

# Glenlyn Medical Centre

## Quality Report

The Glenlyn Medical Centre,  
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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 of this practice on May 2015 and a focused inspection in January 2016. During both inspections we found the same breach of legal requirement and the provider was rated as requires improvement under the safe domain. The practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring that all recruitment checks are carried out and recorded as part of the staff recruitment process, including a risk assessment as to which staff required a criminal records check with the disclosure and barring service (DBS).

We undertook this announced focused inspection on 8 December 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. The provider was now meeting all requirements and is rated as good under the safe domain.

Our key findings across all the areas we inspected were as follows:

- The practice had reviewed their processes for the employment of staff and ensured that recruitment checks were carried out and all required information was recorded. This included, proof of identification

including photo identification, references, full works history, signed confidentially forms and where required disclosure and barring checks (DBS). We saw that risk assessment had also taken place to review whether a DBS check was required for individual staff members.

We also received concerns raised by patients in relation to access to GPs. We spoke with the two GP partners about this. They were able to explain they had difficulties in recruiting and retaining GPs, this was partly due to many GPs not wishing to work full time. In response to this the GPs had come up with several initiatives to ensure that extra GPs had been recruited and that patients had timely access to emergency appointments and GP appointments.

Initiatives included:-

- Creating an on the day urgent care centre at Giggs Hill. Patients who required an on the day emergency appointment were given a two hour sit and wait time slot either in the morning or afternoon to see the Advanced Nurse Practitioners (who had support from the duty GP). The practice had plans to ensure that urgent care would also be provided from Glenlyn each morning, Monday to Friday after acting on comments from the patient participation group (PPG).
- Having a daily Administration GP assigned, which covered both Glenlyn and Giggs Hill. This role meant that all prescriptions, test results, calling patients for

# Summary of findings

reviews etc. and administrative duties for all GPs were covered by a single GP. This ensured that any administration duties for GPs would not be delayed and the practice had been able to employ more GPs including those who wished to work part time. Patient prescription requests were completed in a timely fashion and the Administration GP had more time to review test results and decide on next actions to take for patients.

- Having a Duty GP which covered both Glenlyn and Giggs Hill. The duty GP had a slightly lighter patient list

for the day to be able to support the advanced nurse practitioners and to take urgent phone appointments and could be called upon to help with enquiries from staff or other GPs.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenlyn medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

**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?**

Previously the practice had been rated as requires improvement for providing safe services as the provider had failed to ensure that recruitment files contain the required information. For example, files did not contain proof of identification including photo identification, references, reasons for leaving their last employment or if gaps in employment had been investigated.

At this inspection in December 2016, we found the processes for recruitment had been reviewed and a new system put in place. Files we reviewed all contained the required information. Staff we spoke with told us that staff at the main site and branch location merged at the beginning of 2016. This had given the practice the opportunity to review all recruitment files and to ensure the required information was retained and recorded in individual files. Check lists had been put in a place and a new recruitment policy written.

**Good**



# Glenlyn Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector

## Background to Glenlyn Medical Centre

Glenlyn Medical Centre offers personal medical services to the population of East Molesey and Thames Ditton, Surrey and surrounding areas. There are approximately 23,200 registered patients to both the main practice of Glenlyn Medical Centre and the branch surgery of Giggs Hill. Patients can access care and services at either practice location. GPs, nursing staff and some reception and administrative staff work within both locations. Glenlyn Medical Centre is also a training practice for registrar GPs.

Giggs Hill is also the urgent care centre for the practice. Any patient calling for an urgent on the day appointment will be asked to attend Giggs Hill, Thames Ditton, Surrey. Patients are given a morning or afternoon sit and wait slot. Patients are seen by Advanced Nurse Practitioners who are able to prescribe and if necessary can refer to a GP. Patients are able to see GPs at both locations for routine appointments as well as appointments for nurses and healthcare assistants.

An Advanced Nurse Practitioner is a registered nurse who has acquired an expert knowledge base by undertaken extra training in clinical assessment, (including history-taking and physical examinations), in order to safely manage patients presenting with undifferentiated and undiagnosed conditions.

Services are provided from:

Glenlyn Medical Centre - 115 Molesey Park Road, East Molesey, Surrey, KT8 0JX

Opening Time

Monday to Friday 8am to 6.30pm

Extended hours

Monday to Friday 6.30pm – 7.30pm

Saturday 7.30am 11.30am

And

Giggs Hill, 14 Raphael Drive, Thames Ditton, Surrey, KT7 0EB

Opening Time

Monday to Friday 8am to 6.30pm

Glenlyn Medical Centre is run by two partners (both male). The two locations are also supported by four associate GPs, four salaried GPs, three advanced nurse practitioners, five practice nurses, six health care assistants, a team of administrative staff and managerial staff.

The practices run a number of services for their patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccines and advice.

At both locations there is disabled access with seated waiting areas. At Giggs Hill all of the GP consulting rooms and treatment rooms are located on the ground floor. At Glenlyn there are clinical rooms on the first floor which can be accessed by lift or stairs. There are accessible toilets for all patients and baby changing facilities.

When the practice is closed arrangements have been made for patients to access care from an Out of Hours provider.

The Information published by Public Health England rates the level of deprivation within the practice population

## Detailed findings

group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice area has a lower percentage of people over 10-29 years of age and a higher number of patients aged 30-44, 65-69 and 85+ years of age when compared with the local clinical commissioning group and the national averages. The average male and female life expectancy for the practice is 82 years for males (compared to 79 years nationally), and 85 years for females (compared to 83 years nationally). Locally held demographic data showed that less than 10% of patients do not have English as their first language.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on May 2015 and a focused inspection in January 2016 as part of our regulatory functions. These inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Breaches of a legal requirements were found. As a result, we undertook a focused inspection on 8 December 2016 to follow up on whether action had been taken to deal with the breach.

# Are services safe?

## Our findings

### Overview of safety systems and processes

At the focused inspection in January 2016 we had found that recruitment files did not contain the required information. We asked to see recruitment files for staff who had been recently employed. We viewed two recruitment files for staff who had been employed within the last two months. We found they did not contain the required information. For example, files did not contain proof of identification including photo identification, references, reasons for leaving their last employment or if gaps in employment had been investigated. This was a continued breach from the last inspection.

At this inspection, we found the processes for recruitment had been reviewed and a new system put in place. Staff we spoke with told us that staff at the main site and branch

location merged at the beginning of 2016. This had given the practice the opportunity to review all recruitment files and to ensure the required information was retained and recorded in individual files. Check lists had been put in a place and a new recruitment policy written.

We reviewed six recruitment files and found that all files contained the required information. Files contained proof of identification including photo identification, references, full works history, signed confidentially forms and where required disclosure and barring checks (DBS). We saw that risk assessments had also taken place to review whether a DBS check was required for individual staff members. For example, administration staff may not require a DBS check but those who could act as a chaperone would require one. We also reviewed a GP locum recruitment file and found this contained the required information as well as an induction check list for staff to complete with the locum once at the practice. The check list was retained in the file.