

# Eversley Medical Centre

## Quality Report

501 London Road  
Thornton Heath  
Croydon  
CR7 6AR

Tel: 020 8684 1172

Website: [www.eversleymedicalcentre.co.uk](http://www.eversleymedicalcentre.co.uk)

Date of inspection visit: 12 September 2017

Date of publication: 31/10/2017

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 responsive to people's needs?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Eversley Medical Centre	5
Why we carried out this inspection	5
How we carried out this inspection	5

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eversley Medical Centre on 23 November 2016. The overall rating for the practice was good, with a rating of requires improvement for the key question 'Are services responsive to people's needs?'

The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Eversley Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 12 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 23 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good (for all key questions).

Our key findings were as follows:

- Complaints handling had improved. The policy was now in line with recognised guidance and contractual obligations and the complaints we reviewed had been managed in line with the new policy.

- The practice was monitoring and taking action to improve patient satisfaction with aspects of access, particularly by telephone.

In response to our recommendations, the practice had also:

- Carried out an audit of patients on high risk medications.
- Created a new system to monitor the care of patients with diabetes and an improved recall and care planning system. We saw positive feedback from a patient about this system. The practice had also run group consultations for six patients with diabetes. Evidence from the practice showed that all six patients had improved control of their diabetes (measured by HbA1C) and would recommend the approach to a friend.
- Developed a new system for recalling patients for cervical screening, which included making appointments for eligible patients to have screening when in the practice for another appointment (to increase the likelihood of attendance) and creating telephone consultation slots for nurses to contact patients who are reluctant to be tested. Data showed that this was beginning to improve uptake, with a 2% improvement so far.

# Summary of findings

- Developed a consistent system of review of policies to ensure that they remain complete and in line with latest best practice. Details of two examples were provided, including how the updated policies were shared with staff.
- Strengthened systems to improve uptake of breast and bowel screening, with letters and structured phone consultations for patients who did attend.

Following this inspection, the practice should:

- Continue to monitor and act on patient feedback on telephone access.
- Continue to monitor and take action to improve care and outcomes for patients with diabetes and the uptake of cancer screening (bowel, breast and cervical).

**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 responsive to people's needs?**

At our previous inspection on 23 November 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving and patient satisfaction with telephone access was below average.

These arrangements had significantly improved when we undertook a follow up inspection on 12 September 2017. The practice is now rated as good for providing responsive services.

- Complaints handling had improved. The policy was now in line with recognised guidance and contractual obligations and the complaints we reviewed had been managed in line with the new policy.
- The practice had taken action to improve patient satisfaction with telephone access. Internal survey results were, so far, encouraging, but cannot be compared directly with the (externally run and validated) national GP patient survey.

**Good**



# Eversley Medical Centre

## Detailed findings

### Our inspection team

**Our inspection team was led by:**

a CQC inspector.

## Background to Eversley Medical Centre

Eversley Medical Centre has approximately 10633 patients and is in Croydon, south London, very close to Croydon University Hospital. The surgery is based in converted premises. There is no parking for patients, but the area is well served by public transport. The building has level access and a lift.

Compared to the England average, the practice has more children as patients (aged up to 19) and aged 20 – 44 and fewer patients aged 50+ than at an average GP practice in England.

The surgery is based in an area with a deprivation score of three out of 10 (one being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the England average, more patients are unemployed.

Eight doctors work at the practice: four male and four female. Four of the doctors are partners and there are four salaried GPs. Some of the GPs work part-time. The practice has 40 GP sessions per week.

There are three practice nurses and a health care assistant, and a non-clinical team including a practice manager, reception and administrative staff.

The practice is open between 8am – 7.30pm on Tuesdays and Thursdays and 8am – 6.30pm on Mondays, Wednesday

and Fridays. Appointments with GPs are available from 8.30am to 11.30am and 3.30pm and 6.30pm every day, and until 7.30pm on Tuesday and Thursday. When the practice is closed cover is provided by a local service that provides out-of-hours care.

The practice offers GP services under a Personal Medical Services contract in the Croydon Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

This is the second time that the CQC has inspected the practice.

## Why we carried out this inspection

We undertook a comprehensive inspection of Eversley Medical Centre on 23 November 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. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Eversley Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based focused inspection of Eversley Medical Centre on 12 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.

# Detailed findings

## How we carried out this inspection

We carried out a desk-based focused inspection of Eversley Medical Centre on 12 September 2017. This involved reviewing evidence of:

- Complaints handling
- Action on patient feedback about telephone access

- Policy review processes
- Action to improve care and outcomes for patients with diabetes and the uptake of cancer screening (bowel, breast and cervical)
- Assessment and action on risks identified.

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 responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 23 November 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording and responding to complaints needed improving and patient satisfaction with some aspects of accessing care were below average.**

**These arrangements had significantly improved when we undertook a follow up inspection on 12 September 2017. The practice is now rated as good for providing responsive services.**

### Access to the service

At the previous inspection, results from the national GP patient survey (published July 2016) showed that patient's satisfaction with how they could access care and treatment were mixed, with most aspects in line with local and national averages, but satisfaction with getting through by telephone was below average.

At this desk-based inspection we looked at the GP Patient Survey published in July 2017. Three hundred and thirty-five patients were sent survey forms, and 112 responded (1% of the practice population).

Results showed that patients were still less satisfied than those at other practices with ease of telephone access. The same percentage (48%) of patients said they could get through easily to the practice by phone compared to the local average of 73% and the national average of 71%.

The practice told us that they had reflected on the speed and quality with which telephone calls were dealt with and developed an action plan to improve after the last inspection.

The national GP patient survey took place in January 2017. We were told that there had been staff shortages in late 2016 and early 2017 which had made it difficult to have full staff in place, but that this had now been rectified by recruiting more staff, with four staff taking calls during the busiest period (8.00am to 12.00 every day) and three members of staff on duty from 12pm.

To improve the quality of call handling the practice told us that they devised and ran an in-house customer service training session for the reception and administration

teams. We saw the training materials, which included scenarios to encourage staff to consider issues from patients' perspective. Reception staff also attended mandatory training on 'reducing patient demand'.

The practice was running its own ongoing survey to monitor patient satisfaction. The results sent us to were collated and analysed in August 2017. Thirty-one patients responded, although not every patient responded to every question.

In answer to the question 'How easy do you find it to get through to the surgery on the telephone?' 10 patients said 'excellent', seven said 'very good' and 12 said 'good' (adding up to 94% positive responses). Six patients said that their experience of getting through on the phone was 'average' and three said that it was 'poor'.

Thirty-one patients answered the question as to the politeness of reception staff, with nine answering it was 'excellent', 15 saying 'very good', five said it was 'good' and two patients said it was 'average'.

### Listening and learning from concerns and complaints

When we inspected in 2016, the practice complaints policy and procedures was not in line with recognised guidance and contractual obligations on timelines for action for GPs in England. We looked at four complaints received in the last 12 months and found that although they were dealt with openness and transparency the practice was not always including in their responses details of the NHS Ombudsman, although this did feature in the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Shortly after the inspection the practice sent us an updated complaints policy, with timelines in line with recognised guidance.

To assess the implementation of the new policy, we looked at three of the eighteen complaints received since the last inspection. We saw that these were all dealt with appropriately, in line with expected timescales and with openness and transparency. Patients were given details of the NHS Ombudsman in case they were not satisfied with the practice's response, and there was evidence that action was taken to improve processes after learning from complaints, for example by providing updated guidance for staff.