

Dr Esmail Esmailji

Quality Report

High Street
Stonehouse
Gloucestershire
GL10 2NG

Tel: 01453 823144

Website: www.stonehousepractice.co.uk

Date of inspection visit: 24 May 2017

Date of publication: 22/06/2017

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



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	7
Background to Dr Esmail Esmailji	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Esmail Esmailji on 19 July 2016. Overall the practice was rated as requires improvement because breaches of regulation relating to the safe and effective provision of services were identified. The full comprehensive report on the 19 July 2016 inspection can be found by selecting the 'all reports' link for Dr Esmail Esmailji on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 24 May 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 in July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had undertaken and implemented an infection control audit for assessing and monitoring risks associated with infection control, and undertaken relevant actions as required.

- The practice had reviewed and established a programme of clinical audits against defined criteria (with re-audit to demonstrate improvement and effective monitoring).
- The practice had implemented an appraisal schedule and undertaken full written appraisals for all staff.
- The practice had assessed, monitored and improved the quality and safety of the services provided in relation to legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.
- The practice was working with the clinical commissioning group to establish a patient participation engagement within the practice to ensure feedback is proactively sought.

Additionally, the practice had reviewed how they identified carers in order to provide additional support to patients who are also carers. At the last inspection, the practice had identified 19 patients who were also carers, which was equivalent to 0.7%. At this inspection, the practice had increased their number of carers to 55 patients which was equivalent to 2% of the practice list.

Summary of findings

However, there was an area of practice where the provider needs to make improvements.

The provider should:

- Ensure actions taken as a result of infection control audits are clearly recorded when these have been completed.

We have changed the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

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?

At the last comprehensive inspection on the 19 July 2016, we found the practice was not meeting legal requirements for providing safe services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

Specifically, the practice had:

- Undertaken and implemented an infection control audit for assessing and monitoring risks associated with infection control, and completed relevant actions as required. However completed actions had not been recorded.
- Assessed, monitored and improved the quality and safety of the services provided in relation to legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Good



Are services effective?

At the last comprehensive inspection on the 19 July 2016, we found the practice was not meeting legal requirements for providing effective services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

Specifically, the practice had:

- Reviewed and established a programme of systematic clinical audits against defined criteria with re-audit to demonstrate change and effective monitoring.
- Implemented an appraisal schedule and undertaken full written appraisals for all staff.

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 safety and effective identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and effective identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and effective identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and effective identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and effective identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and effective identified at our inspection on 19 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Dr Esmail Esmailji

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Esmail Esmailji

Dr Esmail Esmailji is located within Stonehouse Health Clinic in Stonehouse, Gloucestershire and is a long established family orientated small GP practice. The practice is situated in a two storey purpose built health centre building and is wheelchair accessible.

The practice provides general medical services to approximately 2,700 patients. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice has one GP (male) who is supported by a regular locum GP (female), which is equivalent to approximately one and a half full time equivalent GPs. The clinical team includes a practice nurse and a health care assistant (both female). The clinical team are supported by an administrator and two receptionists.

The practice population has a higher proportion of patients aged over 75 compared to local and national averages. For example, 12% of practice patients are aged over 75 compared to the local clinical commissioning group (CCG)

average of 9% and the national average of 8%. The practice has relatively low numbers of patients from different cultural backgrounds with approximately 97.5% of patients being white British.

The practice is located in an area with low social deprivation and is placed in the third least deprived decile by public health England. The prevalence of patients with a long standing health condition is 61% compared to the local CCG average of 55% and the national average of 54%. People living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

The practice is open between 8am and 6.30pm on Monday to Friday. Appointments are available between 8am and 12pm every morning and 4pm to 6pm every afternoon. Extended surgery hours are offered Tuesday and Thursday mornings between 7.30am and 8.30am.

Out of hours cover is provided by South Western Ambulance Service NHS Foundation Trust and can be accessed via NHS 111.

The practice provided its services from the following address:

High Street
Stonehouse
Gloucestershire
GL10 2NG

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Esmail Esmailji on 19 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The

Detailed findings

practice was rated as requires improvement. The full comprehensive report following the comprehensive inspection on in July 2016 can be found by selecting the 'all reports' link for Dr Esmail Esmailji on our website at www.cqc.org.uk.

We undertook a follow up focused inspection on 24 May 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:

- Spoke with the lead GP.

We also reviewed:

- Clinical and infection prevention and control audits.
- Records of annual appraisal.
- Records relating to legionella risk assessment.
- Systems for identifying carers.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 19 July 2016, we rated the practice as requires improvement for providing safe services as we found:

- The risk of cross infection arising from activities in the practice had not been assessed by the use of an infection control audit.
- The practice advised us, at that time, that a legionella audit had been completed by NHS property services however they were unable to evidence this on the day of our inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

These arrangements had improved when we undertook a follow up inspection on 24 May 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice had implemented a programme of regular infection control and prevention audit. These were undertaken annually by the practice nurse. We saw actions identified had been completed; however, these had not been clearly recorded.

Monitoring risks to patients

The practice had ensured they held a copy of the legionella risk assessment which had been undertaken in February 2016. We saw evidence that the actions identified were monitored by an external contractor and the practice held record of these.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 July 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff appraisal needed improving.

These arrangements had improved when we undertook a follow up inspection on 24 May 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice had implemented arrangements to ensure there was a regular programme of audits including re-audits. There had been one completed audit where improvements were implemented and monitored. For example, the practice had audited the number of patients

on blood thinning medicines to ensure they were followed up regularly and that their treatment was in line with best practice guidance. The results showed the practice was consistently following up those patients and treatment offered was in line with best practice guidelines. As a result, patients' blood result showed that they were well managed and achieving 90% target against defined criteria of 65% and above.

Effective staffing

The practice had established a programme of appraisal to ensure that all staff received an appraisal every year. The GP told us that although they continuously provided support, assessed the needs of staff and discussed development opportunities, they had formalised the process. All staff had received an appraisal between April and May 2017.