Glyndon PMS

Quality Report

Glyndon Medical Centre
188 Ann Street
Plumstead
London SE18 5LE
Tel: 020 8854 6444
Website: no website

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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 effective?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Glyndon PMS was previously inspected as part of the new comprehensive inspection programme. We carried out an announced comprehensive inspection on 22 November 2016. The rating for the safe and effective key questions was requires improvement and for the caring, responsive and well-led key questions the rating was good. The overall rating for the practice was therefore requires improvement. The full comprehensive report, published on 22 February 2017, can be found by selecting the 'all reports' link for Glyndon PMS on the CQC website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 20 June 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 22 November 2016. This report covers our findings in relation to those requirements and any improvements made by the provider since our last inspection.

Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting significant events. The procedure had been improved since our last visit to ensure that a formalised and structured approach was now in place.
- The practice had satisfactory facilities and was equipped to treat patients and meet their needs. The practice did not have an Automated External Defibrillator (AED) or all recommended emergency medicines available on the premises but risk assessments had been carried out with regards to this.
- All staff had received an annual appraisal and there was a programme in place to carry out appraisals on an annual basis.
- The Quality and Outcomes Framework (QOF) data from 2015/16, showed that the practice performance was below the local and national average for several clinical indicators. Unverified results for 2016/17

Summary of findings

provided by the practice showed a small improvement in the asthma related indicators but no improvement in the other areas identified as requiring improvement at the previous inspection.

- Information about how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The procedure for the management of complaints had been improved since our last visit to ensure that a more structured and thorough procedure was now in place.
- Results from the GP patient survey published in July 2017 showed that patient responses to most questions were comparable with local and national averages for most areas. However, although 65% of patients described their experience of making an appointment as good compared to the local average of 69% and national average of 73%, satisfaction rates for the other responses related to booking GP appointments remained below the local and national average. The practice was aware of this and continued to explore and implement ways to improve this.
- The practice sought feedback from staff and patients. Following the previous inspection the practice had introduced a patient participation group to be contacted by email communication. Six patients had so far signed up to join the group.
- The practice had identified only 41 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

We identified regulations that were not being met and the provider must continue to make improvements:

Systems and processes were not established and operated effectively to ensure compliance. This was a breach of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17 (1) Good governance:

- The provider did not do all that was reasonably practicable to assess, monitor and manage the health of patients. The provider must improve patient outcomes by implementing a clinical quality improvement programme and monitoring performance against clinical audit results and the Quality and Outcomes Framework.

There were areas of practice where the provider should continue to make improvements:

- The provider should continue to encourage patients to join the patient participation group (PPG) and establish regular communication with group members.
- The provider should continue to review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.
- The provider should continue to monitor patient satisfaction rates regarding booking routine and urgent appointments and implement improvements as appropriate.

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 is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events and complaints. At the previous inspection we saw evidence that when things went wrong with care and treatment the practice carried out an investigation of the event and we were told that it was discussed at quarterly staff meetings. Since the previous inspection the procedure for reporting and investigating significant events had been improved and formalised to ensure that records were now kept of investigations and communication with patients. Lessons learnt were now formally communicated to staff and a record of the learning and changes implemented kept on the shared drive and in the significant events file.
- The practice had made the decision not to have an Automated External Defibrillator (AED) available at either site. Since the previous inspection a risk assessment had been carried out which stated the provider's rationale for this decision.
- Emergency medicines were available at both sites but these did not include all recommended emergency medicines. Since the previous inspection a risk assessment had been carried out which stated the provider's rationale for this decision.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed that patient outcomes for most indicators were comparable to the local and national averages. However, the practice performance was below the local and national average for several QOF clinical indicators, such as, asthma, cancer and mental health.
- Unverified QOF data for 2016/17 showed that patient outcomes for most indicators remained similar to the previous year. The practice performance rate for asthma showed a small improvement but there was no evidence of improvement for the cancer and mental health indicators.
- Clinical audits were carried out but these were not always repeated to ensure improvements had been embedded in clinical practice.

Summary of findings

- At the previous inspection there was no evidence of appraisals and personal development plans for staff. However, since the previous inspection the provider had implemented a programme of annual appraisals and carried out appraisals for all staff.

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
This practice is rated as good for the care of older people.

The provider had resolved the concerns identified in the key question of safe at our previous inspection on 22 November 2016. This 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 practice is rated as good for the care of people with long-term conditions.

The provider had resolved the concerns identified in the key question of safe at our previous inspection on 22 November 2016. This 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 practice is rated as good for the care of families, children and young people.

The provider had resolved the concerns identified in the key question of safe at our previous inspection on 22 November 2016. This 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 practice is rated as good for the care of working age people (including those recently retired and students).

The provider had resolved the concerns identified in the key question of safe at our previous inspection on 22 November 2016. This 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 practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good

Summary of findings

The provider had resolved the concerns identified in the key question of safe at our previous inspection on 22 November 2016. This applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.	
People experiencing poor mental health (including people with dementia) The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The provider had resolved the concerns identified in the key question of safe at our previous inspection on 22 November 2016. This applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.	Good

Summary of findings

Areas for improvement

Action the service MUST take to improve

The provider did not do all that was reasonably practicable to assess, monitor and manage the health of patients. The Quality and Outcomes Framework performance rates were below the local and national average for several indicators. The provider must improve patient outcomes by implementing a clinical quality improvement programme and monitoring performance against clinical audit results and the Quality and Outcomes Framework.

Action the service SHOULD take to improve

- The provider should continue to encourage patients to join the patient participation group (PPG) and establish regular communication with group members.
- The provider should continue to review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.
- The provider should continue to monitor patient satisfaction rates regarding booking routine and urgent appointments and implement improvements as appropriate.

Glyndon PMS

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector.

Background to Glyndon PMS

Glyndon Medical Practice has been based at 188 Ann Street Plumstead SE18 7LU since 1992. This is a two-storey detached property in the Royal Borough of Greenwich located within a predominantly residential area of Plumstead. The property has been converted for the sole use as a surgery and includes four consulting rooms, two treatment rooms, reception area, waiting room, administration offices and a meeting room.

Services are also provided at a smaller branch surgery at 123 Samuel Street Woolwich SE18 5LG which is 2 miles from the main surgery. The surgery is in a terraced house converted for the sole use as a surgery and includes two consulting rooms, one treatment room, reception area and waiting room.

Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are local agreements between NHS England and a GP practice. They offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and who can hold a contract).

The practice is registered with the CQC as a Partnership, providing the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

The practice has 6960 registered patients. The practice age distribution is similar to the national average with a slightly higher than average number of patients in the 0 to 20 year age group and a slightly lower than average number in the 60+ year age group. The surgery is based in an area with a deprivation score of 3 out of 10 (with 1 being the most deprived and 10 being the least deprived).

Clinical services are provided by three full time GP partners (male) and two part-time Practice Nurses (1.6 wte).

Administrative services are provided by a Practice Manager (1 wte), a medical secretary (0.7 wte), two data/scanning administrators (1.5 wte) and six reception staff (3 wte).

Reception at the Ann Street surgery is open between 8am and 6pm Monday, Tuesday, Thursday and Friday and from 8am to 3pm on Wednesday. On Wednesday afternoons when the surgery is closed patients are instructed to contact the Samuel Street Surgery.

Reception at the Samuel Street branch surgery is open from 9am to 1.15pm and 4pm to 7.30pm on Monday and Tuesday; from 9am to 1.15pm and 4pm to 8pm on Wednesday and from 9am to 1.15pm and 4pm to 6.30pm on Thursday and Friday. When reception is closed between 1.15pm and 4pm patients are instructed to contact the main surgery.

At the Ann Street surgery pre-booked and urgent appointments are available with a GP from 8.30am to 12.30pm and 3pm to 5pm on Monday and Friday; from 8.30am to 1.30pm and 3pm to 5pm on Tuesday; from 8.30am to 11am and 3pm to 5pm on Thursday and from 8.30am to 11.30am on Wednesday.

Detailed findings

At the Samuel Street surgery pre-booked and urgent appointments are available with a GP from 11am to 12.30pm and 4.30pm to 6.30pm on Monday; from 10am to midday and 4.30pm to 6.30pm Tuesday, Wednesday and Friday and from 10am to midday on Thursday.

Pre-booked appointments are available with the Practice Nurse at the Ann Street surgery from 8am to 1.30pm and 2pm to 5.30pm on Monday; from 8am to 1.30pm and 3pm to 5.30pm on Tuesday and Thursday and from 8am to 1pm on Wednesday.

Pre-booked appointments are available with the Practice Nurse at the Samuel Street surgery from 4pm to 6.45pm on Monday; from 8.30am to 12.45pm and 4pm to 6.30pm on Tuesday and from 3pm to 5.30pm on Wednesday.

The practice is closed at weekends.

When the surgery is closed urgent GP services are available via NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Glyndon PMS on 22 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 can be found by selecting the 'all reports' link for Glyndon PMS on our website at www.cqc.org.uk.

We undertook this follow up focused inspection on 20 June 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.

How we carried out this inspection

We carried out a focused inspection of Glyndon PMS on 20 June 2017. This involved reviewing evidence to show that the provider was now meeting the requirements of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Good

Are services safe?

Our findings

At our previous inspection on 22 November 2016, we rated the practice as requires improvement for providing safe services as the procedures in place for reporting and recording significant events were not adequate and risks to patients in relation to the practice's ability to deal with clinical emergencies had not been adequately assessed.

These issues had been addressed when we undertook a follow up inspection on 20 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the previous inspection on 22 November 2016 we found evidence that:

- There was a system in place for reporting and recording significant events. We were told that when things went wrong with care and treatment the practice carried out an investigation of the significant event and it was discussed at quarterly staff meetings. However, investigations and recording of actions were not always thorough and lessons learned were not always recorded or communicated effectively to support improvement. For example, records were not always kept of investigations undertaken, communications with patients or meetings where incidents were discussed.

At this inspection we saw evidence that improvements had been made:

- There was now a structured significant event procedure in place for reporting and recording significant events. A reporting form was also now available.
- The procedure stated that records would be kept of all documentation including correspondence and actions undertaken. This would be made available to all staff on the shared drive.
- At quarterly meetings staff were to be informed of learning identified and changes made as a result of investigations into significant events. Minutes of the meetings would be recorded and made available to all staff.

Monitoring risks to patients and arrangements to deal with emergencies and major incidents

At the previous inspection on 22 November 2016 we found evidence that:

- The practice did not have a defibrillator available on either premises and an assessment addressing the risks this posed had not been undertaken.
- Emergency medicines were available in both premises but these did not include all recommended emergency medicines. An assessment detailing the risks this posed had not been undertaken. Those medicines available were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely.

At this inspection we saw evidence that the provider had addressed these issues:

Since the previous inspection a risk assessment had been carried out which stated the provider's rationale for their decision not to have an Automated External Defibrillator (AED) available on the premises. The risk assessment referred to consideration of the Resuscitation Council guidance and discussion with the Basic Life Support (BLS) instructor during the previous BLS training session. The risk assessment stated that based on the following points they had made the decision not to have an AED on the premises:

- It is not a remote location
- Emergency services could get to the site without much delay
- Hospital services were within a 2 mile distance of both premises
- Upon discussion with practices nearby and in syndicate meetings, some practices had an AED and some did not. No practice had reported any event where there has been an incident in need of an AED in the last 20 years or more.

The risk assessment also stated that the decision not to have an AED on the premises would be reviewed at the next Basic Life Support training session or earlier if the guidance or recommendations change.

Since the previous inspection a risk assessment had also been carried out which stated the provider's rationale for their decision not to stock all recommended emergency medicines. This included the following details:

Emergency medicines stocked by the practice and available at the both sites:

- Adrenaline in Anaphylactic Kit
- Benzylpenicillin

Good

Are services safe?

- Paracetamol Suspension (for Children)
- Aspirin (Dispersible)
- Salbutamol Nebules
- Lucozade
- GTN spray

Emergency medicines not stocked by the practice and the practice rationale for this decision:

- Hydrocortisone injection – as not used in primary care as it is more of a secondary care drug. Hydrocortisone injection is not used routinely now in Acute Asthma Management (but if so is in secondary care).
- Diclofenac injection, rarely used even in secondary care for analgesia due to erratic absorption.
- Rectal diazepam is not used nowadays and Buccolam is preferred and most patients carry it.
- Buccastem is preferred rather than Cyclizine or Metoclopramide – for nausea/ vomiting – for which a prescription can be obtained from the nearby pharmacy.

The risk assessment stated that these were not held at the practice for the following reasons:

- The pharmacy is in close proximity to both sites
- Emergency services are available if required
- Hospital services within 2 miles distance from the practice

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 November 2016, we rated the practice as requires improvement for providing effective services, as the arrangements in respect of clinical outcomes for patients and provision of staff appraisal were not adequate.

These issues had not been fully resolved when we undertook a follow up inspection on 20 July 2017. The practice is therefore still rated as requires improvement for providing effective services.

Management, monitoring and improving outcomes for people

At the previous inspection on 22 November 2016 we found evidence that:

Data from the 2015/16 Quality and Outcomes Framework (QOF) showed the practice was comparable with Clinical Commissioning Group (CCG) and national averages for most clinical indicators. However, the practice was below the CCG and national averages for some QOF indicators:

- 39% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months which was below the CCG average of 85% and national average of 88%.
- 50% of patients diagnosed with cancer were reviewed by the practice within 6 months of the date of diagnosis which was below the CCG average of 92% and national average of 95%.
- 61% of patients with asthma had received an appropriate review in the preceding 12 months which was below the CCG average of 74% and national average of 76%.
- 50% of patients with a new diagnosis of depression in the preceding 12 months had been reviewed 10 to 56 days after the date of diagnosis which was below the CCG average of 79% and national average of 83%.

We also looked at two clinical audits completed in the last two years where improvements were identified and implemented. However, a second audit cycle had not been undertaken to ensure improvements had been embedded in clinical practice.

At this inspection we saw evidence that these issues had not been fully addressed:

- Unverified QOF data for 2016/17 showed the practice was comparable with CCG and national averages for most QOF clinical indicators. The practice had shown some improvement for asthma related performance rates but still remained below the CCG and national averages for several QOF indicators, for example, asthma, cancer, depression and mental health. The provider informed us that one of the reasons for the below average performance rate was due to incorrect coding when recording reviews on the clinical system and they continued to work towards correcting this. The provider was also aware of the need to improve performance by continuing to develop and implement quality improvement processes and monitor performance against the Quality and Outcomes Framework.
- No further clinical audits had been undertaken since the previous inspection but the provider informed us that they were aware they must continue to develop and implement a quality improvement framework that includes a regular and comprehensive clinical audit programme in order to improve and monitor clinical outcomes for patients.

Effective staffing

At the previous inspection on 22 November 2016 we found evidence that:

- Staff did not receive an annual appraisal or a review of their development needs.

At this inspection we saw evidence that the provider had addressed this issue:

- Since the previous inspection the provider had implemented a programme of annual appraisals and carried out appraisals for all staff.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: We found that the registered person did not do all that was reasonably practicable to assess, monitor and manage the health of patients. The Quality and Outcomes Framework performance rates were below the local and national average for several indicators. The provider must improve patient outcomes by implementing a clinical quality improvement programme and monitoring performance against clinical audit results and the Quality and Outcomes Framework. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.