

Dr Cecil Skelly

Quality Report

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

Ratings

Overall rating for this service

Good



Are services caring?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Cecil Skelly on 8 December 2016. The overall rating for the practice was good. The full comprehensive report on the 8 December 2016 inspection can be found by selecting the 'all reports' link for Dr Cecil Skelly on our website at www.cqc.org.uk.

This inspection was a desk-based inspection carried out on 2 August 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 in our previous inspection on 8 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety and had developed a business continuity plan.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed an improvement and patients felt more involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients surveyed said they found it easy to make an appointment with a named GP.
- There was continuity of care, with urgent appointments available the same day.
- The practice 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 practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

However, there were also areas of practice where the provider could make improvements.

The areas where the provider should make improvement are:

Summary of findings

- Although the results are improving the practice should continue to assess, monitor and improve the quality of care provided in view of the low patient survey results.

At our previous inspection on 8 December 2016, we rated the practice as requires improvement for providing caring services as the practice had done nothing to address the

low patient survey results. At this inspection we found that the patient survey scores had improved and the practice had put in processes to drive this improvement. Consequently, the practice is now rated as good for providing caring services.

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 caring?

The practice is rated as good for providing caring services.

Good



- The practice had identified 23 patients as carers (1% of the practice list).
- Data from the 2017 national GP patient survey showed improvement although patients rated the practice lower than others for some aspects of care. For example;
- 91% (previously 82%) had confidence and trust in the last GP they saw or spoke to compared to the CCG and national average of 95%.
- 98% (previously 84%) had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 95% and the national average of 97%.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for caring services identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for caring services identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for caring services identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for caring services identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for caring services identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for caring services identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Although the results are improving the practice should continue to assess, monitor and improve the quality of care provided in view of the low patient survey results.

Dr Cecil Skelly

Detailed findings

Our inspection team

Our inspection team was led by:

A Lead CQC Inspector

Background to Dr Cecil Skelly

Dr Cecil Skelly is located in the New North Health Centre and shares the ground floor with a pharmacy on New North Rd, London N1 7AA. The building is owned by the pharmacy and leased to the practice who are responsible for maintenance. The premises have step free access with an accessible toilet.

They provide NHS primary medical services to approximately 1800 patients through a General Medical Services contract (a General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities). The practice is commissioned by NHS Islington Clinical Commissioning Group.

The practice staff consist of the principle GP (male) who works nine sessions per week, a practice nurse (female) who works two sessions per week and a healthcare assistant (female) who works one session per week. There is a practice manager and an assistant practice manager who both work part time and two receptionists that also work part time.

The practice is open from:

- Monday 9am - 1pm and 5pm - 6.30pm
- Tuesday 9am - 1pm and 5pm - 6.30pm
- Wednesday 9am - 1pm and 5pm - 6.30pm
- Thursday 9am - 1pm
- Friday 9am - 1pm and 5pm-6.30pm

Appointments started 30 minutes after the practice opened at 9.30am.

Extended hours appointments are offered on Tuesdays and Wednesdays from 6:30pm to 7:30pm. The practice also provides telephone consultations and home visits. The home visits are carried out between morning and evening surgery. Out of hours appointments are covered by the Islington iHub service. Appointments are available, Monday to Friday - 6.30pm to 8pm, Saturdays and Sundays - 8am to 8pm. Care UK cover the practice on Thursdays from 1pm to 6:30pm. Outside of these hours the practice is covered by the 111 service.

Ten percent of the practice population is over 65 and 31% of the population is aged between 25 to 34. Seventy three percent of the practice population have England as their country of birth. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Cecil Skelly on 8 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection on 8 December 2016 can be found by selecting the 'all reports' link for Dr Cecil Skelly on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up desk-based focused inspection of Dr Cecil Skelly on 2 August 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 desk-based focused inspection of Dr Cecil Skelly on 2 August 2017. This involved reviewing evidence that:

- There has been an improvement in the quality of care provided in view of the low patient survey results.
- The practice had implemented a business continuity plan.
- Evidence of continued clinical audit or other quality improvement activities.
- The care and support offered to carers had improved.

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 caring?

Our findings

At our previous inspection on 8 December 2016, we rated the practice as requires improvement for providing caring services as practice had done nothing to address the low patient survey results.

We found that the carer's register had been introduced when we undertook a follow up inspection on 2 August 2017 and the patient survey scores had improved. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Results from the 2017 national GP patient survey results had improved and showed patients had started to feel they were treated with compassion, dignity and respect. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% (previously 68%) of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 80% (previously 69%) of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 91% (previously 82%) of patients said they had confidence and trust in the last GP they saw compared to the CCG average and national average of 95%.
- 75% (previously 67%) of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.

- 86% (previously 82%) of patients said the nurse was good at listening to them which was the same as the clinical commissioning group (CCG) average and comparable to the national average of 91%.
- 86% (previously 82%) of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 98% (previously 84%) of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 87% (previously 82%) of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 100% (previously 93%) of patients said they found the receptionists at the practice helpful which was higher than both the CCG average of 88% and the national average of 87%.
- 85% of patients described their overall experience of this surgery as good compared to the CCG average of 82% and the same as the national average.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients' responses were mixed when asked about their involvement in planning and making decisions about their care and treatment, however there had been significant improvements. Some results were in line with local and national averages. For example:

- 75% (previously 80%) of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and the national average of 86%.
- 74% (previously 69%) of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% (previously 81%) of patients said the last nurse they saw was good at explaining tests and treatments which was same as the CCG and comparable to the national average of 90%.

Are services caring?

- 86% (previously 81%) of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. Notices in the reception areas informed patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The practice's website had the facility to be translated into 16 different languages.
- The Choose and Book service was used with patients as appropriate. (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).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them such as Islington carer's hub. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.