

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr A Gellert and partners
Registered Manager	Mrs. Caroline Kerby
Overview of the service	Dr A Gellert and partners is an NHS GP practice which provides general healthcare services to adults and children who are registered with the practice.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During this inspection we spoke with three patients, the phlebotomist, a healthcare assistant, two GP partners, the nurse practitioner, the practice manager and the office manager. Patients stated that they were satisfied with the services provided and with one exception they said staff were always respectful. One patient told us, "I am well treated. I could not wish for a better doctor. I have no complaints". Another patient said, "This is a very, very good practice. You sometimes get the odd staff, but the majority of the time, they are pleasant".

The sample of four patients' records we looked at contained details of assessments and their past medical history. Treatment provided was documented and patients stated that treatment had been given with their consent. Reviews of treatment took place and there was a system for following up patients who had missed blood tests or other important appointments. Arrangements were in place to ensure that patients with special needs received prompt attention and health checks.

Staff stated that communication was good and they supported each other to ensure that patients were well cared for. The staff records contained essential checks carried out on staff. These included criminal record checks, evidence of identity and references. We saw documented evidence that medical and nursing staff had updated their clinical knowledge.

The practice had a policy and procedure for safeguarding people from abuse. Staff were aware of action to take when responding to allegations or incidents of abuse.

Quality monitoring systems were in place. This included patient satisfaction surveys and a suggestion box in the reception area. Multi-professional meetings had been held to review the treatment and progress of patients. Issues affecting the care of patients and the running of the practice had been discussed in Patient Participation Group (PPG) meetings. Complaints made had been recorded and promptly responded to.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Patient's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The three patients we spoke with stated that they were well treated and with one exception they said staff were always respectful. One patient told us, "I am well treated. I could not wish for a better doctor. I have no complaints". Another patient said, "This is a very, very good practice. You sometimes get the odd staff, but the majority of the time, they are pleasant".

The practice had a policy for ensuring equality and valuing diversity. Staff said they were aware that all patients should be treated with respect and dignity regardless of their diverse backgrounds and cultures. The practice manager and reception staff informed us that they had access to an interpreting service if required.

The practice had a disabled toilet and the entrance was level with the ground to enable easy access for patients using wheelchairs. There were special arrangements to ensure that people with mental health problems or learning difficulties could be seen promptly. We were informed that some Saturday consultation sessions were allocated for patients who needed extra time or special attention.

Staff were aware of the need to respect the privacy of people and they informed us that doors were closed during consultation sessions with patients. This was confirmed by patients.

The practice had a Patient Participation Group (PPG) and the minutes of their meetings were available. The practice manager informed us that suggestions made for improving the practice had been discussed and implemented. This included suggestions regarding improving the appointments system, facilitating repeat prescriptions and GP continuity.

The practice had a service user guide which included the phone number of the practice, complaints procedure and details of staff and services provided.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and treatment that met their needs and protected their rights.

Reasons for our judgement

Patients we spoke with stated that they were happy with the care and treatment provided. One patient said, "I do not have any problem with making appointments. I got my appointment quite easily. I have been coming here for many years. They assess me properly and refer me to the hospital if needed". Another patient stated, "They are professional and do a good job. They know about my condition and give me the treatment I need. I am getting better. My condition is healing".

The medical records of patients contained evidence that patients were assessed and their past medical history, details of allergies and other important information had been obtained. Information regarding the condition of patients, medication prescribed and other treatment provided was recorded. Where necessary, referrals to specialists were made and follow-up appointments made to discuss the outcome. We saw evidence of reviews and recalls for blood tests and other monitoring checks. The registered provider may wish to note that details of next of kin were not documented in the records we examined. These may be needed in the event of an emergency.

We examined the care records of a patient with diabetes and noted that there were details of medication reviews and monitoring by practice staff. We also examined the records of a patient with a mental health problem. We noted that this patient had been referred to the local mental health team for follow up.

Computerised alerts were triggered when patients had additional special needs that needed close attention such as if they were on special medication or had certain risks associated with their medical care.

The manager stated that when patients did not turn up for their appointments, staff would send out letters to remind patients of their next appointments. This was to ensure that patients received their checks and reviews.

Regular checks had been carried out on emergency medication. The medication we examined was within use-by dates. The practice had a blood pressure machine located in the waiting room which patients could use to check their blood pressure. Free tokens for this machine could be obtained from reception.

The practice manager informed us that the practice had provided additional services for patients. These included a support group for people with longstanding health problems. A case management service was available for those experiencing mental health problems. The practice also provided a service for patients living in a travellers' site nearby.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse, and prevent it from occurring.

Reasons for our judgement

Patients informed us that staff treated them in a pleasant manner and they felt safe with medical and nursing staff who attended to them. We observed that reception staff were friendly towards patients who came to the practice.

Staff could provide us with examples of abuse. They were knowledgeable regarding action to take when responding to allegations or incidents of abuse and knew to report allegations to the local authority safeguarding teams for adults or children. There was evidence that staff had received training in safeguarding people.

The practice had a safeguarding policy together with contact details of the local safeguarding teams. However, the registered provider may wish to note that the policy was not sufficiently comprehensive as it did not state that allegations had to be notified to the Care Quality Commission and it did not mention the need to refer staff implicated in abuse to the DBS (Disclosure & Barring Service).

Staff were aware of the recent London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse" and the practice manager stated that they had a copy of this on computer.

The Care Quality Commission had received one complaint regarding the care of a patient during the past year. This was investigated by the practice and an action plan was prepared. We discussed the action plan with senior staff and other staff involved. We noted that the action plan had been implemented. Documented evidence was provided.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were protected because the provider had operated effective recruitment procedures.

Reasons for our judgement

Patients made positive comments about staff at the practice. They stated that the GPs and other staff were caring, professional in their approach and knew what they were doing.

The practice had a recruitment policy and procedure together with an equal opportunities statement. However, the procedure did not mention obtaining criminal record disclosures and exploring gaps in employment of prospective staff. The manager said the procedure would be updated.

Some of the staff had worked in the practice for many years and were familiar with the running of the practice. Senior GPs and management staff informed us that they regularly checked to ensure that newly recruited staff were supported in their jobs. The practice had a written induction programme for new staff. This was confirmed by staff we spoke with.

We examined four staff records. These contained the required documentation such as criminal records disclosures, training, job descriptions and evidence of identity in the form of passports. Medical professionals working in the practice were registered with their professional bodies - the General Medical Council for doctors and the Nursing and Midwifery Council for nurses. However, one of the records of a staff member had only one reference. The manager explained that this person had not previously been employed and this was their first job.

Staff informed us that communication within the practice team was good and they supported each other. One staff member said they worked well as a team and there was a family atmosphere.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Patients we spoke with expressed satisfaction with the quality of services provided by the practice. The results of the practice's previous patient satisfaction survey indicated that patients were generally satisfied with the services provided. Suggestions made in the PPG meetings had been responded to.

The practice had an internal system of checks and audits. These included maintenance checks and inspections of equipment used. Calibration checks had been carried out by specialist contractors on the weighing scales, thermometers and blood pressure equipment. Infection control and cleaning checks had been done. Clinical audits had been carried out in areas such as complaints received, prescribing of medication, referrals to specialists and hospital emergency admissions.

We discussed the arrangements for ensuring that the treatment and care of patients was closely monitored and of a high quality. We were informed that multi-disciplinary case reviews took place where the treatment and care were reviewed to ensure that patients received appropriate and good quality care and treatment. We saw the records of these meetings.

The practice had a policy describing how clinical recording should be carried out by both doctors and nurses. Random audits of clinical record keeping had been carried out to ensure that locums and sessional doctors adhere to the policy and patients are protected.

We examined the last three complaints recorded. We noted that all three had been promptly responded to. Accidents and incidents had been recorded.

The practice had a record of compliments made. Comments made by patients included the following:

"Thank you for your hard work and thoughtfulness"

"The service which you offer in our community is commendable and outstanding"

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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