

Hampton Medical Centre - Lewis

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 safe?

Good 

Are services responsive to people's needs?

Requires improvement 

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 Hampton Medical Centre - Lewis	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7
Action we have told the provider to take	9

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Hampton Medical Centre on 17 March 2016. The practice was rated as requires improvement overall. Breaches of legal requirements were found relating to the Safe and Responsive domains. After the comprehensive inspection, the practice submitted an action plan, outlining what they would do to meet the legal requirements in relation to the breaches of regulation 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection we found that the practice had failed to ensure that the risks to patients were being managed with regards to infection control and that the practice had failed to act on patient feedback in order to improve their service. We also identified areas where improvements should be made, which included ensuring that staff were acting on computer system safety alerts, advertising the availability of translation services to patients, and improving their complaints process.

We undertook this focussed desk-based inspection on 26 January 2017 to check that the practice had followed

their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Hampton Medical Centre on our website at www.cqc.org.uk.

Following the focussed inspection, we found the practice to be good for providing safe services. The practice had made some improvements in providing responsive services but there remained areas relating to patient satisfaction which had not been fully addressed and therefore they remain rated as requires improvement for providing responsive service. Following the follow-up inspection, they are rated as good overall.

Our key findings were as follows:

- The practice had effective processes in place to control risks relating to infection control. Staff with specific infection control responsibilities had sufficient time resource to perform this role.
- All staff had completed training in order to maintain up to date skills and knowledge relevant to their role.
- The practice had considered patient feedback from the NHS GP Patient Survey, and had plans in place to address areas where they had scored below average. Their achievement relating to patient satisfaction with

Summary of findings

telephone access to the surgery and the surgery opening hours had improved since the previous inspection, but was still below average. Their achievement for the proportion of patients who said they were able to see the GP of their choice had not improved and remained significantly below average (15% compared to a local and national average of 59%).

- The practice's computer system displayed prescribing alerts and alerted GPs to combinations of medicines which should not be prescribed together. The practice had an ongoing programme of audit to ensure that their prescribing of these medicines was appropriate.

- The practice had translation services available, and this was advertised to patients in the waiting area.
- The practice recorded both verbal and written complaints received, and provided patients with complete and accurate information about the NHS complaints procedure.

The areas where the provider must make improvement are:

- They must take action to address areas of below average patient satisfaction with the service.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- The practice had effective processes in place to control risks relating to infection control. Staff with specific infection control responsibilities had sufficient time resource to perform this role.
- All staff had completed training in order to maintain up to date skills and knowledge relevant to their role.

Are services responsive to people's needs?

Requires improvement



- The practice had considered patient feedback from the NHS GP Patient Survey, and had plans in place to address areas where they had scored below average. Their achievement relating to patient satisfaction with telephone access to the surgery and the surgery opening hours had improved since the previous inspection, but was still below average. Their achievement for the proportion of patients who said they were able to see the GP of their choice had not improved and remained significantly below average (15% compared to a local and national average of 59%).
- The practice had shared the outcome of the NHS GP Patient Survey with their Patient Participation Group.

Hampton Medical Centre - Lewis

Detailed findings

Our inspection team

Our inspection team was led by:

This desk-based follow-up inspection was conducted by a CQC inspector.

Background to Hampton Medical Centre - Lewis

Hampton Medical Centre provides primary medical services in Hampton to approximately 12,500 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 10%, and for older people the practice value is 12%, which is higher than the CCG average of 11%. The age distribution of the practice population is largely in line with local averages. Of patients registered with the practice, the largest group by ethnicity are white (86%), followed by Asian (8%), mixed (3%), black (2%) and other non-white ethnic groups (1%).

The practice operates from premises which have been altered and extended several times, and at the time of the follow-up inspection the practice was nearing the completion of a further extensive programme of extension and renovation. The practice is a short walk from Hampton train station and car parking is available on the surrounding streets. All patient facilities are on the ground floor. The first floor is used as an open-plan office for

administrative staff and has a meeting room for staff. The practice has access to seven doctors' consultation rooms and two nurse consultation rooms. The practice team at the surgery is made up of two part time male GPs, one full time male GP and three part time female GPs who are partners, and one full time male salaried GP. In addition, the practice also has two part time GP Registrars. In an average week, the practice provides 50 GP clinical sessions. The practice has one full time female nurse and one part time female nurse, and a full time female health care assistant. The practice team also consist of a practice manager, secretary and seven reception/administrative staff.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm every morning, and 2pm to 6pm every afternoon. Extended hours surgeries are offered between 6.30pm and 8.15pm on Thursdays, and the practice is open for care reviews on Saturday mornings between 9am and 12pm. Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day, including weekends.

When the practice is closed patients are directed to contact the local out of hours service.

Detailed findings

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

Why we carried out this inspection

We undertook a focussed inspection of Hampton Medical Centre on 26 January 2017. This is because the service had been identified as not meeting two of the legal requirements associated with the Health and Social Care Act 2008. From April 2015 the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, breaches of regulation 12 (Safe care and treatment) and regulation 17 (Good governance) were identified.

During the comprehensive inspection carried out on 17 March 2016 we found that the practice had failed to ensure that the risks to patients were being managed with regards to infection control, that some staff had not received mandatory training in information governance and the Mental Capacity Act, and that the practice had failed to act on patient feedback in order to improve their service. We also identified areas where improvements should be made, which included ensuring that staff were acting on computer system safety alerts, advertising the availability of translation services to patients, and improving their complaints process.

This inspection was carried-out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 17 March 2016 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and is the service responsive.

How we carried out this inspection

We carried out a desk-based focused inspection of Hampton Medical Centre 26 January 2017. This involved reviewing evidence that:

- The practice had taken action in response to patient feedback about access to services.
- The practice had ensured that all staff had completed infection prevention and control (IPC) training and that the IPC lead for the practice had sufficient protected time to fulfil their responsibilities.
- The practice had reviewed the effectiveness of their arrangements for flagging prescribing alerts.
- The practice had advertised the availability of language translation services.
- The practice was recording all complaints received and that they were ensuring that patients were provided with accurate information about the NHS complaints procedure.

Are services safe?

Our findings

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing safe services as they had failed to put in place comprehensive arrangements to assess the risk of, prevent, detect and control the spread of infections.

These arrangements had significantly improved when we undertook a follow up inspection on 26 January 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

During the initial inspection in March 2016 we found that whilst staff we spoke to were able to describe infection prevention and control (IPC) processes relevant to their role, there was no evidence that staff received regular formal training. We also found that the practice did not have a cleaning schedule in place for the cleaning of clinical equipment (such as the nebuliser and spirometer).

At the time of the initial inspection we were informed that the practice nurse had recently taken on the role of IPC clinical lead, and that she had been given an hour per week when she was not seeing patients in order to complete all of her administrative duties including those relating to her IPC role.

Immediately after the initial inspection, the practice provided evidence that they had put in place cleaning schedules for all items of clinical equipment, and as part of the follow-up inspection, they provided copies of these schedules to show that appropriate records had been kept of the cleaning completed.

As part of the follow-up inspection the practice provided evidence that all staff had completed IPC training relevant to their role. They also provided minutes of a nursing team meeting, which showed that the amount of protected time for the practice lead nurse to complete her IPC duties had been reviewed and discussed, and that the nurse had confirmed that one hour per week was adequate for her to complete the tasks associated with this role.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing responsive services as they had failed to address areas of below average satisfaction scores from the NHS GP Patient Survey relating to access to the service.

There had been some improvement when we undertook a follow up inspection on 24 January 2017. The practice remains rated as requires improvement for providing responsive services.

Access to the service

During the initial inspection in March 2016 we found that the most recent NHS GP Patient Survey (published in January 2016) found that the practice scored below average for questions relating patients' satisfaction with the access to the service. For example:

- 54% of patients were satisfied with the practice's opening hours (CCG average 71%, national average of 75%).
- 48% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 13% of patients said they always or almost always see or speak to the GP they prefer (CCG and national average of 36%).

During the inspection the practice told us that they were aware of the problems with the phone system, and they were in the process of refining the appointment system in order to address this; however, there was no evidence that the practice had taken action to address issues with patients accessing their preferred GP.

As part of the follow-up inspection we reviewed the most recent NHS GP Patient Survey results (published in July 2016) and found:

- 65% of patients were satisfied with the practice's opening hours (CCG average 74%, national average of 76%).
- 55% of patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 13% of patients said they always or almost always see or speak to the GP they prefer (CCG and national average of 59%).

The practice provided evidence to show that the survey results had been discussed in a team meeting and that actions had been identified to address areas where patient satisfaction was below average. As a result, they had amended the information in their website relating to appointment system to ensure that it was clear, and promoted the availability of appointments at local seven-day opening hubs.

The practice planned to make changes to their telephone system once their building work was completed; however, this had not yet occurred due to a delay in the completion of the building work.

The practice had shared the outcome of the NHS GP Patient Survey with their Patient Participation Group (PPG); however, the minutes of the meeting showed little evidence that the practice had asked the PPG for feedback relating to areas of low score.

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 were not being met. The provider must send CQC a report that says what action they are 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> <p>The provider did not do all that was reasonably practicable to act on patient feedback in order to improve their service.</p> <p>This was in breach of regulation 17 (1)(2)(a) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>