

Hedgemans Medical Centre

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 caring?

Good 

Are services well-led?

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 Hedgemans Medical Centre Practice on 4 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Hedgemans Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 September 2017 to confirm 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 on 4 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At the previous inspection we rated the practice as requires improvements for caring and being well-led as the registered person did not always ensure the privacy of patients. They also failed to implement actions identified in the health and safety risk assessment to improve the quality and safety of services in the recommended time.

At this inspection we found improvements had been made and the practice is now rated as good overall and the provision of caring and well-led services are now also rated good.

Our key findings were as follows:

- The practice now had systems in place to monitor repeat prescriptions, however this needed improvement. We found uncollected prescriptions were not dealt with according to the practice's repeat prescribing policy. Following the inspection, the practice provided us with a copy of the "prescription destruction log" as well as the uncollected prescription policy.
- We reviewed two different risk assessments to check the provider was implementing identified actions. All actions highlighted in both audits had been completed on or before the recommended time.
- We saw certificates which confirmed staff had received training in information governance.
- Verbal complaints were now investigated and followed up with patients. We reviewed minutes of staff meeting and found complaints were discussed and shared with all staff.
- A hearing loop had been installed for those who had difficulty hearing.

Summary of findings

- Actions were taken to improve patient confidentiality.
- There was now a notice in the reception area which informed patients of the translation and interpreting service.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Continue to maintain records relating to uncollected repeat prescriptions.

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 caring?

The practice is now rated as good for providing caring services.

- The practice was able to demonstrate that they had taken actions to improve confidentiality during consultations.
- Less than 1% of the practice population were identified as carers.
- Interpretation services were now available for patients who did not have English as a first language and staff we spoke with knew how to use this service. We saw notices in the reception areas informing patients this service was available.

Good



Are services well-led?

The practice is now rated as good for being well-led.

- The practice still did not have a business plan, however they could articulate their shared visions for the practice.
- Complaints were now formally discussed and shared in practice meetings.
- The practice was able to demonstrate that it was more proactively seeking the views of the patient participation group (PPG) about the delivery of the service.

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 most of the concerns for caring and well-led identified at our inspection on 4 August 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 most of the concerns for caring and well-led identified at our inspection on 4 August 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 most of the concerns for caring and well-led identified at our inspection on 4 August 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 most of the concerns for caring and well-led identified at our inspection on 4 August 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 most of the concerns for caring and well-led identified at our inspection on 4 August 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 most of the concerns for caring and well-led identified at our inspection on 4 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Hedgemans Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was undertaken by a CQC lead inspector.

Background to Hedgemans Medical Centre

Hedgemans Medical Centre is located in Dagenham in a converted detached house, providing GP services to approximately 5,800 patients. The practice provides services under a General Medical Services (GMS) contract with NHS England London and the practice is part of the Barking and Dagenham Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures from one location.

The practice is a two GP partnership (one male and one female). The practice employs two female locum GPs who provide five weekly GP sessions. A total of 22 GP sessions are provided between Monday to Friday. The practice employs two full time practice nurses, one practice manager, one assistant practice manager and various administrative and reception staff.

The practice was open between 8.30am and 6.30pm Monday to Friday, with the exception of Thursdays when the practice closed at 1.30pm. Appointments were from 9am to 1pm every morning and from 3.30pm to 6.30pm daily. Extended hours appointments were offered from 6.30pm to 7pm on Monday, Tuesday and Wednesday. Telephone lines at the practice were open between 8.30am

and 12.30pm in the morning and between 2pm and 6.30pm on Monday to Friday with the exception of Thursday when the telephone lines closed at 1.30pm. Out of Hours services are provided by the local GP Hub and 111 services. In addition to pre-bookable appointments that could be booked up to 13 weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations are offered daily. The practice does not have a website, however patients can book appointments and request repeat prescriptions online; data submitted to the CCG local incentive scheme showed the practice had a higher than average uptake rate for online booking at 17%.

Information taken from Public Health England, shows that the population distribution of the practice is similar to that of the CCG and national average. Life expectancy for males in the practice is 76 years, which is lower than the CCG of 77 years and national average of 79 years. The female life expectancy in the practice is 81 years, which is the same as the CCG average and lower than the national average of 83 years. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Why we carried out this inspection

We undertook a comprehensive inspection of Hedgemans Medical Centre on 4 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall. The full comprehensive report following the inspection on 5 August 2016 can be found by selecting the 'all reports' link for Hedgemans on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Hedgemans Medical Centre on 11 September 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

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the

4 August 2016 comprehensive inspection had been addressed. During our visit we spoke with the practice manager, assistant practice manager and two GPs. We also reviewed information, documents and practice policies and procedures.

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 caring?

Our findings

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing caring services as the practice did not always ensure the privacy of patients as consultations could be overheard from the waiting room. We issued a requirement notice in relation to this breach. In addition, the number of carers identified was below one percent.

We found that the practice had taken steps to improve patient confidentiality, however the number of carers had not increased when we undertook a follow up inspection on 11 September 2017. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

At the previous inspection we found it was possible to overhear conversations taking place in some consultation rooms from the waiting area. At this inspection, we sat in the waiting room whilst consultations took place and we did not overhear any conversations taking place. The practice was able to demonstrate that they were now more aware of maintaining patients confidentiality. Following the comprehensive inspection soft “melodies” now played from the jayex display screen and patients were informed this was to decrease the likelihood of overhearing patients private conversations during consultations. In addition posters were displayed on each treatment room doors which advised patients and staff to “do not disturb during consultations.” A confidentiality questionnaire was also

introduced; results summarised showed patients responded positively to questions relating to confidentiality, for example, 93% of patients felt they were treated in a confidential manner by the GPs. We also noted that information was on display informing patients that a more private room was available should they wish to discuss sensitive matters away from the main reception area.

Care planning and involvement in decisions about care and treatment

At the last inspection the practice could not demonstrate that they always provided facilities to help patients be involved in decisions about their care, for example, there were no translation/interpreting facilities for those patients who did not have English as a first language. At this inspection staff we spoke with could describe how the translation services worked and we saw notices displayed in the reception areas informing patients that translation services were available.

Patient and carer support to cope emotionally with care and treatment

At the last inspection the practice identified 29 patients (0.5%) as carers. At this inspection the practice was not able to demonstrate that it was more proactive in the identification of carers, however we saw there was a plan to increase this figure. Carer’s details were now included on the new patient registration form and posters were on display in the waiting room which told patients how to access local support groups.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing well-led services as the governance framework needed improving to support the delivery of good quality care.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 11 September 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice now had a mission statement which encompassed their vision which was to provide a safe and holistic approach of healthcare for all patients. The practice still did not have supporting business plans, but told us the management team met frequently to discuss the directions of the business. We did not see any evidence of these discussions.

Governance arrangements

At the last inspection we found that although management maintained a comprehensive understanding of the performance of the practice, there was scope for improvement in respect of how complaints were handled. We also found actions which arose as a result of risk assessments were not actioned in a timely manner. At this inspection, the practice demonstrated that actions which

were highlighted during the health and safety risk assessment in April 2017 and earlier assessments had been fulfilled satisfactorily and within the recommended timeframe. The practice now maintained a complaint register which was implemented following the last inspection and the practice now recorded all verbal complaints. These were also discussed in staff meetings. We saw minutes of staff meeting where complaints as well as other important business functions were discussed. Complaints were now grouped into different areas such as administrative, clinical and other general matters which allowed for trends and themes to be monitored.

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

The practice was able to demonstrate that it was more proactively seeking the views of the patient participation group (PPG). A member of staff was now the PPG facilitator and who told us the current PPG did not represent the practice's population. This prompted a redesign of the PPG questionnaire which the practice believed would encourage more patients to join. The practice told us that based on new applications submitted to join the PPG, most patients would prefer a virtual PPG, this was being considered at the time of inspection, however a decision would be made in October 2017. We also noted the chair of the PPG attended a PPG social event which was organised by the local council to learn more about the functions of PPGs and how their decisions could influence the healthcare patients received.