

Glyndon PMS

Inspection report

Glyndon Medical Centre
188 Ann Street, Plumstead
London
SE18 7LU
Tel: 020 8854 6444

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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 location

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Glyndon PMS on November 2016. The rating for the safe and effective key questions was requires improvement and for the caring, responsive and well-led key questions the rating was good. The overall rating for the practice was therefore requires improvement. The full comprehensive report can be found by selecting the 'all reports' link for Glyndon PMS on our website at www.cqc.org.uk.

An announced follow-up inspection was carried out on 20 June 2017. Overall the practice was rated as good. The rating for the effective key question was requires improvement.

An announced follow-up inspection was carried out on 11 July 2018. Overall the practice was rated as good. The rating for the effective key question was requires improvement.

Following our annual regulatory review of the service we decided to carry out an announced focused inspection on 12 July 2019 to answer questions which arose during the review.

This inspection was an announced focused inspection carried out on 12 July 2019, looking at effective, caring and well-led 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 on 11 July 2018.

At this inspection we found that

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The Quality and Outcomes Framework (QOF) data from 2017/18, showed that the practice performance was still below the local and national average for several clinical indicators. Unverified results for 2018/19 provided by the practice showed an improvement in some of the areas identified as requiring improvement at the last inspection. for example mental health, asthma and COPD; however some indicators showed a decline, for example diabetes.
- The practice had increased the number of carers identified since the July 2018 inspection to 77 patients (1% of the practice list).

- The provider had undertaken two full cycle clinical audits which demonstrated quality improvement for patients.
- Not all staff were up to date with training and not all staff had appraisals undertaken.

We have rated this practice as requires improvement overall.

We rated the practice as **requires improvement** for providing effective services because:

- There was evidence that the care of patients in two population groups (people with long term conditions, families, children and young people) did not meet targets or was noticeably below average. The practice had actions underway to improve care, but these had not yet led to evidence of sufficient and sustained improvement.

We rated the practice as **good** for providing caring and services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had identified more than 1% of carers from the practice list.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We rated the practice as **requires improvement** for providing well-led services because:

- Not all staff had an appraisal or were up to date with training.
- This was the fourth inspection looking at the effective key question, whilst there was a slight improvement in some areas, evidence of sufficient and sustained improvement in clinical outcomes was not present.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way. (Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvement are:

- Monitor and act on patient satisfaction with the practice.

Overall summary

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care.

Population group ratings

Older people	Good 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Good 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC Inspector. The inspection was supported by a GP specialist advisor.

Background to Glyndon PMS

Glyndon Medical Centre is based at 188 Ann Street Plumstead SE18 7LU. The surgery operates from a two-storey converted detached property. It includes four consulting rooms, two treatment rooms, reception area, waiting room, administration offices and a meeting room.

Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality. Services are also provided at a branch surgery at 123 Samuel Street Woolwich SE18 5LG which is 2 miles from the main surgery.

Glyndon Medical Centre is registered with the CQC as a Partnership, providing the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

The practice has 6825 registered patients. The practice age distribution is similar to the national average with a slightly higher than average number of patients in the 0 to 20-year age group and a slightly lower than average number in the 60+ year age group. The surgery is based in an area with a deprivation score of 3 out of 10 (with 1 being the most deprived and 10 being the least deprived).

Clinical services are provided by three full time GP partners (male) and two part-time Practice Nurses (1.6 wte). Administrative services are provided by a Practice Manager (1 wte), a medical secretary (0.7 wte), two data/scanning administrators (1.5 wte) and six reception staff (3 wte).

Reception is open between 8am and 6pm Monday, Tuesday, Thursday and Friday and from 8am to 3pm on Wednesday. On Wednesday afternoons when the surgery is closed, patients are instructed to contact the Samuel Street Surgery. Reception at the Samuel Street branch

surgery is open from 9am to 1.15pm and 4pm to 7.30pm on Monday and Tuesday; from 9am to 1.15pm and 4pm to 8pm on Wednesday and from 9am to 1.15pm and 4pm to 6.30pm on Thursday and Friday.

Pre-booked appointments are available with the Practice Nurse at the surgery from 8am to 1.30pm and 2pm to 5.30pm on Monday; from 8am to 1.30pm and 3pm to 5.30pm on Tuesday and Thursday and from 8am to 1pm on Wednesday.

The practice is closed at weekends. When the surgery is closed urgent GP services are available via NHS 111.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met.</p> <ul style="list-style-type: none">• The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to demonstrate significantly improved clinical outcomes for their patients.• The provider did not have effective systems in place to ensure staff had appraisals and were up to date with training. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>