Dr Sirri Surgery

Quality Report

336 St Ann's Road
London
N15 3TA
020 8809 4414
Tel: 020 8809 4414
Website:

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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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Dr Sirri Surgery is situated within NHS Haringey Clinical Commissioning Group. It provides an independent healthcare service which includes, offering medical examinations, consultation, advice, and counselling which patients pay for privately.

The staff team at the practice 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).

Dr Sirri Surgery was not an approved training practice for GP Registrars.

The practice was open between 10.00 and 18.00 Monday, Wednesday, Thursday and Friday and open between 10.00 and 13.00 on Tuesdays. Appointments were from 10.00 to 13.00 every morning and 15.00 to 18.00 daily. 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 and patients could access the local walk in centre or the local accident and emergency department.

Summary of findings

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.

We found that the service was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations

Our key findings across all the areas we inspected were as follows:

- 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, with the exception of those relating to the availability of emergency oxygen.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 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.

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?

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

Risks to patients who used services were assessed. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Are services effective?

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

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.

Are services caring?

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

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 easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

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

The practice reviewed the needs of its local population. 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 practice had good facilities and was well equipped to treat patients and meet their needs. Information

Summary of findings

about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Dr Sirri Surgery

Detailed findings

Background to Dr Sirri Surgery

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was an announced focused inspection in response to information received to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection team was led by a CQC Lead Inspector, a second inspector and included a GP and a practice manager who were granted the same authority to enter registered persons' premises as the CQC inspector.

Before the inspection we reviewed a range of information we held about the practice, reviewed information sent to us by the provider and asked other organisations to share what they knew. We looked at the provider's website for details of the staff employed and the services provided.

We carried out an announced focused inspection on 7 September 2015.

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

All of the 14 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?
- 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

Safe track record

There was an open and transparent approach; and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we were provided with a log covering the last 12 months with two significant events recorded. We tracked both incidents and saw records were completed in a comprehensive and timely manner. They were discussed routinely at practice meetings, to share learning and to identify actions to prevent recurrence. For example, one significant event had recorded how a patient had incurred an injury whilst visiting the practice. The patient was seen by the GP and a formal apology was made. The practice team met to discuss the event and reviewed the layout of its practice. Learning was disseminated to all practice staff and we saw meeting minutes to confirm this.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. We saw a recent alert on Ebola the practice had received and evidence of it being discussed in practice meetings. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe. There were arrangements in place to safeguard adults and children from 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.

The GP was the lead member of staff for safeguarding. He attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role We were provided with written documents to evidence that the GP and the nurse had had received Level three child protection training and training in safeguarding adults.

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 disclosure and barring service check (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.

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 up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked 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.

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who 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 and we saw evidence that action was taken to address any improvements identified as a result.

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 vaccinations on the premises. Regular medication audits

Are services safe?

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.

The staff team consisted of staff who had been employed by the practice for over five years and there had been no new recruitment. We saw the recruitment policy which included the procedure the practice would follow when recruiting new members of staff and covered appropriate recruitment checks that would be undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Arrangements to deal with emergencies and major incidents

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 but the practice did not have emergency oxygen available. The National Resuscitation Council has the view that: 'Current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible.' Oxygen is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxemia, which is an abnormal low level of oxygen in the blood). The provider informed us after the inspection that they had purchased oxygen and provided written evidence to confirm this.

There was a first aid kit and accident book 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

As an independent provider of general practice the practice 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 they had tried to become more involved with his local Clinical Commissioning Group and tried to become part of local benchmarking but as he was an independent provider this had not been possible.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits in the last two years, and both of these were completed audits where the improvements made were implemented and monitored. For example, the GP was a methadone prescriber for maintenance doses and the audit tested the benefit of using a drug screening product which was the 'Inst Alert Multi Drug One Step Screening Test'. The audit identified that the new product was better at identifying drug misuse and would benefit service provision. The second audit compared the effective use of inhaler devices for asthma patients. The audit found that using a spacer (an asthma spacer is an add-on device used to increase the ease of administering aerosolized medication from a metered-dose inhaler (MDI)), greatly improves the effective use of inhaler medication and recommended a spacer for the long term management of asthma. The practice was going to recommend the spacer to patients with asthma where appropriate.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring and clinical supervision. All clinical staff had had an appraisal within the last 12 months and non-clinical staff were in the process of being appraised. The GP was due revalidation in December 2015. 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. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and test results. Patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. For example, the GP with the patient's consent wrote to their NHS GP informing them of his intervention and made referrals to other healthcare specialist consultants where required.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. As an independent provider the GP did not participate in multi-disciplinary meetings. However, we saw evidence through the review of medical

Are services effective?

(for example, treatment is effective)

records of the GP making referrals to other professionals such as social services, community services and patients' NHS GPs. He also attended British Medical Association meetings every other week.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients in need of extra support were identified by the practice.

The practice did not participate in women's screening programmes and did not provide childhood immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone; and that people were treated with dignity and respect. Curtains were provided in the consulting room so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that the consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they- offered them a private room to discuss their needs. Patients were spoken to in their first language, which mainly consisted of Turkish or Greek, as most patients at the practice could not speak English.

All of the 14 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 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.

As an independent provider of healthcare the practice did not participate in the GP patient survey. However, the practice had completed their in-house patient survey on an annual basis and we saw written evidence to confirm this. The practice compared their results to other local CCG practices. Results from this year's survey showed that patients felt they were always treated with compassion, dignity and respect. Patients highlighted that they chose to see the GP as a result of recommendation and not having English as their first language as the GP could speak a range of languages, including, Turkish and Greek and the practice nurse could speak Arabic.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example patients said the GP was good at explaining tests and treatments and involving them in decisions about their care.

Patient and carer support to cope emotionally with care and treatment

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. At the request of patients, the practice provided a television which was mounted in the waiting area and showed Turkish programmes.

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.

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card. The GP also met with the family and gave them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example; the practice offered to open early or closed late for working patients who could not attend during normal opening hours. There were longer appointments available for people with a learning disability and urgent access appointments were available for children and those with serious medical conditions. There were disabled facilities, including wheelchair access at the practice. Other reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services.

Access to the service

The practice was open between 10.00 and 18.00 Monday, Wednesday, Thursday and Friday and was open between 10.00 and 13.00 on Tuesdays. Appointments were from 10.00 to 13.00 every morning and 15.00 to 18.00 daily. 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 to pre-bookable appointments could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. An out of hours service was not provided and patients could access the local walk in centre or the local accident and emergency department.

Results from the practice patient survey showed that patient's were satisfied with how they could access care and treatment. Patients we spoke with on the day were able to get appointments when they needed them. For example, patients highlighted that they came to the practice as it was easier to get an appointment at the practice and that they were able to see the same GP. The GP also saw one patient every 30 minutes which allowed increased one to one time.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance. The practice manager was the designated responsible person who handled all complaints in the practice. Patients were also provided with the contact details of The Independent Complaints Advocacy Services (ICAS) and the Patient Advice and Liaison Services (PALS) to support them with their complaints.

We saw that information was available to help patients understand the complaints system such as posters displayed in the reception area. The complaints procedure had been translated into languages such as Turkish and Greek to meet the communication needs of the local population.

The practice had recorded two complaints this year. They were satisfactorily handled and were dealt with in a timely way which was in accordance with the practice's complaints policy. Each complainant was written to, discussing their complaint in detail.

All complaints including verbal complaints were thoroughly recorded and we saw evidence of openness and transparency when dealing with complaints. Verbal complaints were recorded in writing to ensure they were not missed and were also responded to in writing.

The practice reviewed complaints on an on-going basis by discussing complaints at its practice meetings to detect themes and trends and to ensure lessons were learned from individual complaints. We saw from the minutes that complaints were routinely discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

Are services well-led?

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Although the practice had a mission statement it was not displayed in the waiting areas but staff knew and understood the values. All staff we spoke with knew and understood their responsibilities in relation to providing a good quality service, to be patient centred, to listen and be responsive. Comments we received were very complimentary about the standard of care received at the practice and confirmed that patients were consulted and given choices as to how they wanted to receive their care. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that there was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff. We reviewed a number of policies, for example the complaints and recruitment policy, which were in place to support staff. They were detailed and provided appropriate guidance for staff. We were shown the policies for staff on harassment, whistleblowing and bullying at work. All policies and procedures we looked at had been reviewed annually and were up to date.

There was a comprehensive understanding of the performance of the practice. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.

The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. A culture of openness and honesty was encouraged throughout the practice.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and complaints received and proposals for improvements were addressed. For example, in January 2014, the parking spaces by the surgery became 'Resident's Permit Holder' only spaces and several patients suggested that the practice should apply for permits to give out to patient visitors. This was done by the practice and it obtained parking permits for patients. Patients also suggested that a review of the telephone system take place as they found it difficult to get through by phone. As a result phone line capacity was doubled.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. 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

Are services well-led?

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

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.