

Dr Ghadeer Hamad

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 effective?

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 Ghadeer Hamad's practice on 20 September 2016. The overall rating for the practice was good with the key question of effective rated as requires improvement. The full comprehensive report on the September 2016 inspection can be found by on our website at <http://www.cqc.org.uk/location/1-518709897>

This inspection was a desk-based review carried out on 7 April 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 20 September 2016. This report covers our findings in relation to those requirements.

Overall the practice is now rated as good.

Our key findings were as follows:

- At the inspection in September 2016 we found that not all patient test results were viewed by a suitably qualified clinician. At this inspection we saw that the practice had implemented a new policy to ensure that all patient test results were viewed and actioned by a clinician.

- At our previous inspection, we identified that clinical staff had not received the appropriate update training necessary to enable them to carry out their duties effectively. For this inspection, the practice sent us evidence that this training had been completed.
- During our previous inspection in September 2016 we saw that written patient consent for contraceptive implants was not obtained in line with current guidance. At this inspection we saw evidence that written consent was obtained routinely when current guidance recommended it.
- At the inspection in September 2016, we saw that the practice had not addressed all of the risks associated with the security of blank prescription forms. At this inspection we saw that the practice had introduced a new policy and working practice to address those risks and ensure that loose prescriptions were securely managed.
- At our previous inspection, we found that oxygen cylinders for use in emergencies had not been checked and managed appropriately. At this inspection we saw that a new process for their management had been introduced to ensure that oxygen would always be available for emergency use.

Summary of findings

- During our inspection in September 2016, we saw that there was no current building electrical safety certificate for the surgery. For this inspection we were sent a copy of a certificate that had been obtained to certify the electrical safety of the building.
- At our inspection in September 2016 we noted that there had been no recorded infection control audit activity to demonstrate compliance with practice infection control policy and procedure and no regular full infection control training for staff. At this inspection, we saw that the practice had carried out an infection control audit and that all staff had received suitable infection control training.
- At our previous inspection we noted that information for patients and staff regarding the practice complaints procedure was not easily available to patients and staff. For this inspection we were sent a copy of a poster that the surgery told us was now displayed on the wall in the patient waiting area that detailed the practice complaints procedure.

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 effective?

The practice is rated as good for providing effective services.

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to effective care and treatment since the inspection carried out in September 2016.

Evidence supplied included:

- A new practice policy for the viewing and management of patient test results. This allowed that all patient test results were viewed by a clinician.
- Evidence of appropriate clinical staff training, including training certificates.
- Copies of patient consent form used for the written evidence of patient consent for contraceptive implants.

Good



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 effective practice identified at our inspection on 20 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-518709897>

Good



People with long term conditions

The provider had resolved the concerns for effective practice identified at our inspection on 20 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-518709897>

Good



Families, children and young people

The provider had resolved the concerns for effective practice identified at our inspection on 20 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-518709897>

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for effective practice identified at our inspection on 20 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-518709897>

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for effective practice identified at our inspection on 20 September 2016 which applied to everyone using this practice, including this population group. The

Good



Summary of findings

overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-518709897>

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective practice identified at our inspection on 20 September 2016 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found at <http://www.cqc.org.uk/location/1-518709897>

Good



Dr Ghadeer Hamad

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

Background to Dr Ghadeer Hamad

Dr Ghadeer Hamad's practice otherwise known as The Preston Road Surgery is situated on the main A6 at 652 Preston Road in the Clayton-le-Woods area of Chorley, PR6 7EH. The building is single-storey and was originally built in the early 1930's as a residential home. The practice was

refurbished and turned into a surgery in 1982. It has had three extensions to the building and provides patient facilities of a waiting area and four treatment and consulting rooms. The practice provides level access for patients to the building with disabled facilities available.

There is parking provided for the practice at the rear of the property and the practice is close to public transport.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS).

There is one female GP partner and two male long-term locum GPs assisted by one clinical nurse practitioner and one healthcare assistant. A practice manager and assistant practice manager together with five administrative and reception staff also support the practice.

The practice is open from Monday to Friday 8am to 6.30pm and extended hours are offered on Saturday from 9am to 12noon. Doors are open to patients from 8.15am to 6pm

and appointments are offered every day from 9am to 11.30am and from 3.30pm to 5.30pm except Thursdays when the surgery is open but there is no bookable afternoon surgery. On a Monday morning, the practice offers an open surgery between 9am and 10.30am in place of the bookable appointments. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning 111.

The practice provides services to 3,256 patients. There are higher numbers of patients aged between 45 and 65 years of age (32%) than the national average (25%) and fewer numbers of patients aged over 65 years of age (15%) than the national average (17%).

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is slightly lower than the local and national average, 81 years for females compared to 83 years nationally and 78 years for males compared to 79 years nationally.

The practice has a higher proportion of patients experiencing a long-standing health condition than average practices (62% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is higher (67%) than the local and national average of 62% and unemployment figures, 3%, are the same as the local average and lower than the national average of 5%.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Dr Ghadeer Hamad's practice on 20 September 2016. The

Detailed findings

overall rating for the practice was good with the key question of effective rated as requires improvement. The full comprehensive report on the September 2016 inspection can be found by on our website at <http://www.cqc.org.uk/location/1-518709897>

We undertook a follow up desk-based focused inspection of Dr Ghadeer Hamad's practice on 7 April 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 Ghadeer Hamad's practice on 7 April 2017. This involved reviewing evidence that:

- All patient test results were viewed by a suitably qualified clinician.
- Clinical staff had attended the update training necessary to enable them to carry out their duties effectively.
- Written patient consent was obtained routinely in line with current guidance for the fitting of contraceptive implants.
- The practice had addressed the risks associated with the security of loose prescription forms.
- The management of oxygen supplies for patient use in medical emergencies ensured that it was available.
- The practice had obtained a current building electrical safety certificate.
- An infection control audit had been undertaken and that all staff had received full training in infection prevention and control.
- Information regarding the practice complaints procedure was available to patients and staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing effective services as the practice had not done all that was reasonably practicable to assess, monitor, manage and mitigate the risks to the health and safety of service users. The practice did not make all patient test results available to suitably qualified persons in the practice.

We also found at our inspection on 20 September 2016 that staff did not always receive such appropriate training to enable them to carry out the duties they were employed to perform. This included infection prevention and control, cervical screening and vaccinations and immunisations.

These arrangements had significantly improved when we undertook a follow up inspection on 7 April 2017. The practice is now rated as good for providing effective services.

Effective staffing

The practice supplied us with evidence of update training for clinical staff in the areas of cervical cytology and vaccinations and immunisations and we saw copies of certificates for that training. We were also sent details of staff training that evidenced that all staff had undertaken further training in infection prevention and control. The practice sent us detailed records of all staff training and a copy of the practice training plan to govern training activity which included annual infection control training.

Coordinating patient care and information sharing

The practice had produced a new policy for managing patient test results sent to the practice. This policy did not allow for non-clinical staff to view and file patient test results without the sight of a clinician. A suitable clinician viewed all patient test results before they were filed on the patient record.

Consent to care and treatment

We saw copies of the patient consent form that showed that written consent was obtained routinely for contraceptive implants in line with current guidance.