

# Dr George Kamil

## 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

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services responsive to people's needs?	Requires improvement 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an unannounced focused inspection at Dr George Kamil also known as Upper Halliford Medical Centre on 08 March 2016 due to concerns raised during an announced comprehensive inspection completed on 05 January 2016.

The focused inspection was to ensure that patient safety was not being compromised. Specifically we reviewed:-

- If patients were receiving effective care.
- If appropriate action and risk assessments had been completed following the results of a DBS check for a member of staff.
- If patients had access to a practice nurse.
- If the practice had reviewed access to a female clinician.
- To further review medicines management.

This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr George Kamil on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- We reviewed 13 patients records and found patients were receiving effective care.
- Following the results of a DBS check the practice had appropriately taken action and had completed a risk assessment.
- The practice had employed a locum nurse for three hours a week.
- The practice nurse was female and the practice was aware that further arrangements for patient choice if requesting a female GP was still to be actioned.
- Medicines management was inadequate and the practice needed to review policies and procedures. For example, the storage of medicines and vaccines within the clinical fridges were not being monitored correctly.

The ratings for this report are taken from the initial comprehensive inspection carried out on the 5 January 2016. The findings from this focused inspection did not affect the ratings or the actions previously required from the provider.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services.

The findings from our comprehensive inspection on the 5th January 2016 found the following:-

- There was a system for reporting, recording and monitoring incidents, accidents and significant events. However, there was no evidence of action taken or that lessons were shared to ensure improvement of safety within the practice.
- The practice did not have reliable systems, processes and practices to keep patients safe and safeguard them from abuse.
- Not all staff were up to date with the practices' mandatory training such as safeguarding, infection control and fire safety.
- Risks to patients were not consistently assessed and well managed. For example, the practice had not carried out risk assessments for fire or legionella and had not completed an infection control audit or reviewed cleaning logs.
- Vaccines were not stored in accordance with Department of Health guidance.
- Appropriate recruitment checks and risk assessments had not been undertaken prior to the employment of practice staff.
- The practice did not have access to an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) and had not risk assessed if this was necessary.
- The practice was not using Patient Group Directions to allow nurses to administer medicines or Patient Specific Directions to enable Health Care Assistants to administer vaccines in line with the required legislation.

We conducted an unannounced focused inspection on the 8 March 2016 to further review if the service was safe. We found specifically during this inspection that:-

- Following the results of a DBS check the practice had appropriately taken action and had completed a risk assessment.
- Medicines management was inadequate and the practice needed to review policies and procedures. For example, temperatures of fridges where medicines and vaccines were stored were found to be above the required temperatures for the month of February 2016. There was no evidence of action taken to address if medicines or vaccines were still safe to use.

Inadequate



# Summary of findings

- The practice had employed a locum nurse for three hours a week who was conducting child immunisations and cervical screening.

## Are services effective?

The practice is rated as inadequate for providing effective services.

The findings from our comprehensive inspection on the 5th January 2016 found the following:-

- Data showed patient outcomes were at or below average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice was unable to demonstrate that improvements to patient care were driven by the completion of clinical audit cycles.
- Staff had not received regular appraisals or personal development plans. Not all staff had completed the practice's mandatory training. The GP had not been trained in the Mental Capacity Act 2005.
- Staff told us they worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, there were no records to confirm this.
- Some childhood immunisation rates were below the clinical commissioning group (CCG) averages. This was the same for tests for cervical cancer and bowel cancer screening.

We conducted an unannounced focused inspection on the 8 March 2016 to further review if the service was effective. We found specifically during this inspection that:-

- We reviewed 13 patients records. We found that seven out of the 13 patients had received a medicine review in the required time frame and that four out of eight patients had their long term condition reviewed in the required time frame. We found that all pathology results received had been actioned. Patients were receiving effective care over the last year for the review of their long term conditions and regular medication.

**Inadequate**



## Are services responsive to people's needs?

The service is rated as requires improvement for providing responsive services.

The findings from our comprehensive inspection on the 5th January 2016 found the following:-

**Requires improvement**



# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs. However, the practice may not be as easily accessible to patients who used wheelchairs due to the width of corridors.
- Information about how to complain was available and easy to understand and the practice told us they responded quickly to issues raised. However, robust systems were not in place to record verbal complaints or show how the practice had investigated, actioned or learnt from complaints including sharing this with staff.
- The practice had not reviewed patient choice in relation to being able to have access to a female GP, or made suitable alternative arrangements to refer patients to another practice.

We conducted an unannounced focused inspection on the 8 March 2016 to further review if the service was responsive. We found specifically during this inspection that:-

- Patients did not have access to a female GP. The practice was planning to employ a locum female GP once a month but this was not in place at the time of the inspection.

# Dr George Kamil

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.  
The team included a GP specialist adviser.

## Background to Dr George Kamil

Dr George Kamil also known as Upper Halliford Medical Centre is a single handed GP practice providing primary medical services to approximately 3,020 patients in the Shepperton area of Middlesex. The practice occupies a building which was not originally designed for the delivery of medical services and access for patients who may use wheelchairs could be limited due to the width of corridors.

All services are provided from:

270 Upper Halliford Road, Shepperton, Middlesex, TW17 8SY.

The GP (male) is supported by a part time locum female practice nurse who works 3 hours a week and a male healthcare assistant who works 20 hours a week. A male locum GP is used to cover the primary GP in their absence. The practice is also supported by a full-time business manager and five part-time reception / administrative staff. At the time of the inspection the practice was hoping to increase the hours of the practice nurse. The practice employed the services of a part time locum practice manager but they were not present at the time of the inspection.

The practice is open from 8:30am -6:30pm with the exception of Wednesday where the practice closes at 1:30pm. There are extended hours every Thursday until 7:30pm.

Surgery hours are available between 9:30am and 11:30am and 4:00pm to 6:00pm Mondays Tuesdays, Thursday and Friday. On a Wednesday hours are 9:30am to 11:30am

During the times when the practice is closed, the practice has arrangements for patients to access care from Care UK an Out of Hours provider.

The practice population has a higher number of patients between 50-59 and 75+ years of age than the national and local Clinical Commissioning Group (CCG) average. The practice provides a regular service to two nursing homes in the local area. The practice population also shows a lower number of patients aged from birth to 34 year olds than the national and local CCG average. There is a higher than average number of patients with a long standing health conditions. The percentage of registered patients suffering deprivation (affecting both adults and children) was higher than the CCG average but lower than the average for England. Less than 10% of patients do not have English as their first language.

## Why we carried out this inspection

We carried out an unannounced focused inspection on the 8 March 2016 of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

# Are services safe?

## Our findings

### Overview of safety systems and processes

The practice did not have systems in place to keep patients safe. For example, recruitment checks for staff.

- We reviewed recruitment files for staff. At the comprehensive inspection we noted that a risk assessment had not been conducted after the findings from a DBS check. At this inspection the provider had taken all necessary action and we saw evidence of a risk assessment.
- Medicines were stored within a fridge in the healthcare assistants room. The practice was recording fridge temperatures on a daily basis. However, we noted that the temperature had exceeded the recommended safe temperature for the storage of medicines for the month of February 2016 and on four occasions in March 2016. During February 2016 the temperature had been recorded at 13°C four consecutive days (the recommended temperature range is between 2°C and

8°C). There was no record of appropriate action having been taken, this posed a potential risk of harm to patients. The domestic fridge was still in use for the storing of health care checks pack. The temperature of this fridge was not being monitored.

### Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- At our comprehensive inspection on 5 January 2016 the practice had been without a practice nurse. The previous practice nurse had left in December 2015 and had not been replaced. At this inspection the practice had employed a locum nurse. However, the locum nurse was only working three hours per week (the previous nurse had been working 6 hours a week) and was only conducting cervical screening tests and immunisations. The GP told us that they were hoping to increase the hours of the practice nurse. They informed us they had taken over some of the duties of a nurse by managing patients with long term conditions.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Management, monitoring and improving outcomes for people

We reviewed 13 patients records. We found that seven out of the 13 patients had received a medicine review in the required time frame and that four out of eight patients had their long term condition reviewed in the required time frame. We found that all pathology results received had been actioned.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs.

The practice did not always recognise or respond to the needs of its local population. The practice could not offer a choice of GPs of differing genders to patients. Patients did

not have access to a female GP if female patients preferred to see a doctor of the same sex as themselves. We spoke with the GP in relation to this, who informed us they were planning to employ a locum female GP to work one day a month. At the time of the inspection this had not been actioned.