

Dr Hazem Lloyd

Quality Report

Cedar House,
82 Bramhall Lane,
Stockport, Cheshire,
SK2 6JG

Tel: 0161 426 5198

Website: www.cedarhousesurgery.co.uk

Date of inspection visit: 28 October 2016

Date of publication: 02/12/2016

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 safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7

Detailed findings from this inspection

Our inspection team	8
Background to Dr Hazem Lloyd	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

This is a focused desk top review of evidence supplied by Dr Hazem Lloyd, Cedar House for areas identified as requiring improvement within the key question safe.

We found the practice to be good in providing safe services. Overall, the practice is rated as good.

The practice was inspected on 8 June 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008 (HSCA). At that inspection, the practice was rated 'good' overall. However, within the key question safe, the systems in place for assessing, monitoring and mitigating risks to patients were identified as requires improvement, as the practice was not meeting the legislation at that time; Regulation 12 Safe care and treatment HSCA (Regulated Activities) Regulations 2014.

At the inspection in June 2016 we found that systems for assessing, monitoring, recording and mitigating risks to patients were not comprehensively undertaken in relation to:

- The lack of an automated external defibrillator (AED) within the practice.
- Staff undertaking the role of chaperone without a Disclosure and Barring Service (DBS) check in place (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).
- Lone working.
- Legionella (Legionella is a term for a particular bacterium that can contaminate water systems in buildings).

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 good for providing safe 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 safe care and treatment since the inspection carried out in June 2016.

Evidence supplied by the practice included:

- The practice had completed a risk assessment to identify and assess associated risks following a decision not to have an automated external defibrillator (AED) available within the practice.
- Documentation supplied by the practice confirmed Disclosure and Barring Service (DBS) checks had been completed for the remaining four members of staff that carried out chaperone activity. (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 lone working risk assessment had been completed that included the assessment of risks to staff both within the practice building and when undertaking home visits. The practice lone workers policy had also been amended following the assessment of associated risks.
- The results of water samples sent for analysis by the practice identified that no legionella bacteria was present in the samples (Legionella is a term for a particular bacterium that can contaminate water systems in buildings). To inform the future management of risks associated to legionella the practice had commissioned and completed a risk assessment and developed a practice legionella management policy.

Good



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection 8 June 2016. A copy of the full report following this inspection is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

This rating was given following the comprehensive inspection 8 June 2016. A copy of the full report following this inspection is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection 8 June 2016. A copy of the full report following this inspection is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services well-led?

The practice is rated as good for providing well-led services.

This rating was given following the comprehensive inspection 8 June 2016. A copy of the full report following this inspection is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

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 practice is rated as good for the care of older people

Good



This rating was given following the comprehensive inspection on 8 June 2016. A copy of the full report following this inspection is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

People with long term conditions

The practice is rated as good for the care of people with long term conditions.

Good



This rating was given following the comprehensive inspection on 8 June 2016. A copy of the full report following this inspection is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



This rating was given following the comprehensive inspection on 8 June 2016. A copy of the full report following this inspection is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

Good



This rating was given following the comprehensive inspection on 8 June 2016. A copy of the full report following this inspection is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



This rating was given following the comprehensive inspection on 8 June 2016. A copy of the full report following this inspection is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

This rating was given following the comprehensive inspection on 8 June 2016. A copy of the full report following this inspection is available on our website at: <http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service.

Dr Hazem Lloyd

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentary evidence submitted.

Background to Dr Hazem Lloyd

Dr Hazem Lloyd, Cedar House is part of the NHS Stockport Clinical Commissioning Group (CCG). Dr Hazem Lloyd is the registered provider and is a single handed GP. Services are provided under a general medical services (GMS) contract with NHS England. The practice told us that they had 1982 patients on their register.

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. Male and female life expectancy (78 and 81 years respectively) in the practice geographical area is below the England and CCG averages of 79 and 83 years.

Dr Hazem Lloyd provides full time GP cover at the practice. The practice has one practice nurse who works eight hours per week on Monday afternoon and Friday mornings. There is a practice director, a trainee practice manager and a team of three reception staff.

The practice is open between 8am to 6.30pm Monday to Friday, with extended hours on a Thursday evening until 8.30pm.

GP surgeries are held Monday and Friday at 10am – 12pm and 12.30 -2.30pm, Tuesdays 10-12am and 4-6pm, Wednesday 8.30am -10am and 12.30-2.30pm and Thursdays 12pm -2pm and 6.30pm to 8.30pm.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to order prescriptions and request and cancel an appointment.

The practice building provides ground level access, which is suitable for people with mobility issues. A hearing loop to assist people with hearing impairment is not available.

Why we carried out this inspection

We originally inspected this service as part of our new comprehensive inspection programme on 8 June 2016. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How we carried out this inspection

At the inspection in June 2016, we found that safe care and treatment required improvement. Following the original

Detailed findings

inspection the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In line with their agreed timescale the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to safe care and treatment.

We reviewed this information and made an assessment of this against the regulations.

Are services safe?

Our findings

The practice is rated as good for providing safe 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 safe care and treatment since the inspection carried out in June 2016.

Evidence supplied by the practice included:

- The practice had completed a risk assessment to identify and assess associated risks following a decision not to have an automated external defibrillator (AED) available within the practice. The risk assessment identified a moderate risk and detailed that the practice assessed that current controls mitigated the risk sufficiently to support the decision not to have an AED available within the practice. Controls identified by the practice included the availability of oxygen and emergency medication on site and the provision of basic life support training for all staff. The practice told us the risk assessment would be reviewed in one year.
- Documentation supplied by the practice confirmed that Disclosure and Barring Service (DBS) checks had been completed for the remaining four members of staff that carried out chaperone activity. (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). No issues were identified as a result of the checks completed.
- A lone working risk assessment had been completed that included the assessment of risks to staff both within the practice building and when undertaking home visits. The practice lone workers policy was also amended as a result of the risk assessment and included a template for the recording of lone working activity.
- The practice had sent water samples to be tested for Legionella (Legionella is a term for a particular bacterium that can contaminate water systems in buildings) and results reported in August 2016 identified that no legionella bacteria had been identified. To inform the management of associated risks the practice had commissioned a specialist company to undertake a legionella risk assessment and this was completed in September 2016. The risk assessment identified potential risks within the practice and included recommendations to implement a control and monitoring system. The practice developed a Legionella Management policy document that identified a responsible person within the practice and detailed a commitment to the control of risks associated to legionella.

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services caring?

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

Good 

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

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>