

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

## Dr Sumedha Tillu

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Dr Sumedha Tillu
Overview of the service	Doctor Tillu is a single handed GP who with the assistance of locum doctors provides primary medical care to people who lived in the surrounding area.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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During our inspection we spoke with 10 patients and five members of staff.

We saw that patients' views and experiences were taken into account in the way the service was provided and that they were treated with dignity and respect. A patient said: "The doctor explained things. I am satisfied. Staff are co-operative, never any concerns".

The patients we spoke with provided positive feedback about their care. A patient told us: "Whenever I have a problem they sort it out. It's good". Patients who received regular medicines told us they were regularly reviewed to check that they still needed them.

Staff had received training in safeguarding children and vulnerable adults. They were aware of the appropriate agencies to refer safeguarding concerns to that ensured patients were protected from harm.

The premises were clean, tidy and well organised. There were effective systems in place to prevent patients from acquiring infections during their visits to the practice.

The provider had systems in place for monitoring the quality of service provision. There was an established system to regularly obtain opinions from patients about the standards of the services they received. This meant that on-going improvements could be made by the practice staff.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Patients' privacy and dignity were respected.

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### Reasons for our judgement

All of the patients we spoke with on the day of our inspection told us that they were treated with dignity and respect. One patient told us: "All the staff are fine with me". Another patient said: "They definitely do explain things and I can ask questions. I feel comfortable talking to them". A third comment was: "Reception staff are fine". We received some negative comments about the failure of a locum doctor to provide full explanations to patients. We raised this concern with the provider.

Staff told us that they had access to a translation service if patients could not speak English. We found that a hearing loop had recently been installed to assist patients who had hearing difficulties. This meant that patients understood the need for their treatment.

Patients' privacy was respected. We saw that consultations took place behind closed doors which meant that they were private. We observed staff knocking on consulting room doors and waiting for the GP to reply before they entered. There were privacy curtains around the examination couches and all the patients we spoke with confirmed that they were used. Reception staff told us they acted as a chaperone for patients. They demonstrated appropriately how they carried out this role. This demonstrated that staff respected patients' privacy and dignity. The provider may wish to note that reception staff had not received formal training.

The provider had made arrangements to ensure that care and treatment was provided to patients with regard to their disability. We saw that there was access to the practice and disabled toilets for patients with restricted mobility. All consultation rooms were located on the ground floor for ease of access.

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

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**Our judgement**

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The provider was meeting this standard.

Patients' experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with 10 patients who used the service during our inspection. Patients' needs were assessed and care and treatment was planned and delivered in line with their individual wishes. One patient told us: "I'm happy with the care. I continue to stay at the practice even though there are other practices closer to where I live". Another patient said: "The care is of a very good standard". A third patient commented: "Care is very good. My husband and I are quite satisfied".

All patients told us they were able to get an appointment quickly and were seen on time. Some patients told us they had to wait until the following day to get an appointment but others said they could get them for the same day. One patient commented about same day appointments: "In the morning I have never had a problem. For the afternoon reception staff may ask me to ring back". Another patient said: "Yes I can but I have to keep phoning to get an answer". A third comment received included: "If you are quick enough (phoning) you are OK". Patients told us that if they felt they had an urgent need for an appointment on the same day. Patients and staff told us appointments could be made in advance. This meant that patients were able to get care and treatment when they needed it and when it was convenient to them.

There were arrangements in place to deal with foreseeable emergencies and on-going care. We spoke with the provider who described the arrangements in place for patients who needed visits in their own homes. The provider told us they always rang back and checked that a home visit was necessary. They told us they sometimes took the practice nurse with them when they did home visits. This demonstrated that patients received assessments and treatments that respected their personal physical abilities.

Some patients told us they had been referred to hospitals for assessment. They all said they were satisfied with the process and the referrals had been done promptly. This meant that systems were in place for patients to be assessed and treated by specialists.

Patients told us that they were able to phone the surgery and were given another number to call if the surgery was closed. Also the practice leaflet included the alternative and emergency service phone numbers. This demonstrated that patients could access care

when they needed it.

The provider confirmed they used the National Institute for Clinical Excellence (NICE) templates for processes and other guidelines for diagnosis of illnesses that patients may present with. This meant that patients received up to date tests for their disorders.

We saw the provider had a system in place to ensure that patients who were on the palliative care (end of life) register were cared for appropriately. They told us they held regular palliative care meetings and that community staff attended them to discuss patients and to review their care. This demonstrated that patients received specialist nursing care that met their individual needs.

Patients we spoke with confirmed that they had regular medicine reviews to check they still needed the medicines they were on. This indicated that patients received appropriate care to promote their health.

Emergency medications and equipment were available and we were shown evidence that they were checked monthly and the results recorded. Staff told us they received training in basic life support and this was supported by training records. This meant that appropriate arrangements were in place to deal with medical emergencies. The provider may wish to note that it is recommended that a defibrillator should be available for emergencies.



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

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## **Our judgement**

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The provider was meeting this standard.

Patients who used 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.

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## **Reasons for our judgement**

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All of the patients we spoke with told us they felt safe when they visited the practice or when they had a home visit. They told us they had confidence in the staff and how they spoke with them. A patient said: "Everything is normal".

We spoke with the provider who was the lead for safeguarding children and adults. We were told that if they had concerns about a patient's safety that they would inform community staff. They told us they had weekly discussions with the health visitor when updates were shared. The provider also held multi-disciplinary meetings with community staff where anything of concern would be discussed. This demonstrated that systems were in place to monitor patients' welfare.

The staff we spoke with were able to explain the various types of abuse and the appropriate agencies to refer safeguarding concerns to. This ensured that patients were protected from harm. They told us that they would go straight to the provider if they had any concerns about a patient's safety.

Staff told us they had received safeguarding training for vulnerable adults and children and we were shown evidence of this.

The practice manager showed us the policies for the protection of children and vulnerable adults. Staff were able to tell us where the policies were located so that they could refer to them at any time.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

Patients were cared for in a clean and safe environment. The provider ensured patients were protected from identifiable risks of acquiring a health care associated infection.

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**Reasons for our judgement**

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We saw that all areas of the practice were clean and organised. Comments we received from patients told us that they were satisfied with the standards of hygiene. One patient told us: "It's always clean". Another patient told us: "It's always clean".

There were systems in place to reduce the risk and spread of infection. Staff told us personal protective equipment was readily available and we saw that it was and it was in date. Patients' confirmed that staff wore personal protective equipment when needed.

Hand sanitation gel was available for staff throughout the practice. We saw hand washing posters above each wash hand basin. We were shown an audit that the provider had carried out. It was dated June to November 2013. We were informed that each time new staff were employed that they would be audited. The audit included observing how staff washed their hands. If they failed to do this to the provider's satisfaction they were asked to start again. This practice demonstrated that the provider monitored staffs personal hygiene techniques.

We were shown an infection control policy and the cleaning schedule. The practice manager told us they checked all areas of the practice every Monday. If they found a concern they said they would report their findings to the cleaning staff and later check that it had been dealt with. This meant that patients were protected against risks of infections.

The provider had carried out an infection control audit in June 2013. The recordings indicated that all areas of the practice had been included. We saw that the results were positive. This suggested that a hygienic environment and staff practices were treated as a priority in prevention of infections.

There were appropriate arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. The provider had a contract with a company for the safe removal and disposal of clinical waste products.

We found safe procedures were in place for control of substances hazardous to health (COSHH). The COSHH file contained a range of safety data sheets for all of the cleaning

products used within the practice. This meant that the provider protected patients and staff from risks of harm.

## 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

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### Our judgement

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The provider was meeting this standard.

There was an effective system to regularly assess and monitor the quality of service that patients received.

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### Reasons for our judgement

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The patients we spoke with expressed their satisfaction with the service they received. One told us: "It's really good. I'm happy with the staff and how they deal with patients". Another patient commented: "I'm very satisfied, not quite 100% but 95 to 98%".

There was an established Patient Participation Group (PPG). Their role would be to act as an advocate when patients wished to raise issues with staff and to influence the quality assurance systems. Two of the patients we spoke with were members of the PPG. We asked one member if the PPG had been able to influence changes that led to improvements in the services provided. We were told: "Yes, it has made a difference such as the changes to the appointments system".

During November 2013 150 questionnaires had been given to patients for them to complete. The results had been analysed and a report written from the findings. We saw a copy of the report. The report included suggestions where improvements could be made and the responses of senior staff. This meant that the views of patients that visited the practice had been used to influence changes.

The practice manager showed us the risk assessment in respect of fire safety. This meant that staff had taken steps to protect patients from risks of injuries. The provider may wish to note that a risk assessment regarding the water supply was needed.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw that there were systems in place for the practice to review incidents and action plans were put in place to help prevent similar incidents occurring again. Staff confirmed that appropriate actions were taken to respond to and prevent further incidents from occurring.

We saw evidence that practice meetings were held every six weeks where the day to day operations of the service were discussed. Staff we spoke with confirmed that they attended the meetings. This indicated that changes would be considered that may lead to improvements in staff working practices and the day to day operations of the surgery.

We reviewed how practice staff had responded to the only complaint made since 1 April 2013. We found that it had been investigated and resolved appropriately. The patients we spoke with told us they had never needed to make a complaint.

The GPs and other clinical staff completed the Quality and Outcomes Framework (QOF). This is a voluntary system and provided a financial incentive. This concerned a range of quality standards for clinical care, practice operational methods, patient experience and additional services the provider may provide. This demonstrated that on-going improvements could be made for the benefit of patients.

The provider confirmed that they and the locum doctors had completed annual clinical audits that may have affected clinical practices regarding patient care. They described a recent audit about medication controlled diabetes. They told us the audit had resulted in changes of the prescribed medications for some patients.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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