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# Dr Sirri Surgery

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 05 April 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were: Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

#### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

#### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Dr Sirri Surgery provides an independent healthcare service which offers medical examinations, consultation, advice, and counselling which patients pay for privately.

The staff team at the surgery included one male GP, a female practice nurse, a practice manager and a team of administrative staff (all working a mix of full time and part time hours).

On the day of the inspection we received twenty two Care Quality Commission (CQC) comment cards from patients of the surgery. All the cards were positive and most commented on the friendliness, efficiency and the professionalism of the staff. Several mentioned that they would recommend the surgery to a friend.

#### **Our key findings were:**

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, so that safety incidents were less likely to happen. When incidents did happen, the surgery learned from them and improved processes.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

# Summary of findings

- Staff involved patients with their procedures and treated them with kindness, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day.
- The surgery had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The surgery proactively sought feedback from staff and patients, which it acted on.
- Policies and procedures had been thoroughly reviewed and applied.
- Staff were valued and appropriately trained for their roles.
- There was an increasing patient demand for the surgery from an increasing geographical area.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

The surgery had clear and comprehensive policies and employed well trained and competent staff. Medicines and patient information were all securely stored and used, and there was a clear line of responsibility.

The surgery was clean and tidy and there were clear processes for all risks, emergency scenarios and significant events.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

The surgery demonstrated that staff were up to date with all current safety alerts.

The surgery had undertaken quality improvement activities such as clinical audits to improve outcomes for patients.

The surgery gave co-ordinated and tailored care and treatment and aimed for best practice and increasing levels of disease prevention activity.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

The surgery had received positive feedback through its own feedback surveys, and this was further evidenced by patient responses to CQC comment cards on the inspection. Patients felt that they were treated with respect and courtesy.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

The service provided medical services to the Kurdish and Turkish speaking community with family links to Turkey, the Middle East and Cyprus. The location was chosen as there were large numbers of patients able to access the service easily either because they lived or worked nearby.

No complaints had been received during the last 12 months but we saw clear and concise policies and leaflets should they be needed.

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### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

The surgery had competent and knowledgeable staff and there was a clearly laid out vision for the surgery. All staff were aware of the vision and were aware of the values and team ethos.

Staff were demonstrably well trained and knowledgeable. The governance structure was clear and staff were engaged with the leadership.

# Dr Sirri Surgery

## Detailed findings

### Background to this inspection

Dr Sirri Surgery is an independent healthcare service which offers medical examinations, consultation, advice, and counselling. It's patients are predominantly Kurdish and Turkish speaking with family links to Turkey, the Middle East and Cyprus. There are also some Greek and Greek Cypriot patients.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury, Family planning, and Diagnostic and screening procedures.

The Provider was previously inspected in September 2015 and was found to be compliant in all areas.

The surgery operates from premises in St Ann's Road, London, N15 3TA.

Patients attend the surgery through the surgery reception area and use the surgery waiting room until called for their appointment.

The staff team at the surgery included one male GP, a female practice nurse, a practice manager and a team of administrative staff (all working a mix of full time and part time hours).

The opening times of the surgery are as follows:

Monday, Wednesday, Thursday and Friday 10am to 6pm;  
Tuesday 10am to 1pm.

Appointments were from 10am to 1pm and (other than Tuesday) 3pm to 6pm.

Extended hours surgeries were offered as requested by patients and the GP amended his daily working hours in

response to the needs of his patients. In addition pre-bookable appointments could be booked up to two weeks in advance and urgent appointments were also available for people that needed them.

An out of hours service was not provided but patients could access the local walk in centre or the local accident and emergency department.

The inspection took place over one day on the 5th April 2018. The inspection team consisted of a lead CQC inspector and a GP specialist advisor.

The provider sent information regarding the management of the surgery beforehand which was reviewed before the inspection. There were no concerns given to the Care Quality Commission from community groups, patients or other stakeholders before the inspection was undertaken.

During our visit we spoke with the doctor, the nurse and practice manager. We checked storage of records, operational practices and reviewed patient care records. We looked at policies and procedures, staff recruitment and training records and complaints received by the provider.

All of the 22 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

# Detailed findings

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Safety systems and processes

All safety and safeguarding processes had a clear and surgery specific policy and were adhered to.

All clinical staff were trained to the required safeguarding standard for adults and children, and were aware of the policy and that the GP was the safeguarding lead. All policies were accessible and had a date for review. When asked, staff were able to identify an example of a safeguarding concern.

The GP is very active in the local community and understands the social context of the risk to adults and children within the community. He is able to discuss cases of concern with local Social workers and local NHS GP's if required.

All the staff displayed knowledge of the Mental Capacity Act 2005 and its applications. Children needed the signed consent of the parents for treatment and we were told that this would not be undertaken without signed parental consent.

All clinical staff had received an enhanced Disclosure and Barring Services (DBS) check, according to clinical policy (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 notice was displayed in the waiting room, advising patients that the practice nurse would act as a chaperone, if required. The practice nurse had received a DBS check.

All staff were correctly registered and were confident with on-going professional revalidation processes. All staff were able to cover the absences for each other and therefore there was no need for agency staff at this present time.

There were procedures in place for monitoring and managing risks to patient and staff safety.

There was a health and safety policy available. The practice had carried out a fire risk assessment in February 2017 and regular fire drills were carried out. All electrical equipment was checked in February 2018 to ensure that it was safe to use and clinical equipment was also checked at the same time to ensure it was working properly.

The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. A legionella risk assessment had been completed to determine whether formal testing was necessary. Legionella is a bacterium which can contaminate water systems in buildings.

The surgery was clean and tidy, including all storage areas, with evidence of frequent cleaning confirmed by a cleaning schedule and checklist. The practice nurse was the infection control clinical lead and she liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken with the most recent one being carried out in December 2017. There were no non-compliant areas noted but we saw evidence that action had been taken to address earlier non-compliant areas and improvements were identified as a result.

There were regular meetings where infection control and cleaning regimes were discussed to ensure best practice was maintained.

Equipment was single use and within the expiry date.

Staff immunity status was monitored and non-clinical staff were offered the opportunity to have a course of HEP B vaccinations. All staff were up to date with their own immunisations.

### Risks to patients

Staffing levels were sufficient for the demands of the surgery. All sickness and absences were covered by the staff themselves.

Staff felt that they had received a good induction to the surgery and that they were confident in their training and support given. Staff spoken to on the day were familiar with the emergency procedures regarding the safety of the building and also any medical emergencies. They were aware of the location of emergency equipment and emergency medicines. All the medicines and equipment were appropriate, accessible and fit for use. The surgery also had its own stock of emergency drugs for anaphylaxis or severe allergic reactions. These were all in date and clearly marked.

# Are services safe?

The GP evidenced a sound understanding of the principles related to the identification and treatment of early sepsis. The practice had equipment for the early identification of Sepsis.

The GP was aware of NICE Guidance and was able to access this information if required.

The GP also attended GP Update meetings and local BMA education events on a regular basis where he is able to discuss current practice standards with peers and update himself on new guidance,

The surgery had all the appropriate indemnity arrangements in place to cover all potential liabilities.

## **Information to deliver safe care and treatment**

All patients to the surgery had to undertake an initial assessment in order to ensure that their medical history and needs were completely understood and noted. All patients were required to present identification. All notes and records were securely accessed and stored.

## **Safe and appropriate use of medicines**

The arrangements for managing medicines, including emergency drugs, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice did not store any vaccines on the premises so there was no need for vaccine fridges that were constantly and consistently monitored for temperature.

Regular medication audits were carried out with to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

Prescription pads were securely stored and there were systems in place to monitor their use.

Patient Group Directions (PGDs) had not been adopted as all clinical staff were prescribers. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

We saw evidence that the surgery was aware of all the national guidelines regarding safe administration of medicines and adhered to all reporting requirements. Any relevant information was sent to all staff or discussed at staff meetings. We saw that all stock was rotated and expiry dates routinely checked.

## **Track record on safety**

There had been no significant incidents for the surgery in the last 12 months but there were easily accessible processes and policies in place should there be the need to report any in the future. All staff were aware of what constituted a significant event and the need to report, discuss and action such incidents.

The surgery had thorough health and safety policies, which were all followed. These included a fire policy for the surgery that outlined the evacuation procedure in detail for staff and patients. The evacuation procedure was practiced and clearly accessible to all people in the building.

All concerns or issues within the surgery were communicated via electronic means or through person to person conversations. There was a good administration system in place that ensured that all such information was logged accordingly.

## **Lessons learned and improvements made**

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

Staff were aware of relevant and current evidence based guidance and standards.

- The surgery had systems to keep all clinical staff up to date. The GP had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The surgery monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We were told how these sources were used during consultations with patients.
- Patient outcomes were monitored using personalised treatment programmes, in-depth information and after care advice.
- Any medical alerts would be communicated to all staff members.

### Monitoring care and treatment

As an independent healthcare provider the surgery did not participate in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The GP told us in 2015 that he had tried to become more involved with the local Clinical Commissioning Group (CCG) and tried to become part of local benchmarking but as he was an independent provider this had not been possible. On this inspection he confirmed that this was still the case.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. There had been two clinical audits in the last two years, and although they were not two cycle audits, they did evidence steps towards quality improvement and reflective practice. One of the audits was to determine whether the prescriptions handed out to the patient were written accurately and the medications prescribed were recorded in the medical notes accurately. An analysis of the audit results highlighted two mistakes from a total of 29 prescriptions analysed. It is planned to repeat this audit during 2018.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The surgery understood the learning needs of its staff and provided time for the staff to undertake the training required. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The surgery provided support to all staff and the managing partners were easily accessible at all times when the surgery was open. There was an appraisal system in place and staff felt that there were managed well and were content with the running of the surgery.
- All staff had received training in basic life support, anaphylaxis, infection control, safeguarding vulnerable adults and mental capacity within the last 12 months. Anaphylaxis is a severe allergic reaction which needs immediate medical treatment.
- The GP was revalidated in 2017. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

### Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- We saw records that showed that all appropriate staff were involved in the assessing, planning and delivery of treatment to patients.
- Patients received specific care options appropriate to their needs.
- The surgery co-ordinated care where applicable in order to ensure that the treatments and referrals were relevant to the needs of the patient and also in line with their underlying medical needs.
- We were told that where relevant, and after consent had been obtained, details of treatment were shared with the patients own GP.

### Supporting patients to live healthier lives

The staff ensured that all the treatment and advice offered was in accordance to national guidelines and that all health advice was aimed towards ensuring patients were safe and aware of the best practice and prevention advice.

The surgery is set up to treat “on the day” medical problems present in patients and provides services over and above local NHS provision. In addition to this they are also involved health screening, health promotion and prevention related activities. They also deal with visitors



# Are services effective?

(for example, treatment is effective)

from overseas who are seeking referral to other services. The GP acknowledges that frequently patients will consult with him because they do not speak English as a first language and hence struggle to fully access NHS services. This means that their role will often involve liaising with the patients NHS GP in order to ensure that they receive appropriate treatment. The GP frequently picks up conditions such as diabetes in routine screening, but does not manage long-term chronic conditions, accepting that he is not best placed to do this. Patients are signposted back to their own NHS GP to ensure that they receive on-going care for chronic disease management.

## **Consent to care and treatment**

The surgery operated a practice of implied consent, after the procedures and advice had been given to the patient. This consent was registered on the patient record.

Staff were fully aware of mental capacity and Gillick competence. All staff were up to date in consent and mental capacity training.

The charges for the treatments available were clearly advertised in the surgery and on all literature given to the patients.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, patience and respect.

- Staff understood patients' personal, cultural, social and religious needs.
- The surgery gave the patients tailored and considered advice.
- All 22 Care Quality Commission comment cards that were received were positive regarding the service experienced. The adjectives most commonly used to describe the surgery were that it was friendly, helpful, informative and efficient.
- The surgery collected their own feedback and comments and we saw that these also stated that the service was good.
- Patients reported that they were treated with dignity and respect at all times.
- The environment was conducive to supporting people's privacy. There was a well-appointed consulting room and we saw that staff supported patients' privacy.
- Staff took time to interact with patients and we saw compliment letters from patients confirming that the surgery had treated them and those close to them in a respectful, appropriate and considerate manner.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations in a number of different languages, including Turkish and Greek.
- The practice had provided a television which was mounted in the waiting area and showed Turkish programmes, but this had recently been removed, at the request of patients, as some of them found the news on the TV upsetting due to political events in the middle east.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in the treatment that they were offered. Staff were aware of the Accessible Information Standard (a requirement to make sure that people and their carers, where applicable, can access and understand the information that they are given).

- Interpretation services were not used as staff could speak the languages and dialects for patients that did not have English as a first language. Patients were spoken to in their first language, which mainly consisted of Turkish or Greek.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they offered them a private room to discuss their needs.
- Staff ensured that all patients were fully aware of the advice and treatment options and encouraged them to ask questions and ensure that they wanted to proceed with the treatment.
- The practice's medical notes system alerted the GP if a patient was a carer. A review of medical notes evidenced that the practice identified carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

### Privacy and Dignity

The surgery respected and promoted patient privacy and dignity.

- Staff recognised the importance of patient dignity and respect.
- The surgery complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The surgery organised and delivered services to meet a specific patient need.

- The surgery understood that their patients required tailored and accessible advice and treatment that met the particular needs of their Kurdish and Turkish speaking patients.
- The facilities and premises were appropriate for the services delivered.
- Appointment times were scheduled to ensure patients' needs and preferences (where appropriate) were met. The provider made reasonable adjustments to the environment or treatment options to enable patients to receive care and treatment.
- The provider took into account the needs of different patients on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity.
- There was evidence that the provider gathered the views of patients when planning and delivering services. We saw patient survey results which showed patients were extremely happy with the services provided.

### Timely access to the service

Patients were able to access treatment from the surgery within an acceptable timescale for their needs.

- Patients had timely access to an initial consultation and then the follow on treatment where applicable.

- The surgery had varying opening times with the aim that patients were able to book a time convenient to them. There was also the availability to provide services at weekends, dependent on the situation.
- Appointments could be made through the reception desk as well as via the internet.

### Listening and learning from concerns and complaints

The surgery took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available.
- There was a complaints policy easily accessible in the surgery.
- The surgery had received no complaints in the last year but we saw evidence of how complaints would be dealt with in a timely and appropriate manner.
- We also saw evidence of how things were changed to reflect the nature of comments, for instance, parking was the main thing that patients commented about due to the fact that the surgery was situated in a mainly residential area with resident parking via the use of permits. The surgery obtained some more visitor parking permits which would be given to patients who could not find a parking space. The payment machine outside the surgery had also been converted to a cashless machine whereby people wishing to park must use their mobile to download an app. The app had been downloaded to a surgery mobile and patients are allowed to use this to pay for parking.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

The GP had the capacity and skills to deliver high-quality, sustainable care.

- The provider had the experience to deliver the treatment that was offered and to address and manage any risks associated to it.
- The provider had the capacity to deal with the increasing demand on the service.
- All staff were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were able to address them.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Surgery specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks through regular meetings.

### Vision and strategy

The provider had a clear vision and strategy to deliver high quality treatment and advice to the patients registered at the surgery.

- The surgery had a well thought out and executed business plan.
- The surgery vision was formed by utilising the experience of the managing partners and the staff, together with the patient need for good quality and accessible service.
- The surgery encouraged an holistic care approach where appropriate advice and immunisation was delivered according to national guidance, but where the physical, psychological and social aspects of the care of each patient was also considered.
- All staff understood and practiced the values of professionalism and efficiency.
- The surgery had well-managed financial management in place and was realistic regarding targets and objectives.

### Culture

The surgery had a culture of high quality care.

- Staff felt respected and valued. All staff enjoyed working at the surgery and were supported both surgeryally and personally.
- There was a focus on tailoring advice and treatment to each patient on an individual basis.
- The GP was knowledgeable and led by example.
- There was a culture of openness and honest. All issues were openly discussed at regular minuted staff meetings or ad hoc meetings. The provider was aware of and had systems in place to ensure it complied with the requirements of the duty of candour.
- All clinical staff had a training schedule and were valued for the expertise that they had, and were gaining, through continuous development.
- There was a culture of equality and diversity, and all staff and patients felt they were treated equally and respectfully.
- The surgery operated safely, with particular consideration given to potential emergency scenarios and how staff would deal with them.
- The surgery had a positive outlook, with staff content in their job roles.
- Patients were encouraged to be involved in their own care and were given the appropriate choices and options in the surgery in order to make an informed decision.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The surgery was managed well, with particular systems to support an effective and safe service.
- Staff were clear as to their roles. There were defined lead roles and a registered manager in post who understood their responsibilities.
- There was continuous review of policies and objectives, which were communicated to all staff.

### Managing risks, issues and performance

There was a clear and effective process for managing risks, issues and performance.

- There were financial management processes in place to keep an oversight of the performance and sustainability of the surgery for the future.

# Are services well-led?

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

- The surgery was able to deal with incidents, with staff trained and aware of what to do – for example for spillages or a patient being unwell. This was in addition to training in fire evacuation and life support.

## **Appropriate and accurate information**

The surgery acted on appropriate and accurate information.

- The surgery kept up to date with all medicine alerts.
- Performance of the surgery was discussed at meetings.
- Staff were kept up to date with information and business objectives.
- There were arrangements in place to deal with data security and the integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

The surgery involved the staff and the patients to support ongoing sustainable treatment.

- There were feedback processes and the surgery used its own feedback form to measure patient opinions.

- There was a transparent and collaborative approach by the staff and company directors.
- All staff were encouraged to attend learning events and to share their knowledge both internally and externally.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Learning was shared where applicable.
- Leaders encouraged staff to take time for revalidation, training and career development.
- The GP was committed to attending a range of external learning events, such as British Medical Association seminars, hot topic days and external courses. He also wrote articles in local papers, gave talks at community centres and schools on various topics such as Dangers of Substance Abuse, Healthy Living, Sports' Medicine and gave regular television presentations on a Turkish television program.