

Dr Wageeh Mikhail

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 safe?

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 Wageeh Mikhail on 23 June 2015. The overall rating for the practice was good. The practice was rated as good in all domains except for the 'safe' domain which was rated as 'requires improvement'. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for Dr Wageeh Mikhail on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 February 2017 to confirm that the practice had carried out their plan to make recommended improvements identified in our previous inspection on 23 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good

Our key findings were as follows:

- Our previous inspection highlighted concerns regarding the tracking and monitoring of blank

prescription forms and pads and how these were handled. Action had been taken to address these concerns and we observed a comprehensive, safe and effective tracking system in place.

- Our previous inspection highlighted concerns regarding the assessment of risks to patients and staff. The practice had taken action immediately and procured an external company to make a full comprehensive health and safety risk assessment for the practice. This had generated an action plan and we saw that all actions had been taken to address any shortfalls. We also observed that staff were aware of the importance of health and safety in the workplace and that risk assessments were completed where required. We also noted that health and safety issues and risk assessment was discussed at practice meetings and reception meetings. They had also implemented a hazards/risk matrix which was accessible on the practice's computer for all staff to log health and safety issues and risk. These were discussed and actions taken to address them.
- Our previous inspection highlighted that, although records of minor surgical procedures were being maintained, these did not include detail about the outcomes of the procedures. Action had been taken and we saw that a formal audit had been conducted

Summary of findings

based on the information collated for 2014 to 2015 and that comprehensive information was being collected for April 2016 to March 2017 in preparation for a formal audit. The information collected included outcomes of the procedure, histology reports, consent, post-operative infection, and referrals to secondary care.

- Our previous inspection highlighted that recruitment checks for new staff needed to be strengthened. We saw that action had been taken and that the three new staff recruited since the June 2015 inspection had appropriate checks and comprehensive records were maintained. This included DBS checks and an updated, comprehensive reference request from previous employers. We also noted that new staff were required to sign a confidentiality agreement and this was kept in their staff file.

- Since the June 2015 inspection, the practice had actively reviewed some of their processes and made changes where required to improve these. Staff were encouraged to share ideas for improvement. For example; a newly recruited reception supervisor identified two areas for improvement within the reception area. These were discussed with management which resulted in additional training for staff in use of spillage kits and a protocol was drawn up to support this. A protocol was also implemented to support reception staff in managing 'ad hoc' specimens brought to the practice by patients and allied health professionals. The protocol included use of a checklist to ensure sufficient information was obtained prior to accepting the specimen

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 had made significant improvements since the June 2015 inspection.

- The practice had implemented an effective system for tracking and monitoring blank prescriptions. This included recording serial numbers of blank prescriptions when taken from a locked cupboard to be used in consulting rooms and on home visits. The tracking process also included logging the serial numbers when returned to the locked cupboard.
- All staff were asked to adhere to a confidentiality policy and a signed copy of this was kept in individual staff files. We observed that staff treated patients with respect and understood the importance of confidentiality.
- A comprehensive health and safety assessment had been conducted since the June 2015 inspection and the practice had implemented a hazards and risks matrix which was accessible on the practice's computer system. Staff were able to add health and safety risks that they had identified and we saw that these had been acted upon. We observed that staff understood the importance of assessing risk and maintaining health and safety.
- We saw that there was a comprehensive recruitment process in place for new staff who had been recruited since the June 2015 inspection. New staff had a comprehensive induction and training programme and were appropriately monitored.
- There was a good recruitment and induction package in place for Locum GPs which included appropriate checks and support.
- The GP had conducted an audit of minor surgery for year ending March 2015 which followed approved guidelines. There was an audit for 2015/16 ongoing which was due to be completed in March 2016.

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

There were no concerns relating to this population group identified in the June 2015 inspection which was rated as good.

The rating of good in the safe domain is applied to all population groups including this one.

Good



People with long term conditions

There were no concerns relating to this population group identified in the June 2015 inspection which was rated as good.

The rating of good in the safe domain is applied to all population groups including this one.

Good



Families, children and young people

There were no concerns relating to this population group identified in the June 2015 inspection which was rated as good.

The rating of good in the safe domain is applied to all population groups including this one.

Good



Working age people (including those recently retired and students)

There were no concerns relating to this population group identified in the June 2015 inspection which was rated as good.

The rating of good in the safe domain is applied to all population groups including this one.

Good



People whose circumstances may make them vulnerable

There were no concerns relating to this population group identified in the June 2015 inspection which was rated as good.

The rating of good in the safe domain is applied to all population groups including this one.

Good



People experiencing poor mental health (including people with dementia)

There were no concerns relating to this population group identified in the June 2015 inspection which was rated as good.

The rating of good in the safe domain is applied to all population groups including this one.

Good



Dr Wageeh Mikhail

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 practice manager specialist advisor

Background to Dr Wageeh Mikhail

Dr Wageeh Mikhail provides primary medical services to approximately 6,314 patients through a general medical services (GMS) contract.

The services are provided from a single location. The practice is situated in a former mining community. The practice population live in one of the less deprived areas of the country, although the practice has a higher than average older population of both males and females.

The practice team comprises two male GPs. There is one full time partner GP, and one part time salaried GP. This equates to 15 sessions per week. The practice utilises a number of regular Locum GPs, to provide consistency for patients. Locum GP sessions equates to a total of 11 sessions per week. One of these works three regular sessions each week. The clinical team are supported by a full time lead nurse who is an independent prescriber, one practice nurse and one healthcare assistant and one phlebotomist (who are all female).

The practice employs a practice manager and nine administrative and reception staff. Two of these are supervisors and three are apprentices.

The practice opens between 8am and 6.30pm Monday, Wednesday, Thursday and Friday. The practice opens at

7am on Tuesdays and for one Saturday each month between 8.30am and 12.30pm. Appointments are available from 8am to 12.30pm and from 1.30pm to 5.30pm on Monday, Wednesday, Thursday and Friday and from 7am to 12.30pm and 1.30pm to 5.30pm on Tuesday. The practice also opens one Saturday per month from 8.30am to 12.30pm.

An out-of-hours service is provided by Nottingham Emergency Medical Service (NEMS) through the NHS 111 number.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Wageeh Mikhail on 23 June 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and good in all domains except for the safe domain which was rated as requires improvement. The full comprehensive report following the inspection on June 2015 can be found by selecting the 'all reports' link for Dr Wageeh Mikhail on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Wageeh Mikhail on 14 February 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

During our visit we:

Detailed findings

- Spoke with a range of staff (Reception supervisor, Administration supervisor, and reception staff)
- Observed how patients were being cared for in the reception area
- Looked at information the practice used to deliver care and treatment plans.

Are services safe?

Our findings

At our previous inspection on 23 June 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of some risk assessments, management of blank prescriptions, recruitment checks, confidentiality agreements, and clinical audits for minor surgery were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 14 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice had revised some systems and processes following our June 2015 inspection and made improvements that would ensure patient safety.

- At the June 2015 inspection we found that blank prescription forms for use in printers and those for hand written prescriptions were not handled in accordance with national guidelines as these could not be effectively tracked through the practice. At this inspection we found the practice had improved their system for tracking and monitoring blank prescription forms and pads. These were securely stored and there was a logging system whereby serial numbers of prescription pads (first and last) were recorded when being taken from their locked cupboard for use in consulting rooms. All prescription pads were logged back in again at the end of the day. All staff handling prescriptions pads were aware of the need to maintain a secure tracking system.
- At the June 2015 inspection we found that the practice were not following their recruitment policy or conducting all the detailed checks required for new staff in accordance with legislation. At this inspection we reviewed three personnel files for staff who had been recruited since the June 2015 inspection. We found that the practice had revised their policy and checking process and had conducted appropriate recruitment checks prior to employment for all three new staff members recruited since the June 2015 inspection. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through

the Disclosure and Barring Service (DBS). The practice had also kept a record of a DBS check for all staff. We looked at a staff file for a Locum GP and found that all the appropriate recruitment checks had been made.

- The practice had revised their reference request form and were using one which was comprehensive and asked for detailed information about the prospective new recruit. We saw that the template was available on the practice's computer and that this had been used to request references for the three new staff members who had been recruited since the June 2015 inspection.

Monitoring risks to patients

There were improved procedures in place to manage and monitor risks to patient and staff safety.

- The practice had procured an external agency to complete a comprehensive health and safety risk assessment since the June 2015 inspection. They had shared their action plan with us and during this inspection we found that they had acted on the recommendations made following the assessment. The practice had also incorporated health and safety as an agenda item at practice meetings and we saw meeting minutes where health and safety issues were discussed. The practice had set up a hazards/risk matrix on the practices computer to enable all staff to record health and safety risks. We saw that these had been discussed and acted upon. For example; worn carpet in the corridors had been replaced by hard flooring; a chair had been reported as worn in the waiting room and this had been replaced.
- We saw that there were a number of comprehensive risk assessment templates in use, based on the recommendations of the health and safety assessment. There was also one for 'young people working in a clinical environment' which was used specifically to protect the apprentice and ensure patient safety and confidentiality.
- We also noted on the day that, where a member of staff was using a step ladder, appropriate hazard warnings had been put in place for patient safety.
- In addition, we noted that the practice had up to date fire risk assessments and carried out fire drills. 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 had a variety of other risk assessments in place to

Are services safe?

monitor safety of the premises such as legionella. We saw that appropriate action was to act upon any identified risks to ensure these were mitigated. (These were not found to be an issue at the June 2015 inspection)

- At our June 2015 inspection we found that records had been kept of minor surgical procedures carried out at the practice, but that a formal audit had not been carried out to identify post-operative infection rates or outcomes of the procedure. At this inspection we found that Dr Mikhail had carried out a formal audit of the procedures undertaken between April 2015 and March

2016. This had been completed in October 2015 and had reviewed a random sample of 20% of Excisions taken, and 20% of joint injections performed. The outcome of the audit identified 0% infections across both sample sets and that 35 out of 37 injections were successful. The audit also reviewed referral rates to secondary care and checked that consent for each procedure had been obtained. We saw that a comprehensive record had been kept for minor surgical procedures carried out from April 2016 and was planned to run until end of March 2017. A formal audit of this information was planned for later in the year.