events, and checks to ensure that any improvements made were appropriate.

- Procedures had been put in place for the appropriate recording, handling and responding to verbal complaints.
- Staff were carrying out correct practice when undertaking the role of a chaperone.
- Staff were aware of their responsibilities under the requirements of the Mental Capacity Act (MCA) 2005.

During our visit we:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

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

- Effective systems and processes were not in place for the proper and safe management of medicines.
- A full Legionella risk assessment had not been carried out.

The visit in June 2016 also identified:

- Appropriate systems were not in place for the ongoing monitoring of significant events and checking that improvements made were appropriate.
- Effective complaint handling procedures for identifying, receiving, recording, handling and responding to verbal complaints were not in place.
- Staff were not following correct practice when carrying out the role of a chaperone.
- Staff were not aware of their responsibilities under the requirements of the Mental Capacity Act (MCA) 2005.

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

### Safe track record and learning

At the inspection in June 2016 we found that the practice had not ensured that systems were in place for the ongoing monitoring of significant events and checking that improvements made were appropriate. At the inspection on 15 June 2017 we found that improvements had been made.

- The systems for reporting and recording significant events had been reviewed and all staff had been updated at meetings on the effective management of significant events following the last inspection.
- Policies and procedures had been reviewed to provide staff with updated guidance.
- We spoke with two members of staff who could clearly describe the procedures they followed to report significant events.

- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant event records were clearly documented at the time they were reported and action points recorded on the significant event forms were used to inform staff of the event at practice meetings.

Records we looked at showed that four significant events, both clinical and operational had occurred since the last inspection. One of the events related to changes in the dose of a patient's medicine due to poor communication between multidisciplinary care professionals. The incident had a negative impact on the patient. The incident was discussed formally with the professional groups involved which included the district nursing team, out of hours service and the local hospice. A multidisciplinary person centred management care plan was introduced to promote patients and health care professionals working together. Learning was shared with all stakeholders.

### Overview of safety systems and processes

Arrangements were in place to safeguard vulnerable adults and children from the risk of abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

At the inspection in June 2016 we found that although staff were aware of where to stand when undertaking the role of a chaperone staff told us that one of the GPs requested that the chaperone stand outside of the curtain. At this inspection we found that the chaperone procedure had been updated and staff had completed online training. The practice manager had also arranged formal training for all staff and this was planned for August 2017. We spoke with two staff who could clearly describe their role and told us that they had completed online training. Staff confirmed that they had criminal records checks carried out through the Disclosure and Barring Service (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A new member of staff had started working at the practice. The practice manager had ensured that the

## Are services safe?

member of staff had not undertaken any chaperoning while they waited for the outcome of a DBS check. A notice was displayed in the waiting room, advising patients they could access a chaperone, if required.

The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available.

We found at the inspection in June 2016 that the arrangements for managing medicines in the practice did not always keep patients safe. At this inspection we saw that most medicines practices had improved.

- We looked at examples of the practice performance with the management of high risk medicines. One of the medicines looked at was Methotrexate; a medicine used to treat certain types of cancer, severe psoriasis and rheumatoid arthritis. We saw that all patients on this medicine had up to date tests completed before they were issued repeat prescriptions.
- There were shared care agreements in place with a local hospital for some patients, prescribed high risk medicines that needed to be monitored.
- We found that most high risk medicines were appropriately monitored. However, there were some areas where the monitoring of high risk medicines was not fully effective. For example we identified that 40 patients taking medicines to treat high blood pressure and/or heart failure had no recorded blood test results for periods varying between three and eight years. These may have been done by the hospital but the outcome not downloaded or recorded on the practice patient electronic system.
- At the inspection the GP partner and practice manager took action to address these. The medicine review policy was updated to include details of an audit of patients taking high risk medicines and those on repeat prescriptions to be completed monthly. A member of staff was identified to undertake this task.

- The practice had contacted patients to attend a planned appointment for a review of their medicines and the completion of any required tests.

Other action taken by the practice immediately following the inspection was to book additional GP locums from August 2017 to allow the GP partner to complete reports and medication reviews. The GP partner had also contacted Wolverhampton Clinical Commissioning Group (CCG) to discuss the employment of a practice pharmacist.

The practice used two domestic style fridges to store medicines. We saw that the temperature of the fridges used to store medicines were recorded daily and was within the accepted range. The practice did not have a data logger, or second check thermometer independent of the electricity supply inside the fridge to ensure the temperature was maintained within the accepted range at all times. In the event of a power loss the data logger would continue to record and store the temperature and this information could be downloaded for reference. The GP and practice manager told us that this would be addressed.

Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

We found that appropriate recruitment checks prior to the employment of new staff had been maintained. We saw that checks carried out included proof of identification, references, checks through the DBS. The practice used an agency to recruit GP locums when needed and ensured they received confirmation that appropriate safety checks were carried out. The practice also used a regular locum female GP to provide female patients with a choice when attending the practice. The practice manager had introduced a formal system to ensure that safe recruitment checks such as confirmation that locums were registered with their professional body, the General Medical Council (GMC) were completed for locums used at the practice.

### Monitoring risks to patients

The practice had procedures in place to manage and monitor risks to patients, staff and visitors to the practice. A health and safety policy was available and a poster was displayed. At the inspection in June 2016 we found that a full legionella (a bacterium that can grow in contaminated

## Are services safe?

water and can be potentially fatal) risk assessment had not been carried out. At this inspection we found that an assessment had been completed and action taken to address any recommendations made.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents and a copy was kept offsite.