

Dr Michael Garas 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 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This is a focused desk top review of evidence supplied by Dr Michael Garas Mikhail, for areas within the key question well-led. This review was completed on 15 December 2016.

Upon review of the documentation provided by the practice, we found the practice to be good in providing well-led services. Overall, the practice is rated as good.

The practice was previously inspected on 5 April 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). At the inspection, the practice was rated overall as 'good'. However, within the key question well-led an area was identified as 'requires improvement', as the practice was not meeting the legislation around patient dignity. The practice was issued a requirement notice under Regulation 10, Dignity and Respect.

At the inspection in April 2016, we found an area of concern in relation to unprofessional communication about patients between some staff members.

Other areas identified where the practice was advised they should make improvements included:

- Carry out regular fire evacuation drills.
- Complete a legionella risk assessment.
- Display notices in the waiting room advising patients of chaperoning and translation services available.
- Ensure staff appraisals are up to date.
- Implement a robust strategy to deliver the practice vision.

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 10 Dignity and Respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice also demonstrated improvement in the other areas identified in the report from April 2016 which did not affect ratings. These improvements have been documented in the well-led section, showing how the registered person has demonstrated continuous improvement since the full inspection.

Summary of findings

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.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



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 in April 2016. A copy of the full report following this inspection is available on our website:

<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.

At the inspection in April 2016, we found an area of concern in relation to unprofessional communication about patients between some staff members. Other areas identified at the inspection for improvement included the need to improve governance around health and safety, staff appraisals and patient information.

During this inspection we found that the provider had reviewed dignity and respect. The provider had arranged training for staff around professional communication and introduced a practice policy on dignity. Instant message communication was reviewed monthly by a GP partner.

Good



Summary of findings

- We also found that improvements had been made in other areas including introducing regular fire drills and completing a legionella risk assessment.
- Notices advising patients of chaperoning and translation services available were now displayed in the waiting room.
- Staff appraisals were up to date.
- A strategy had been implemented to deliver the practice vision.

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.

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

Good



People with long term conditions

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

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Families, children and young people

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

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



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).

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People whose circumstances may make them vulnerable

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

This rating was given following the comprehensive inspection in April 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



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 in April 2016. A copy of the full report following this inspection is available on our website

<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.

Areas for improvement

Dr Michael Garas Mikhail

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector who reviewed and analysed the documentary evidence submitted.

Background to Dr Michael Garas Mikhail

Dr Michael Garas Mikhail also known as Chepstow Gardens Medical Centre is situated at 150 Lady Margaret Road, Southall, Ealing, UB1 2RL. The practice provides NHS primary care services through a General Medical Services (GMS) contract to approximately 2,400 people living in the

Southall area of the London Borough of Ealing. The practice is part of the NHS Ealing Clinical Commissioning Group (CCG).

The practice population is ethnically diverse and is representative of most age groups with a much higher than national average number of patients between 25 and 30 years. The practice area is rated in the fourth most deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury, maternity and midwifery services and surgical procedures.

The practice is currently registered with CQC as a partnership, although during the desk top review, the practice advised us that the senior partner had now retired. Advice was given regarding the need for the practice to update its registration with CQC accordingly.

The working practice team consists of one male GP partner (eight sessions/week), one female locum GP (three sessions per week), a practice nurse (six sessions /week), a practice manager, a business manager and a small team of reception staff.

The practice is open between 8.30am and 6.30pm Monday, Tuesday, Wednesday and Friday, and 8.30am to 1pm Thursday. Appointments are available throughout the practice opening hours however the practice is closed between 1pm and 2pm for lunch. The reception team direct urgent calls to a GP's mobile during this time. Extended hours appointments are offered on Monday and Friday to 7pm. For out-of-hours (OOH) care patients are instructed to contact the NHS 111 service where they are directed to local OOH services.

Services provided include long-term condition management, cervical smears, family planning, blood pressure checks, minor surgery, anticoagulation, childhood and travel immunisations.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 15 December 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

Detailed findings

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 April 2016, we found that the practice required improvement in the well-led domain. Following

the inspection the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 10 Dignity and Respect 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 dignity and respect and good governance. We also spoke with the practice manager who informed us of other developments the practice had made.

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

Are services safe?

Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. 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 effective?

(for example, treatment is effective)

Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. 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 well-led care and treatment under the key question well-led. 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 well-led care and treatment under the key question well-led. 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

At the inspection in April 2016, we found an area of concern in relation to unprofessional communication within the electronic clinical record system by some staff members.

Other areas identified at the inspection for improvement included the need to improve governance around health and safety, staff appraisals and patient information.

Leadership and Culture

At this inspection, we found that the provider had carried out additional training around dignity and respect and professional communication about patients. This had also been discussed at a staff meeting. A dignity policy had been written and the practice had introduced a monthly management review of instant electronic communication to ensure that communication about patients remained professional and appropriate.

Governance arrangements

There were other areas where practice had improved governance arrangements in which contribute to the well-led domain. These included:

- Introducing regular fire drills, one was carried out in May 2016 and a second in November 2016.
- Completing a legionella risk assessment.
- Notices advising patients of chaperoning and translation services available were now displayed in the waiting room.
- Staff appraisals were up to date for all staff members.
- A strategy had been implemented to deliver the practice vision.
- The business manager had received their disclosure and barring service check which had been applied for at the inspection in April 2016, but not yet received.

Seeking and acting on feedback from patients, the public and staff

- The practice had communicated staffing changes and developments with the patient participation group and continued to improve the service in line with patient feedback where possible.
- The practice recruited a long-term female locum GP when the senior partner retired to cater for cultural needs and preferences of the patient population.