

# Knights Hill Surgery

## Quality Report

Suite 1, West Norwood Health and Leisure Centre  
London  
SE27 0DF  
Tel: 020 30490700  
Website: [www.knightshillsurgery.nhs.uk](http://www.knightshillsurgery.nhs.uk)

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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 caring?

Good 

Are services responsive to people's needs?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

### Detailed findings from this inspection

Our inspection team	6
Background to Knights Hill Surgery	6
Why we carried out this inspection	6
How we carried out this inspection	6

## Overall summary

### Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Knights Hill Surgery on 14 December 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Knights Hill Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 5 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 14 December 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.

At our previous inspection on 14 December 2016 we rated the practice as requires improvement for providing caring services as the results from the national GP patient survey showed patients were less satisfied than patients at other practices with GPs, nurses and reception staff. The practice had not carried out systematic analysis of the survey results.

We rated the practice as requires improvement for providing responsive services as evidence showed the practice responded to issues raised, but was not following their own policy or national guidance when responding, and information provided to patients about how to escalate complaints was incorrect. Data from the national GP patient survey showed patients rated the practice below average for ease of making an appointment, and for ease of access to preferred GPs.

We also highlighted in the original inspection other areas where the provider should take action:

- Implement effective security and monitoring arrangements for prescription forms and pads, and ensure that mechanisms to monitor emergency medicines and prescriptions awaiting collection are effective.
- Continue to monitor and take action to improve outcomes for patients with diabetes.
- Monitor and take action to improve patient satisfaction with consultations with GPs, nurses and engagement with reception staff, and with making an appointment.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

# Summary of findings

Our key findings at this inspection were as follows:

- The practice had reviewed its complaints procedure and now provided accurate information to patients and responded to complaints in line with its policy.
- Results from the national patient survey 2017 indicated that patient satisfaction with how they were treated and their involvement in their care had increased, and was now similar to CCG and national averages.
- Results from the national GP patient survey 2017 showed that patients' satisfaction with how they could access care and treatment remained mixed, with satisfaction with making an appointment and with access to a preferred GP still below local and national averages although they had improved.

We also found that the provider had taken the following action to address the areas where we suggested they should make improvements:

- The practice had reviewed the security and monitoring arrangements for prescription forms and pads. Blank prescription pads were now locked in a cupboard within a lockable room to which only certain staff had access. An additional security camera had been placed outside the door. A record of prescription pad serial numbers was being maintained and the practice had put a specific policy into place for storage and handling of prescription pads. Any prescriptions in printers were removed and locked away at the end of each day. The practice had also reviewed its system regarding prescriptions awaiting collection. A member of staff checked on a monthly basis to ensure there were no prescriptions awaiting collection for more than two months. If there were they were passed to the pharmacist who would liaise with the patient and, where necessary, the GP. We checked the emergency medicines and found they were all in date.

- The GP partner had taken on the oversight of the diabetic patient register, and told us they were reviewing this in a monthly basis. They had put into place a plan and procedure for improving diabetic care. This included booking a first appointment with the health care assistant who would collect bio-data such as body weight, height, BMI and carry out a urinalysis. They would also arrange for a blood test. A virtual clinic was available for patients to consult with specialists. Data provided by the practice indicated the practice's Quality and Outcomes Framework (QOF) performance has improved from 67 points to 81 (out of a possible 86). (QOF is a system intended to improve the quality of general practice and reward good practice.) The practice pharmacists carried out medicines reviews and liaised directly with patients where appropriate.
- The practice had reviewed the outcomes of the national patient survey and had taken steps to address the areas where they had fallen below average. For example, permanent GPs had been appointed as had an additional pharmacist and reception staff had undergone customer care training. Patient feedback had improved in most areas.
- The practice had a pack containing information for carers, and at every new patient registration reception staff were expected to ask if the patient was also a carer. The practice had identified it had 157 patients who were also carers. Whilst this number had increased since the last inspection so had the patient list size, so the percentage of identified carers remained at just under 2%.

**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 caring?

Results from the national patient survey 2017 indicated that patient satisfaction with the services they received had increased.

Similar results were received from patients at this practice as from patients at other practices in relation to how GPs, nurses and reception staff treated them.

Patient feedback about their involvement in planning and making decisions about their care and treatment had improved and was similar to local and national averages.

Good



### Are services responsive to people's needs?

Results from the national GP patient survey 2017 showed that patients' satisfaction with how they could access care and treatment remained mixed, with satisfaction with making an appointment and with access to a preferred GP still below local and national averages although they had improved.

We saw the practice had taken action to address the below average performance. Permanent GPs had been recruited; a triage system set up and the telephone system improved.

We found the practice had revised its complaints procedure and it now gave patients correct information on how to escalate a complaint if they were dissatisfied. We reviewed four complaints and saw that these had been acknowledged within the three days stated in the practice complaints policy. Those that had been dealt with had a final response and we saw that in each case the patient was offered details of whom to contact if they were still dissatisfied.

Good



# 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

The provider had resolved the concerns for caring and responsive at our inspection on 14 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for caring and responsive at our inspection on 14 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for caring and responsive at our inspection on 14 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for caring and responsive at our inspection on 14 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for caring and responsive at our inspection on 14 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for caring and responsive at our inspection on 14 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Knights Hill Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC lead inspector.

## Background to Knights Hill Surgery

Knights Hill Surgery has approximately 7900 patients and is in West Norwood, south London. The surgery is purpose built premises, in a building with a leisure centre and other health services. There is lift access to the floor where the surgery is. The area is well served by public transport.

Compared to the England average, the practice has more young children as patients (age up to four) and fewer older children and young adults (age 10 – 19). There are many more patients aged 20 – 44, and many fewer patients aged 45+ than at an average GP practice in England.

The surgery is based in an area with a deprivation score of four out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children than the English average. Compared to the English average, fewer patients are unemployed or have a long-standing health condition.

Four doctors work at the practice: one male and three female. One of the doctors is a partner, with a non-clinical managing partner. Some of the GPs work part-time. Full time doctors work eight sessions per week. The practice provides 30 GP sessions per week.

The nursing team is made up of one practice nurse and two health care assistants. There are also two pharmacists employed by the practice.

The practice is open 8am to 6.30pm Monday to Friday and 9am to 5pm on Saturday. Appointments with GPs are available on Monday from 8.30am to 12.10pm and 3pm – 6pm, Tuesday from 9am to 12.30pm and 3.20pm to 6pm, Wednesday from 8.30am to 12.30pm and 3pm to 6pm, Thursday from 9am to 12.10pm and 3pm to 6pm, Friday from 9am to 12.30pm and 3pm to 6pm and Saturday 9am to 12pm and 2pm to 4.30pm.

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 General Medical Services contract in the Lambeth 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.

## Why we carried out this inspection

We undertook a comprehensive inspection of Knights Hill Surgery on 14 December 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 for providing caring and responsive services.

We undertook a follow up inspection on 5 September 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Knights Hill Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

## How we carried out this inspection

We carried out a focused inspection of Knights Hill Surgery on 5 September 2017.

During our visit we:

- Spoke with a range of staff, including a GP, practice manager and the (non-clinical) managing partner.
- Reviewed the security and monitoring arrangements for prescription forms and pads.

- Reviewed the action taken to improve outcomes for patients with diabetes.
- Reviewed the results of the 2017 National Patient Survey where patients and members of the public shared their views and experiences of the service.
- Reviewed how patients with caring responsibilities were identified and recorded on the clinical system.
- Reviewed the system for dealing with complaints.

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 caring?

## Our findings

At our previous inspection on 14 December 2016 we rated the practice as requires improvement for providing caring services as the results from the national GP patient survey 2016 showed patients were less satisfied than patients at other practices with GPs, nurses and reception staff. The practice had not carried out systematic analysis of the survey results.

These arrangements had improved when we undertook a follow up inspection on 5 September 2017. The practice is now rated as good for providing caring services.

We discussed the steps the practice had taken to improve patient feedback. Additional staff had been recruited, including a second pharmacist and a phlebotomist was due to commence shortly. Reception staff had undergone customer care training. The practice now had three permanent GPs which, they felt, led to better continuity of care. A triage system had been introduced, and patients were able to speak to a GP the same day, who would then ascertain whether or not the patient needed to come into the surgery. Patients with long term conditions could now access appointments lasting up to 30 minutes.

The practice shared with us the latest results of the Friends and Family test. In response to the question how likely are you to recommend this practice, over the past three months (May – August) the practice had not received any negative responses. Of 60 replies, 50 had said they were extremely likely to recommend this practice.

### Kindness, dignity, respect and compassion

Results from the national GP patient survey 2017 showed an improvement and patients were as satisfied as patients at other practices with GPs, nurses and reception staff. For example:

- 85% of patients said the GP was good at listening to them, compared to the Clinical Commissioning Group (CCG) average of 89% and the national average of 89% (up 4%. The CCG average was up by 1%, the national average remained the same).

- 85% of patients said the GP gave them enough time, compared to the CCG average of 84% and the national average of 86% (up 8%. The CCG and national averages had dropped by 1%).
- 91% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 95% and the national average of 95% (up by 7%. The CCG and national averages remained the same).
- 83% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 84% and the national average of 86% (up 17%. The CCG average remained the same. The national average had gone up by 1%).
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91% (up by 9%. The CCG and national averages had risen by 1%).
- 85% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 87% and the national average of 87% (up 6%. The CCG and national averages remained the same).

### Care planning and involvement in decisions about care and treatment

The national GP patient survey 2017 asks patients about their involvement in planning and making decisions about their care and treatment. Results for the practice had improved and were similar to local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86% (up 15%. The CCG and national average remained the same).
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82% (up 13%. The CCG average had risen by 1%. The national average was the same).
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85% (up 8%. The CCG average had risen by 2%. The national average remained the same).



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 14 December 2016 we rated the practice as requires improvement for providing responsive services as evidence showed the practice responded to issues raised, but was not following their own policy or national guidance when responding, and information provided to patients about how to escalate complaints was incorrect. Data from the national GP patient survey showed patients rated the practice below average for ease of making an appointment, and for ease of access to preferred GPs.

These arrangements had improved when we undertook a follow up inspection on 5 September 2017. The practice is now rated as good for providing responsive services.

### Access to the service

Results from the national GP patient survey 2017 showed that patients' satisfaction with how they could access care and treatment remained mixed, with satisfaction with making an appointment and with access to a preferred GP still below local and national averages. For example:

- 76% of patients were satisfied with the practice's opening hours, compared to the local average of 78% and the national average of 76% (down by 2%. The CCG and national averages had dropped by 3%).
- 81% of patients said they could get through easily to the practice by phone, compared to the local average of 77% and the national average of 71% (up from 76%. The CCG average had dropped by 1% and national average by 2%).
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 84% and the national average of 84% (up from 68%. The CCG average had risen by 9% and the national average by 8%).
- 41% of patients with a preferred GP usually get to see or speak to that GP, compared to the local average of 52% and the national average of 56% (up from 28%. The CCG and national averages had dropped by 3%).

We discussed the areas where the practice's performance, although improved, remained below the CCG and national average. The triage system, staff felt, had unclogged the routine appointment system which had led to increased availability of appointments and would in time be reflected

in patient feedback. The telephone system had been changed and now offered more incoming lines making it easier for patients to get through to speak to a member of staff.

Patient satisfaction with the practice's opening hours had dropped; however, staff felt that this was due to the closure of the Hub service which had operated from their premises. Action had been taken to try to reduce the number of wasted appointments. Patients who repeatedly did not attend were sent a text or letter and if they continued to miss appointments they might be asked to find an alternative practice.

Staff acknowledged that it was not always possible to ensure patients always saw the GP of their choice, although they hoped this would improve with the recruitment of permanent, albeit part-time, GPs. The practice was also assessing the potential benefits of employing a paramedic to assist with triage calls, and was in the process of recruiting a mental health nurse.

### Listening and learning from concerns and complaints

At our December 2016 inspection we had found that the practice was not dealing with complaints in line with recognised guidance and contractual obligations. Their complaints policy stated patients could contact NHS England if they were dissatisfied with the practice's response however patients can complain to NHS England as an alternative to complaining directly to a GP practice. NHS England's published guidance says that it will not be able to investigate complaints that have already been reviewed by a GP practice. If a patient is dissatisfied with the outcome of a complaint they can take it to the Health Service Ombudsman, and GP practices are expected to advise patients of this right. Posters in reception and information on the practice's website were similarly incorrect. We also found that complaint records were incomplete. Of the five complaints randomly selected for review, one did not contain an acknowledgement; one acknowledgement was not sent until eight working days after the complaint was received The practice policy stated it would be sent within three working days); two did not have a final response and the three that did did not provide the complainant with details of who to contact if they were still dissatisfied.

At this follow up inspection we found the practice had revised its complaints procedure. It now stated that

## Are services responsive to people's needs? (for example, to feedback?)

patients could complain to the practice or to NHS England, and if they remained dissatisfied they could escalate the complaint to the Ombudsman. Patient complaint forms were available and patients were advised they could email complaints to the practice manager.

We reviewed four complaints and saw that these had been acknowledged within the three days stated in the practice complaints policy. Those that had been dealt with had a final response and we saw that in each case the patient was offered details of whom to contact if they were still dissatisfied.