

Glenlyn Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on May 2015. During this inspection a breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the breach. After that inspection we received concerns regarding the main surgery and more specifically the newly required branch surgery Giggs Hill in relation to:-

- Patients waiting for repeat prescriptions
- Results not being reviewed in a timely manner
- Inadequate number of doctors on duty
- INR clinics being cancelled
- Phlebotomist extending their role with no training

As a result we undertook a focused inspection to look into those concerns and to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in

relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenlyn medical Centre on our website at www.cqc.org.uk.

We carried out an unannounced responsive inspection at Glenlyn Medical Centre and its branch surgery Giggs Hill on 21 January 2016.

Our key findings across all the areas we inspected were as follows:

- The branch surgery and main practice were acting as one. Therefore patients were able to access appointments at both locations. The practice had recently merged the two patients lists and the computer system. The phone lines were due to be transferred to one number in the next few weeks so calls would be taken from one location.
- We reviewed the repeat prescribing system and saw that GPs were signing repeat prescriptions that had been requested from the previous day. On average patients waiting 48 to 76 hours for repeat prescriptions.

Summary of findings

- We were able to review the computer system to review test results and saw that these were reviewed in a timely manner and where necessary patients were contacted either the day the results were reviewed or the day after if further investigation was needed.
- The practice was aware that due to the takeover of Giggs Hill that a number of staff at this practice had resigned. The partners were actively advertising and employing staff members. Patients were being offered appointments at both locations while key staff were being employed and / or inducted at Giggs Hill.
- We reviewed the clinics listed for the INR clinics going back three months from October to December 2015 and found that during that time only one clinic had been cancelled.
- We found that no staff had the sole role as phlebotomist and instead were employed as Health Care Assistants (HCA). Staff we spoke with and evidence we saw showed that staff had been trained to take on all the duties they performed.

The areas where the provider must make improvement are:

- Ensure that all recruitment checks are carried out and recorded as part of the staff recruitment process as specified under schedule 3 of the Health and Social Care Act. And ensure when employing locum staff that identity checks are performed and staff are given an induction to the practice.

The provider should:

- Continue to review and implement improvements to patients' access to the practice including monitoring the number of GP and nurse appointments available.
- Continue to ensure that all staff are informed of changes happening within the practice.
- Ensure that patients are made aware of changes happening within both locations.

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?

The practice is rated as requires improvement for providing safe services as the provider had failed to ensure that recruitment files contain the required information. For example, files did not contain proof of identification including photo identification, references, reasons for leaving their last employment or if gaps in employment had been investigated.

We reviewed the repeat prescribing system and saw that GPs were signing repeat prescriptions that had been requested from the previous day. On average patients waiting 48 to 76 hours for repeat prescriptions.

The practice was aware that due to the takeover of Giggs Hill that a number of staff at this practice had resigned. The partners were actively advertising and employing staff members. Patients were being offered appointments at both locations while key staff were being employed and / or inducted at Giggs Hill.

At our previous comprehensive inspection in May 2015 we found:-

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Audits, significant events and complaints were reviewed and learning discussed with clinical staff. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- The practice was clean and tidy and appropriate hygiene standards were maintained.
- Emergency procedures were in place to respond to medical emergencies.
- In the event of an emergency the practice had policies and procedures in place to help with the continued running of the service.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

We were able to review the computer system to review test results and saw that these were reviewed in a timely manner and where necessary patients were contacted either the day the results were reviewed or the day after if further investigation was needed.

Good



Summary of findings

We found that no staff had the sole role as phlebotomist and instead were employed as Health Care Assistants (HCA). Staff we spoke with and evidence we saw showed that staff had been trained to take on all the duties they performed.

At our previous comprehensive inspection in May 2015 we found:-

- Data showed patient outcomes were at or above average for the locality.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with local multidisciplinary teams to provide patient centred care.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The branch surgery and main practice were acting as one. Therefore patients were able to access appointments at both locations. The practice had recently merged the two patients lists and the computer system. The phone lines were due to be transferred to one number in the next few weeks so calls would be taken from one location.

We reviewed the clinics listed for the INR clinics going back three months from October to December 2015 and found that during that time only one clinic had been cancelled.

At our previous comprehensive inspection in May 2015 we found:-

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- Patients told us they did not always find it easy to make an appointment with a named GP. However, they had been able to access urgent appointments on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Are services well-led?

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

At our previous comprehensive inspection in May 2015 we found:-

- It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular meetings.
- There were systems in place to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients.
- The patient participation group (PPG) was in the process of being re-organised due to a recent merger with another practice.
- Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all recruitment checks are carried out and recorded as part of the staff recruitment process as specified under schedule 3 of the Health and Social Care Act. And ensure when employing locum staff that identity checks are performed and staff are given an induction to the practice.

Action the service **SHOULD** take to improve

- Continue to review and implement improvements to patients' access to the practice including monitoring the number of GP and nurse appointments available.
- Continue to ensure that all staff are informed of changes happening within the practice.
- Ensure that patients are made aware of changes happening within both locations.

Glenlyn Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a second CQC inspector. The team included two GP specialist advisers and two practice manager specialist adviser.

Background to Glenlyn Medical Centre

Glenlyn Medical Centre offers personal medical services to the population of East Molesey, Surrey. There are approximately 24,800 registered patients to both the main practice of Glenlyn Medical Centre and the newly acquired branch surgery of Giggs Hill. Glenlyn Medical Centre is also a training practice for registrar GPs.

Glenlyn Medical Centre had acquired Giggs Hill in October 2015. In December 2015 the patients lists were merged and Giggs Hill became a branch surgery of Glenlyn Medical Centre. In January 2016 the computer system was fully merged and there were plans in place to provide one phone number for the two locations within the next month. Patients of either practice are able to access GPs, nurses or urgent on the day appointments at both sites.

Glenlyn Medical Centre is run by two partners. The two locations are also supported by four associate GPs, four salaried GPs, two registrar GPs, four nurse practitioners, four practice nurses, four health care assistants, a team of administrative staff, and managerial staff including an office manager and an **information governance** manager. Although many staff were dedicated to their own location, staff were able to work from both locations as required.

The practices run a number of services for their patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccines and advice.

Services are provided from:

Glenlyn Medical Centre - 115 Molesey Park Road, East Molesey, Surrey, KT8 0JX

and

Giggs Hill, 14 Raphael Drive, Thames Ditton, Surrey, KT7 0EB

Both sites were visited for this focused inspection.

We originally undertook an announced comprehensive inspection at Glenlyn Medical Centre on 19 May 2015. During this inspection the provider did not have the required information in staff recruitment files. Part of the unannounced focused inspection completed on 21st January 2016 was to review if the provider was now compliant with the regulations in relation to this area.

CQC received concerns regarding the main surgery and more specifically the newly required branch surgery Giggs Hill in relation to patients waiting for repeat prescriptions, results not being reviewed in a timely manner, inadequate number of doctors on duty, INR clinics being cancelled and the phlebotomist extending their role with no training. We undertook an unannounced focused inspection on 21 January 2016 to follow-up these concerns.

Why we carried out this inspection

We undertook an unannounced focused inspection at Glenlyn Medical Centre and its branch surgery Giggs Hill on 21 January 2016. This inspection was carried out to check

Detailed findings

that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 19 May 2015 had been made and to follow-up concerns that had been raised.

We carried out the inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our

regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

Are services safe?

Our findings

Overview of safety systems and processes

At the comprehensive inspection in May 2016 we had found that recruitment files did not contain the required information. At this inspection asked to see recruitment files for staff who had been recently employed and for a locum nurse. We viewed two recruitment files for staff who had been employed within the last two months. We found they did not contain the required information. For example, files did not contain proof of identification including photo identification, references, reasons for leaving their last employment or if gaps in employment had been investigated. This was a continued breach from the last inspection.

On the day of the inspection we also visited Giggs Hill. A locum nurse had been employed to start work at Giggs Hill on the day of the inspection. We noted that they did not have their identity checked or were given an introduction to the practice before seeing patients. We asked to see the recruitment checks for the locum nurse. We were informed that the locum staff details would have been sent by an agency, and then checked and recorded by the **Information Governance Manager**. At the time of the inspection this information could not be found by the practice.

We spoke with the partners in relation to this who stated that they had received the required information for this individual but they were unable to find them. They told us that a member of staff should have checked the nurses identity on the day and given them an overview of the practice and computer system. However, the **Information Governance Manager** who would normally have performed this duty but was on leave and this duty had not been passed to another staff member to complete.

We had concerns raised that repeat prescriptions were not routinely being signed by GPs and that there was a delay for patients. Staff we spoke with told us that over the Christmas period there had been an increase in prescription requests and prescriptions had been taking on average four days to review and sign. On the day of the inspection we reviewed the prescriptions to be signed by the GPs and saw that these had been generated from the previous days requests. GPs we spoke with told us that the paper repeat prescription system worked well.

Prescriptions were evenly distributed to all GPs working on the day to review and sign. They told us this created a more manageable workload and that the average turnaround time was 48 hours. Administration staff told us that they processed the repeat prescription requests throughout the day and were able to ask GPs to sign them either on the same day if it was before midday or the following day. We were informed that one of the prescription clerks had left Giggs Hill and that staff from Glenlyn Medical Centre were able to provide cover.

Monitoring risks to patients

We spoke with the partners and staff about concerns raised in relation to an inadequate number of doctors on duty. It was explained to us that due to the recent merger a number of staff from Giggs Hill had left the practice over the last couple of months. The partners told us they were aware that currently Giggs Hill was running with a fewer number of GPs, nurses and health care assistants (HCA) than previously. New staff members had either recently been recruited or positions were advertised to replace those staff that had recently left. Patients were being offered appointments at Glenlyn Medical Centre as an alternative so that they could be seen in a more timely fashion. We were able to view the appointment system across both locations. On the day of the inspection we saw that eight GPs were seeing patients at Glenlyn and three GPs were at Giggs Hill.

Some staff we spoke with told us that due to staff members leaving it had added pressure onto existing staff. However, most staff were aware of the new starters being employed and felt that the partners were doing all that was necessary to address the situation. We spoke with staff at Giggs Hill who told us that they felt under pressure and understaffed. We brought this to the attention of the partners who were aware of the situation and two new reception staff were in the process of being employed and trained to work at Giggs Hill. They also told us that when needed staff from Glenlyn Medical Centre could take over duties at Giggs Hill.

The partners told us that plans were in place to ensure that all calls would be taken from a central location at Glenlyn Medical Centre to ensure that enough staff were on duty. The practice had merged the patient list in December 2015 and in January 2016 merged the computer system of both locations. The practice had waited to merge the phone line in order to ensure that the computer system merger had not created any problems.

Are services safe?

The partners had organised meetings for staff to attend to help understand the changes happening and had set up four communication leads to disseminate information. However, staff at Giggs Hill told us that they felt that communication was poor.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

CQC received concerns in relation to phlebotomists being asked to take on other duties that they had not been trained for. We spoke with staff who told us that no staff had the sole role as phlebotomist and instead were employed as Health Care Assistants (HCA). Staff we spoke with told us that they had been trained to take on all duties they performed and were supported by the nurses and GPs. We spoke with a newly employed HCA who told us they were in the process of shadowing other staff and undertaking training in order to perform their duties. They told us that they felt supported by the practice and team members.

Coordinating patient care and information sharing

Staff told us that there was system to share tasks with all of the GPs on duty that day. This included home visits, signing of repeat prescriptions and reviewing and actioning test results. We were able to review the computer system for unactioned tasks for test results and saw that there were no outstanding results that would be a cause for concern. GPs we spoke with told us that these were cleared on the day and that staff were aware who was on duty and to only distribute work to GPs working that day.

We reviewed patients records and saw that where patients had a blood test, the results had come back within one to two days and were actioned either on the same day as being received or the following day. We noted that where necessary patients were contacted the same day if any follow up action was required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

Concerns had been raised with CQC in relation to patients accessing appointments. We viewed the appointment system. Staff were able to book appointments for patients at either location. Patients were able to book in advance, on the day and have appointments at the Urgent Care Clinic (which were for on the day emergency appointments). At the time of the inspection we noted that eight GPs were available at Glenlyn and three were available at Giggs Hill. We viewed the computer system and saw that the average time for patients pre-booking appointments was four weeks. However, we also saw that other patients had been able to book on the day appointments.

The partners were aware that due to staff leaving there was a reduction of appointments available at Giggs Hill. Staff were aware that patients should be offered appointments at Glenlyn Medical Centre as an alternative.

Concerns had also been raised that clinics for blood tests for patient taking anti-coagulant medicines were being cancelled. We viewed the appointment system for the previous three months and found that one clinic had been cancelled in December. We spoke with staff regarding this and were told that the clinic had been cancelled due to staff illness and that patients would have been offered an alternative appointment either the following day or as a stand-alone appointment with a nurse or HCA on the same day.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The partners had consulted the local Clinical Commissioning Group, NHS England and the local MP in relation to plans to address patient access to appointments including urgent on the day appointments. The practice had taken over a local practice (Giggs Hill) and plans were in place to create an Urgent Care Centre from this practice. Patients from both Giggs Hill and Glenlyn Medical Centre would be able to access on the day urgent appointments through the Urgent Care Centre. The

partners told us that they were planning to change the layout of the building to create a large waiting area for the Urgent Care Centre and new consulting rooms. Patients would be seen by advanced nurse practitioners with the support of GPs. Giggs Hill would continue to offer routine and on the day appointments with GPs and nurses and clinics could be run from either location as required. The partners told us that patient surveys were planned to ensure that the practice was listening to its patients. They were also in the process of creating a new patient participation group which would be the voice of the patients across both locations.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Persons employed for the purpose of carrying on the regulated activity must:-</p> <ul style="list-style-type: none">• Be of good character <p>The following information must be available in relation to each such person employed:-</p> <ul style="list-style-type: none">• The information specified in schedule 3 <p>How the regulation was not being met:</p> <p>There was continued non-compliance against this regulation. The registered person could not evidence that newly recruited staff were of good character and recruitment files did not contain information specified under schedule 3.</p> <p>This was in breach of regulation 19(1)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>