

Morden Hall 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.

Summary of findings

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Summary of findings

Overall summary

We carried out an announced inspection of the service on the 15th May 2014. We found that the service was caring, effective, responsive and well-led. There were some improvements required to be safe.

We found that many of the GPs and nurses at the practice had not yet attended the necessary child protection training. Therefore some members of staff may not have been appropriately identifying and responding to the signs of abuse. We also found that criminal record bureau (CRB) checks had not been undertaken for non-clinical staff. There may have been a risk to patients because the provider had not ensured that all staff were suitable to carry out their roles. The provider has been given compliance actions to improve this and we will continue to review these at a follow up inspection.

Many patients had made comments about the telephone systems and appointment booking system being poor. Although the practice had taken some actions to improve the systems the complaints still remained high. The provider told us they would review this in more detail and make further improvements. We will continue to review this at our future inspections.

The practice had suitable arrangements in place to report significant events and share learning to prevent further reoccurrences. There was a detailed business continuity plan in place that covered what to do in the event of a serious incident like a fire or flood at the premises that

could have an impact on services being available. Clinical staff in the practice met with multi-disciplinary teams to discuss patient's treatments and care where this was appropriate.

There was a clear management structure in place with lead areas of responsibilities for the partner GP's. Staff felt encouraged and supported by the management team and they knew where to go if they needed to report any issues. The management team had a clear business strategy planned for 2014/15. Part of the plans was to improve the telephone and appointment systems and refurbish the waiting room.

There was a lead governance person who was employed full time and was responsible for producing regular reports to the partners about how services were performing against any benchmarks. We saw audits were carried out to ensure safety and quality of care.

The practice provided spacious rooms, wheelchair access and hand rails along the corridors for patient with mobility problems. There were translation services for patients that did not speak English. We were told that the practice had staff members that could speak Urdu, Hindi, Polish, German and Italian. The practices' website provided information in over 60 international languages to help people understand the healthcare services provided.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services responsive to people's needs?

Patients received services that were responsive. The practice had responded to meet the needs for patients who had mobility difficulties. They provided spacious rooms, wheelchair access and hand rails along the corridors.

The practice provided translation services for patients that did not speak English. We were told that the practice had GP's and other staff members that could speak Urdu, Hindi, Polish, German and Italian. If patients needed translations in any of these languages then staff would be available to respond. The practices' website provided information in over 60 international languages to help people understand the healthcare services provided.

There was a patient participation group (PPG) that provided advice to the management team to help improve the services for patients. This could improve to operate more effectively as we did not see any evidence from the practice to support the PPG in a planned approach for promoting healthcare services.

Many patients had made comments about the telephone systems and appointment booking system being poor. Although the practice had taken some actions to improve the systems the complaints still remained high. We saw no evidence of a detailed analysis carried out by the telephone provider or the practice to understand all the issues and complaints received. The provider told us they would review this in more detail and make further improvements.

Any complaints received by patients were dealt with appropriately and responsively within the timeline mentioned in the complaints policy.

Are services well-led?

Patients received services that were well-led. There was a clear management structure in place with lead areas of responsibilities for the five GP's. Staff felt encouraged and supported by the management team and they knew where to go if they needed to report any issues. We saw evidence of regular staff meetings and staff told us they use these meetings to share learning.

The management team had a clear business strategy planned for 2014/15. Part of the plans was to improve the telephone and appointment systems and refurbish the waiting room.

There was a lead for governance person who was responsible for producing regular reports to the partners about how services were performing against any benchmarks.

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

There were appropriate arrangements in place to meet the needs of this population group. Staff told us they had recently implemented the Department of Health's guidelines on assigning every patient over 75 years to a named GP who would be responsible for overseeing their overall health care plan.

People with long-term conditions

There were arrangements in place to meet the needs of this population group. There were appropriate systems in place to monitor and follow up reviews for patients that have diabetes and patients that may have been showing early signs of dementia.

Mothers, babies, children and young people

There were arrangements in place to meet the needs of this population group. The practice provided nurse led baby clinics and women's health clinics where mothers could receive sexual health advice. There were monitoring systems in place to follow up with women that had not had smear tests. Mothers commented that it is difficult waiting when appointments ran late because they had young children with them.

The working-age population and those recently retired

The patients from this group reported evening appointments were difficult to book and they were unable to book appointments in advance. There was information on the practice website signposting patients to health advice on sexual health and smoking cessation for example. The practice did not offer health checks for this population group.

People in vulnerable circumstances who may have poor access to primary care

There were arrangements in place to meet the needs of this population group. Patients that were registered with learning difficulties received annual reviews from the practice nurse to ensure their care was appropriately managed.

People experiencing poor mental health

There were arrangements in place to meet the needs of this population group. There were lead clinicians for patients with mental health conditions that were responsible for carrying out regular reviews.

Summary of findings

Summary of findings

What people who use the service say

The majority of the patient's comments we received on the day of our inspection were through comments cards and most of the feedback back about the service was good. They told us they felt staff and clinicians treated them with dignity and respect and they were able to get an appointment with a GP even though they were on hold and waited for a while to get through to a receptionist. We also spoke to patients on the day and their experiences were not so positive. Some patients felt they were not given enough time at their appointment and felt rushed or were not able to discuss more than one issue as the GP had told them they would need to book another appointment. One patient did comment that they felt the service was as good as can be expected and that it was the 'norm' for most practices.

When we reviewed the comments from the NHS Choices website and the national patient survey for 2014 that was advertised on the practices website we noted that comments varied from good experiences to fairly poor experiences. Although most of the comments referred to the poor appointment booking system many patients commented on staff not being patient and helpful on the telephones and at the reception desk. Some patients were left feeling frustrated and disappointed with the communication barriers they were up against.

Most of the comments from all the feedback we reviewed were very positive about the care received from GP's and nurses and in some cases this was stated as being very good and excellent.

Areas for improvement

Action the service **MUST** take to improve

Not all the GPs working at the practice had completed Level 3 child protection training, the required level for their role. Therefore we could not be assured that all staff were able to identify and respond to safeguarding concerns appropriately.

Criminal records checks had not been undertaken for non-clinical staff and the practice had not assessed the risk of not doing these.

Action the service **COULD** take to improve

Patients had raised concerns about the telephone appointment system, but no detailed analysis had been carried out by the practice to fully understand the issues. The practice did not offer patients the opportunity to book appointments online.

The PPG (Patient Participation Group) could be supported better by the practice to be more effective.

The practice did not routinely analyse complaints and feedback to identify themes and make improvements. For example, there had been no monitoring or audits of patient prescriptions to check they had been received via their preferred method.

Reception staff had not completed training in the Mental Capacity Act or dealing with people with dementia, learning disabilities or mental health. This meant that they may not be aware of meeting the needs of these vulnerable groups.

Patient records were stored behind the reception desk, but there were no shutters or doors to cover over the files and secure them from unauthorised access.

Good practice

Our inspection team highlighted the following areas of good practice:

A medicines specialist reviewed patient's long term prescriptions and advised GP's on any improvements that could be made to benefit patients further.

The practices' website had a translation application that allowed information to be read in over 60 international languages.

Morden Hall Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a registered GP and a specialist advisor.

Background to Morden Hall Medical Centre

Morden Hall Medical Centre provides primary medical care for people of all age groups in the local area. The practice has just over 14,000 patients registered. Five GP partners work in the practice and are responsible for managing the service. In addition they have four salaried GP's, three supervised trainee GP's three practice nurses and one health care assistant. The practice is supported by a team of administrative staff and receptionists. They did not have a practice manager and we were informed they were in the process of recruiting for this post.

The practice opening hours were:

- Monday: 8.00am - 6.30pm (closed between 1.00pm - 2.00pm for staff training) From 6.30pm - 9.00pm (extended hours, for pre-booked appointments only, closed for routine reception services).
- Tuesday, Wednesday & Thursday: 8.00am - 6.30pm.
- Friday: 8.00am - 6.30pm.

The practice is located opposite Morden Hall Park close to Morden town hall and the tube station. The practice operates on the ground level with wide doors and ramps in

place for wheelchair access. There is a lift within the building to access the second floor which is currently not being used by the practice. The service provided primary medical care for people of all age groups in the local area.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Detailed findings

Before visiting, we reviewed a range of information we held on our Intelligent Monitoring system. We met with NHS England and the local Clinical Commissioning Group (CCG) for Merton. They did not highlight any particular areas of concern at this practice.

We carried out an announced inspection on 15th May 2014. During our visit we spoke with a range of staff that included doctors, nurses, receptionists and administrators. We also spoke to patients and two representatives from the Patient Participation Group (PPG).

We collected comment cards that were completed by patients during our inspection visit. We looked around the premises, reviewed storage of patient's records and looked a range of evidence relating to staff training, recruitment and health and safety in the practice.

Are services safe?

Summary of findings

The practice had arrangements for reporting significant events and learning from the incidents. There was a business continuity plan in place to ensure services could be maintained in the event of an emergency.

There were safeguarding policies and procedures in place to guide staff if they suspected an adult or a child had been harmed or abused and they had policies and procedures in place to support them. However, many of the GPs and nurses at the practice had not yet attended the necessary level of child protection training to ensure they were able to identify and respond to signs of abuse.

The medicines in the practice were stored safely and checked regularly to ensure they had not expired. There were safe infection control practices in place to prevent the risk of cross infection. The practice had contingency plans in place to ensure care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.

There was a recruitment policy and procedure in place. However, criminal record bureau (CRB) checks had not been undertaken for non-clinical staff and the provider had not assessed the risk of not doing them.

Our findings

Safe patient care

There were a variety of mechanisms used by the practice to monitor the safety of care provided, including incident reporting, complaints, the safety of the environment and medicines management. We saw evidence of audits being completed and noted that the GPs had made changes which had led to improvements.

Learning from incidents

The provider had arrangements for reporting significant events that had occurred in the practice. A 'significant events reporting process' was available for staff so that they knew how to report incidents for investigation. It is a statutory requirement for all registered providers to notify the Care Quality Commission of specific significant events. The provider may find it useful to note there was no reference to this in the practice's reporting process.

We saw from the significant events records that there were quarterly meetings attended by senior clinicians to discuss the issues and action points were agreed. The GP's described the processes they followed to investigate and the resolution that was agreed to prevent the same incidents reoccurring. One of the examples we looked at was to do with test results from the lab had been transcribed incorrectly by a call handler. To avoid this happening again the practice implemented a process that was to direct the call to the on call doctor and if they were not available to request the results to be sent by fax to the practice.

Safeguarding

We looked at the practice's policies for child protection and safeguarding of vulnerable adults. The policies gave information and guidance to staff to look out for possible signs of abuse, neglect or harm.

Senior GP's were the designated leads for child protection and for safeguarding of vulnerable adults. Practice staff we spoke with told us they would report any concerns they had immediately to the safeguarding leads.

Staff told us safeguarding of vulnerable adults and child protection were regularly discussed at team meetings and therefore they felt confident in their understanding of their

Are services safe?

duties and responsibilities for reporting any issues or concerns they had about an adult or child using the service. We were informed that there were currently no safeguarding incidents under investigation.

We saw from the training records provided that many of the GPs and nurses at the practice had not yet attended the necessary child protection training in the last twelve months. All GPs should be trained to Level 3 and nurses should have a minimum of Level 2 and working towards Level 3 child protection training. The evidence we looked at identified eight of the GPs had not completed child protection training to Level 3 and four of the practice nurses had completed to Level 2 only. This meant these members of staff may not have been appropriately identifying and responding to the signs of abuse, neglect or harm.

Monitoring safety and responding to risk

We saw that health and safety risk assessments regarding the environment had been completed with actions taken to minimise risks to both patients and staff. The staff carried out regular checks of the premises which ensured that any new risks were identified and could be addressed. Closed circuit television and a burglar alarm were in place and serviced regularly and consulting rooms had suitable locks.

Medicines management

We checked a sample of medicines that were stored in two securely locked fridges that were specifically for medicines. We noted that the fridges were maintained between the right temperatures of two and eight degrees Celsius. The staff told us they had a spare fridge that would be used in the event of one of the fridges breaking down. All the medicines we looked at were in date and stored correctly. The lead nurse and healthcare assistant monitored and regularly audited the medicines held within the service. We also looked at a sample of medicines and equipment in the GP's bags for home visits and found they were in date and the equipment was fit for use.

There was evidence of joint working with a medicines specialist to ensure patients were receiving a course of medication that was safe and effective. The practice had a pharmacist who visited on a regular basis to review patients' medications and advise GP's on patients' prescriptions. The pharmacist's reports of these visits were detailed and informative for GP's and assisted in managing patients' long term prescribing patterns.

Staff had informed us they had started a new system called the electronic prescribing system (EPS) at the end of March 2014. This was to assist patients who needed prescriptions, especially repeat prescriptions, and could not attend the surgery to collect them. The prescriptions were sent directly to the pharmacy nominated by the patient. We noted from comments made through the patient feedback process that some patients had experienced difficulties with the practices prescribing systems for example not receiving the prescription on time at the pharmacy they had requested. There was no evidence of monitoring or audits to check if patient's prescriptions were sent on time and through correct methods as requested and there were no audits of paper prescriptions which meant the practice was at risk of losing prescriptions which could be fraudulently used.

Cleanliness and infection control

The lead nurse for infection control carried out an audit in June 2013 and January 2014. There were some areas highlighted for improvements and a list of actions drawn up to be completed by June 2014. The actions were mainly concerning updates to the policies and audits in place and providing a training event for staff. We saw evidence of training records confirming that most staff had received infection control training.

The waiting room was visibly clean and free from clutter. There were hand hygiene gels available for patients in the waiting area and at the reception desk.

Infection control procedures included a list of guidance for staff on how to use safe disposal and cleaning techniques to protect themselves and patients from the risk of infections. Personal protective equipment such as gloves and aprons were available in the treatment rooms and most of the medical materials used in practice were single use. There were segregated clinical waste bins for needles and any other clinical waste that would have a risk of spreading infection. Staff told us these were collected regularly by a contracted clinical waste company.

During our tour of the premises staff pointed out a chair that was kept in between the main entrance door and the waiting room. They told us this was for patients that may be infectious and that these patients would be asked to wait outside the waiting room. These arrangements for segregating potentially infectious patients were not fully effective as other patients could still come into contact with them.

Are services safe?

Staffing and recruitment

There was a recruitment policy and procedure in place. We reviewed three staff records and saw that applicants had been interviewed, application forms completed and two written references gained as part of the recruitment process. We found that criminal record bureau (CRB) checks had not been undertaken for non-clinical staff and the provider had not assessed the risk of not doing them.

Staff informed us they completed an induction prior to starting work. One person we spoke to who had been recruited recently told us they received a full induction that involved reading the practices policies and procedures and being asked some questions to test their knowledge at the end.

Dealing with Emergencies

All staff had recently received annual training in basic life support and cardiopulmonary resuscitation (CPR). We looked at the medical emergency kit and saw all the medicines were in date and correctly stored. There was an oxygen cylinder that was checked, dated and ready for use if needed in an emergency. The lead nurse and health care assistant were responsible for carrying out these regular checks as part of the medication audits.

The practice had a detailed 'business continuity plan' that covered what to do in the event of a serious incident like a fire or flood at the premises that could have an impact on services being available. We saw there was clear guidance and contact details for staff to call various departments and get support in continuing the services for patients.

Equipment

There were records of regular checks that had been completed for the fire alarm system, fire extinguishers, oxygen cylinder and portable electrical appliances.

Staff told us that they had access to sufficient and suitable equipment to carry out their role. We saw contracts were in place for the calibration of clinical equipment including blood pressure monitors. This meant that they were regularly checked to ensure that they were fit for purpose.

Good systems were in place to ensure that the checks were made at the required intervals on the fire alarm system, fire extinguishers and portable electrical appliances.

Are services effective?

(for example, treatment is effective)

Summary of findings

Patients received effective care. There were NICE (National Institute for Health and Care Excellence) guidelines in use and the practice had monitoring systems in place to check patients with long term conditions were attending their reviews. They had completed audits that helped improve the care provided.

Staff were appraised and received regular supervision. Training records showed staff had completed mandatory training and clinical staff were registered with their professional body. Reception staff had not completed training in the Mental Capacity Act or dealing with people with dementia, learning disabilities or mental health and so they may not be aware of how to meet the needs of some patients.

Clinicians worked in partnership with other services and attended multi-disciplinary team meetings to discuss patients' health conditions. An advisor from the Citizens Advice Bureau (CAB) attended the practice on a weekly basis to advise local patients and 'signpost' them to information for local services.

Our findings

Promoting best practice

All staff in the practice had access from their computer terminals to the 'Best Practice Guide' which was based on the national guidance and advice to improve health and social care (National Institute for Health and Care Excellence). This was organised as a list of guidelines that were kept in one place in a directory format and could be accessed easily. We looked at some examples of the information that was available and saw there was best practice information about mental health, women's health, cardiology and respiratory health, palliative and end of life care and prescribing medicines. There was also information for staff about the NICE guidelines for clinical care pathways. Staff told us they often used this system to refer to when treating and advising patients about their medical health. The system also helped GPs to keep up to date with their training and professional development and read journals and articles to be aware of changes to legislation, standards and guidance.

Management, monitoring and improving outcomes for people

The practice took part in the quality outcomes framework (QOF), the voluntary incentive scheme used to encourage high quality care with indicators used to measure how well practices are caring for their patients. Information in relation to practice was also reviewed by the Clinical Commissioning Group (CCG) and no areas of concern were highlighted.

One member of staff was employed to review the practice's data and report to the management on what improvements needed to be made in order to meet some of the planned care for patients. For example one audit completed over a period of one month showed a list of patients who had outstanding tests for diabetes monitoring. This information was used to generate follow up reminders by letter and telephone calls to ensure patients were aware they were due a review.

We looked at another example of an audit which reviewed if patients wishes had been taken into account regarding their end of life care. A comparison of data from the previous two years showed that there had been an improvement in meeting patient's requests. Staff told us

Are services effective?

(for example, treatment is effective)

this was because they had improved the way the clinicians communicated with the local multi-disciplinary teams for end of life care and made sure their patient's requests were noted.

Staffing

Training records showed that most of the reception staff had received customer care training in 2012. When we asked about more recent training we were informed there was no refresher training for the reception staff or any further training to improve the customer care service that patients had commented about in their feedback. For example patients had commented that staff were sometimes impatient with people that could not speak English and that they should learn to be more patient.

The training cycle for the practice was over an 18 month period where staff had to complete mandatory training. Most of the staff had completed training in fire safety, cardiopulmonary resuscitation (CPR), infection control, safeguarding children and two members of staff had completed health and safety training. We noted that reception staff had not completed training in the Mental Capacity Act or dealing with people with dementia, learning disabilities or mental health and so they may not be aware of how to meet the needs of some patients.

Staff told us they received regular supervision and an annual appraisal. We saw evidence of scheduled times for appraisals that were ongoing. Clinical staff were appropriately registered with their professional body.

Working with other services

Clinicians worked in partnership with other services to meet the needs of their patients. For example, GP's attended multi-disciplinary team meetings for patients with mental health conditions. They also attended meetings with a hospice to discuss patients who were at the end of life to provide support and advice as needed.

Staff informed us that an advisor from the Citizens Advice Bureau (CAB) attended the practice on a weekly basis to advise local patients and 'signpost' them to information for local services. This was to assist the patients who may be, for example, having financial difficulties, housing or domestic problems.

Health, promotion and prevention

The practice provided a smoking cessation clinic once a week where they offered advice and support to help patients to give up smoking. The GP's would prescribe nicotine replacement products if this was required after an advisor had assessed the patients.

We saw various booklets and leaflets in the waiting room for patients to read and take away with them. For example we saw information about diabetes, dementia awareness, heart disease and losing weight. The practice website also had some sign posting information for patients about asthma, heart and stroke problems and bowel screening. This information was available to patients in over 60 international languages.

Are services caring?

Summary of findings

Patients received services that were caring. Most of the comments we received were very positive about the clinical care received from GP's and nurses and in some cases this was stated as being very good and excellent. We also spoke to patients on the day and their experiences were not as positive. Some patients felt they were not given enough time at their appointment and felt rushed or were not able to discuss more than one issue as the GP had told them they would need to book another appointment.

We reviewed the comments from the NHS Choices website and the national patient survey for 2014 we noted that comments varied from good experiences to fairly poor experiences. The poor experiences were due to difficulties in getting through to book an appointment and waiting times to see the GP's. The provider told us they would review this in more detail to make improvements.

Our findings

Respect, dignity, compassion and empathy

We collected 16 comment cards from patients during our inspection and most of the feedback about the services was good. Patients told us they felt staff and clinicians treated them with dignity and respect and they were able to get an appointment with a GP even though they were put on hold and waited for a while to get through to a receptionist.

We also spoke to five patients during our inspection, but their experiences were not as positive. Some patients felt they were not given enough time at their appointment and felt rushed or were not able to discuss more than one issue as the GP had told them they would need to book another appointment.

We reviewed the comments from the NHS Choices website and the national patient survey for 2014 and noted that comments varied from good experiences to fairly poor experiences. Although most of the comments referred to the poor appointment booking system, many patients commented on staff not being patient and helpful on the telephone and at the reception desk. Some patients were left feeling frustrated and disappointed with the difficulties they experienced. To date, no action had been taken by the practice to improve this.

We received positive feedback from patients about the clinical care received from GP's and nurses and in some cases this was stated as being very good and excellent. We observed the GP's and the nurses came out to the waiting room to call the patients in for their appointment and staff at the reception desk spoke to patients politely and quietly to maintain privacy. We also noted staff always knocked before entering the consulting rooms out of respect for patients and clinicians.

Involvement in decisions and consent

Patients commented that the GP's always explained clearly what was going on with their health and any treatment that had been recommended. Patients felt there were no issues around consent. Clinical staff demonstrated verbally how they obtained consent from patients and where they did not have the capacity to give their consent GP's would contact the next of kin to maintain involvement.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Patients received services that were responsive. The practice had responded to meet the needs for patients who had mobility difficulties. They provided spacious rooms, wheelchair access and hand rails along the corridors.

The practice provided translation services for patients that did not speak English. We were told that the practice had GP's and other staff members that could speak Urdu, Hindi, Polish, German and Italian. If patients needed translations in any of these languages then staff would be available to respond. The practices' website provided information in over 60 international languages to help people understand the healthcare services provided.

There was a patient participation group (PPG) that provided advice to the management team to help improve the services for patients. This could improve to operate more effectively as we did not see any evidence from the practice to support the PPG in a planned approach for promoting healthcare services.

Many patients had made comments about the telephone systems and appointment booking system being poor. Although the practice had taken some actions to improve the systems the complaints still remained high. We saw no evidence of a detailed analysis carried out by the telephone provider or the practice to understand all the issues and complaints received. The provider told us they would review this in more detail and make further improvements.

Any complaints received by patients were dealt with appropriately and responsively within the timeline mentioned in the complaints policy.

Our findings

Responding to and meeting people's needs

The practice had responded to meet the needs for patients who had mobility difficulties. The entrance had wide doors and ramps for wheelchair access and some of the corridors had hand rails. The consulting rooms were spacious and provided enough room for pushchairs, wheelchairs and walking aids. The reception desk had a lower level desk specially provided for patients that d a wheelchair.

Staff in the practice informed us that there were a high number of patients who did not speak English and therefore needed a translator. We saw information on display in different languages informing patients to ask staff if they would like a translator to be available. We were informed that the practice had a translation service available for patients and that where possible they would book the service in advance of the appointments; however staff had reported to us this could be a slow service. We were told that the practice had GP's and other staff members that could speak Urdu, Hindi, Polish, German and Italian. If patients needed translations in any of these languages then staff would be available to respond. The practice's website also had an easy use translating application so that all the information could be read in over 60 different international languages.

The Patient Participation Group (PPG) were a group of nine patient representatives that advised the practice on patients' views regarding the development of the practice and enabled the practice to consider patient views when reviewing and expanding services. It was acknowledged by the PPG representatives that they represented a small percentage of the overall patient population. It was difficult for them, for example, to gather the views of more vulnerable patients who were housebound or patients who were receiving 'end of life' care. We noted that one of the PPG representatives had taken the initiative to promote the services within the practice to women at the local mosque in Morden. We did not see any evidence from the practice to support the PPG of a more planned approach for promoting healthcare services within the community.

Access to the service

We found that the majority of patient complaints and comments related to difficulties booking an appointment to see the GP or nurse. We reviewed the comment cards left in our comments box, the comments left on the NHS

Are services responsive to people's needs?

(for example, to feedback?)

Choices website and the national patient survey reports for March 2014. Many patients complained they were put on hold for long periods of time lasting for over 30 minutes in some cases and they were held in a queue that had more than 20 people in front of them in some instances. Patients complained that when they eventually got through they were told there were no available appointments and they should try again first thing the next morning. When patients tried to call the following day the events were repeated.

Patients who did not need urgent appointments had commented they were unable to book appointments in advance because staff had told them the systems did not allow them to do more advance bookings and only the GP's were able to override this function. Patients complained about the length of time they had to wait in the waiting room before being called for their scheduled appointment. Patients often complained it could be between 30 and 60 minutes and very difficult when they had children with them. One person commented they needed to see the GP every three months and as the practice did not offer recall appointments they had to call each time they needed an appointment because the practice could not book them that far in advance.

When we spoke to the management team about the issues around booking appointments they were all aware there were increasing complaints made by patients. They informed us they were actively reviewing the telephone systems with the telephone provider to improve the issues. However we saw no evidence of a detailed analysis carried out by the telephone provider or the practice to understand all the issues and complaints received.

The provider informed us that since January 2014 the practice had increased the number of telephone lines so people could get through on the telephone and did not get cut off while they were on hold. They also offered a telephone triage service for patients so they were able to

receive medical advice over the telephone. The PPG told us this still may be a problem because some patients are using GP's time on the phone as well as going into the surgery to see a GP. Also, patients that were unable to communicate in English were unlikely to use the triage service and would still want to book an appointment to see a GP. This meant the triage system was not as effective as it potentially could be.

Despite the actions the practice had taken to make improvements the number of complaints about the booking appointment system were still high.

Concerns and complaints

We saw the practice had a complaints policy on display in the waiting room and this informed patients about how to make a complaint. When we spoke to patients they all told us they knew how to make a formal complaint. We looked at the systems in place for dealing with complaints and we saw there was a lead member of staff who responded to complaints within 10 working days. They told us they would investigate the complaint and gather all the information and then respond in writing. In some cases this involved speaking to the patients to understand more about the issues before responding by letter. We saw records were kept of all the complaints and any relevant correspondence. We noted they had been handled within the time period advertised to patients. The correspondence made clear reference to any discussions with clinicians if it was relevant and apologies were made where the practice felt they had fallen short in their duty of care.

We saw a high number of complaints were formally made between January and May 2014. The majority of the complaints were about the appointments system and not being able to get through to someone by telephone without long waiting times.

Are services well-led?

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

Summary of findings

Patients received services that were well-led. There was a clear management structure in place with lead areas of responsibilities for the five GP's. Staff felt encouraged and supported by the management team and they knew where to go if they needed to report any issues. We saw evidence of regular staff meetings and staff told us they use these meetings to share learning.

The management team had a clear business strategy planned for 2014/15. Part of the plans were to improve the telephone and appointment systems and refurbish the waiting room.

There was a lead for governance person who was responsible for producing regular reports to the partners about how services were performing against any benchmarks.

Our findings

Leadership and culture

There was a management structure in place that consisted of five GP partners and each GP had a designated area of the service to manage and be responsible for. Both clinical and administrative staff described the culture within the service as being open and supportive. Staff told us they would have no hesitation to speak to one of the partner GP's if anything was troubling them because they knew they would be supported. We were told by staff they felt the GP partners valued them all individually for their role within the practice and they were all encouraged to fulfil their potential with support of the management.

We looked at the business strategy that was planned for 2014/15. There were plans to improve the overall patient experience. This included improving the telephone systems and the website, refurbishing the waiting room and improving the front desk experience for patients. There were plans to consider the option for patients to book appointments online and send in email requests for prescriptions. The practice had plans to work more collaboratively with neighbouring practices and the local CCG.

Governance arrangements

The five GP partners were the decision makers for the practice and each partner was responsible for lead areas of business and services. There was a lead for governance that was employed full time and was responsible for producing regular reports to the partners about how services were performing against any benchmarks. The partners would meet weekly to discuss how to improve on areas of low performance and follow up on any outstanding issues that arise from patient complaints and staffing issues. We saw minutes for the meetings and noted there were clear action plans listed with lead names. The governance arrangements were working effectively.

Staff had access to a range of policies and procedures which were kept up to date. We looked at several of the policies and saw that they were comprehensive and covered a range of issues such as health and safety, infection control, complaints, safeguarding and business continuity. The policies and procedures were available to staff on line and staff told us that any changes were notified to them via email. This meant staff had access to current guidance to support them in their work.

Are services well-led?

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

When we looked around the premises we noted that patient's record cards were kept behind the reception desk in tall filing blocks. We noted that there were no shutters or doors to cover over the files and secure them from unauthorised access.

Systems to monitor and improve quality and improvement

One member of staff was employed to review the practice's data and report to the management on what improvements needed to be made in order to meet some of the planned care for patients. For example one audit completed over a period of one month showed a list of patients who had outstanding tests for diabetes monitoring. This information was used to generate follow up reminders by letter and telephone calls to ensure patients were aware they were due a review.

Patient experience and involvement

The practice had received comments from patients through the national patient survey commissioned by the Department of Health (DH). The most recent survey report was published in March 2014 and had been posted on the practice's website for people to read. A questionnaire had been sent to 400 patients which was then evaluated and reported on by an independent company. Patients also had the option to leave feedback on the NHS Choices website. A number had done so and their comments had resulted in an overall poor rating. The practice had engaged with the PPG and discussed the feedback from patients. They told us they were continually reviewing complaints and feedback from patients to see how they could improve the service to better serve their patients. This meant patient's feedback had been noted and the management were looking at ways to improve the service.

Staff engagement and involvement

Staff told us they felt engaged and involved in the way the practice was managed and run on a daily basis. They had weekly meetings to discuss any issues with systems in

place and to discuss any updates on developments that were in progress. We saw evidence of practice meetings being held every six months. These were beneficial for staff so they could raise any issues they had and to understand progress reports on any developments relating to the practice and patient care. We also noted the clinicians had regular weekly meetings to discuss patient's cases and any clinical developments that they felt were good cases to share for learning.

Learning and improvement

There were effective systems in place for staff to learn from significant events and complaints. The staff reviewed the significant events at quarterly meetings or sooner if needed. They told us they put processes in place to ensure that repeat events did not occur and informed all the members staff. There were regular team meetings where staff discussed patient's complaints. The staff told us they had learnt from complaints and understood the practice needed to improve on areas like the telephone system and appointment booking system. We noted that comments from the patients about refurbishing the waiting room had been implemented into the business plan for 2014/15.

Identification and management of risk

We saw that a health and safety risk assessment had been undertaken of the service. This clearly stated the nature of the risk and what measures had been put in place to minimise the risk in the future. One example was the practice had a detailed business continuity plan that identified risks related to events such a power cut or flood that could impact the service availability. We saw there were protocols in place to manage continuity of services. Another example was the infection control policy stated that to avoid and minimise the risk of cross infection the practice must use disposable materials in every possible way. During our observations in the surgeries we saw the practice was using disposable materials.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

There were appropriate arrangements in place to meet the needs of this population group. Staff told us they had recently implemented the Department of Health's guidelines on assigning every patient over 75 years to a named GP who would be responsible for overseeing their overall health care plan.

Our findings

Staff told us they had recently implemented the Department of Health's guidelines on assigning every patient over 75 years to a named GP who would be responsible for overseeing their overall health care plan. We were informed that medication reviews had been completed for many of the patients and if there were signs of deterioration in their health they were referred to social services for integrated care and treated as 'housebound' which meant they received home visits from their GP.

The provider may find it useful to note we did not observe any information on the practices' website or in the practice about this process for patients to read about.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

There were arrangements in place to meet the needs of this population group. There were appropriate systems in place to monitor and follow up reviews for patients that have diabetes and patients that may have been showing early signs of dementia.

Our findings

The practice had the right support in place for patients with long term conditions. Staff told us there was a high prevalence of diabetes amongst certain patient groups. In response, the practice provided diabetic screening and monitoring by a specialist diabetes nurse.

The practice was responsive to patients that may have been suffering from dementia. They carried out tests for patients where clinicians suspected early signs. Where patients were diagnosed with suffering from dementia the practice had an effective and robust system in place to check bloods and carry out reviews every six months.

There were systems in place to follow up with patients who had failed to attend appointments. Staff would contact the patients by telephone and send reminders to their home. If patients suffered more seriously from dementia and memory loss the practice would contact patient's advocates to seek their consent or assistance to carry out health checks and reviews.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

There were arrangements in place to meet the needs of this population group. The practice provided nurse led baby clinics and women's health clinics where mothers could receive sexual health advice. There were monitoring systems in place to follow up with women that had not had smear tests. Mothers commented that it is difficult waiting when appointments ran late because they had young children with them.

Our findings

The GP's provided antenatal care and postnatal care for mothers. If a patient was considered as having a complicated pregnancy the GP's offered regular checks to monitor the mothers' health. There were nurse-led baby clinics for mothers and young children that were generally for vaccinations but also for providing healthcare information and baby care.

We noted that some comments made by mothers had suggested it was often difficult waiting when appointments ran late because they had young children with them and there was no child friendly area. The staff commented that this was due to cross infection control and health and safety rules.

There were nurse led clinics for women's health that provided smear tests, contraceptive advice and information about sexual health. We saw evidence of regular monitoring of patients that had not received their routine smear tests and staff told us these patients were sent reminder letters.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The patients from this group reported evening appointments were difficult to book and they were unable to book appointments in advance. There was information on the practice website signposting patients to health advice on sexual health and smoking cessation for example. The practice did not offer health checks for this population group.

Our findings

We saw the practice's website had information about sickness certificates and non NHS examinations that could be carried out if employers requested this. We also saw some signposting information for smoking cessation, weight loss, bowel cancer screening and sexual health.

Staff did not report or comment on any health check clinics or health care programmes for the working age population. We noted the practice offered extended hours on Monday evenings but these were open to all the patients and we were told the appointments were being booked up for patients that needed emergency same day appointments.

One of the patients we spoke said they were told by staff they could not book an appointment in advance for the evening appointments. They were asked to call on the Monday which they did but were told all the appointments for the evening were booked up. They told us it frustrated them because they did not need to see the GP urgently but ended up having to book time off work to see them for a 'same day' appointment. The PPG representatives had commented that the priority for the evening appointments should be for the working age population.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

There were arrangements in place to meet the needs of this population group. Patients that were registered with learning difficulties received annual reviews from the practice nurse to ensure their care was appropriately managed.

Our findings

The practice had a system in place to support patients with learning difficulties. There was a lead nurse for learning disabilities who told us they had just over 70 patients registered with learning disabilities for which they carried out annual reviews. The governance lead informed us that an annual return was submitted to the local CCG and showed us that 100% of the patients with learning difficulties had had yearly reviews to ensure their care was appropriately managed.

Staff informed us that an advisor from the Citizens Advice Bureau (CAB) attended the practice on a weekly basis to advise local patients and 'signpost' them to information for local services. This was to assist the patients who may be, for example having financial difficulties, housing or domestic problems.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

There were arrangements in place to meet the needs of this population group. There were lead clinicians for patients with mental health conditions that were responsible for carrying out regular reviews.

Our findings

The practice had a lead GP and a lead nurse for mental health services who carried out regular reviews for patients with mental health conditions. They told us there was an effective system in place that involved a multi-disciplinary team that met frequently to discuss cases and agree suitable care plans for patients. The team included a psychiatrist who reviewed care plans and offer advice to clinicians. The lead GP told us the practice was currently developing personalised care plans for every patient with a mental health condition so there was a clear understanding for meeting the care needs.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010: Requirements relating to workers.</p> <p>How the regulation was not being met: The registered provider had not ensured that all staff had suitable checks in place before they started employment. We found that criminal record bureau (CRB) checks had not been undertaken for non-clinical staff and no risk assessments had been completed. Regulation 21 (b)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010: safeguarding service users from abuse.</p> <p>How the regulation was not being met: The registered provider had not made suitable arrangements to ensure that service users were safeguarded. The evidence we looked at identified eight of the GPs and four of the practice nurses had not completed child protection training as required. This meant these members of staff may not have been appropriately identifying and responding to the signs of abuse, neglect or harm. Regulation 11 (1).</p>