

# Modern 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?

Good



Are services responsive to people's needs?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Modern Medical Centre on 27 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 27 October 2016 inspection can be found by selecting the 'all reports' link for Modern Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 30 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 27 October 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.

Our key findings were as follows:

- A control of substances hazardous to health (COSHH) risk assessment had been carried out and data sheets were available for all chemicals used in the practice.

- All staff had information governance, safeguarding and infection control training and the certificates were accessible in a training folder.
- Risks to patients were assessed and well managed, including the actions outlined in the Legionella risk assessment identified in the previous inspection.
- There had been some improvements in patient's satisfaction with access to appointments and getting through on the phone but survey scores were still lower than local and national averages. Patients said urgent appointments were available the same day.
- Recruitment procedures were in place and all staff and all now had the appropriate recruitment checks as outlined in the practice policy.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had facilities and was equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Ensure action is taken to improve all areas of patient satisfaction so that it is in line with national survey results, in particular with the practice's opening hours and access to the practice by phone.

**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 good for providing safe services.

Good



- Staff had completed their required safeguarding, information governance and infection control training relevant to their roles.
- A COSHH risk assessment had been carried out and actions identified in a recent legionella risk assessment had been implemented.
- Systems were in place to monitor repeat prescriptions.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The practice had adequate arrangements to respond to emergencies and major incidents.

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

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

Requires improvement



- Whilst action had been taken to improve areas of patient satisfaction so that it was in line with national survey results, in particular with the practice's opening hours and access to the practice by phone the survey results were still poor.
- 35% (previously 31%) of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 71%.
- 55% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- The practice understood its population profile and had used this understanding to meet the needs of its population, for example as a response to patient feedback the practice had opened phone lines throughout the day from 8am until 6.30pm.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

# Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# 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 safety, but not for responsive as identified at our inspection on 27 October 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 safety, but not for responsive as identified at our inspection on 27 October 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 safety, but not for responsive as identified at our inspection on 27 October 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 safety, but not for responsive as identified at our inspection on 27 October 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 safety, but not for responsive as identified at our inspection on 27 October 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 safety, but not for responsive as identified at our inspection on 27 October 2016 which 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 **SHOULD** take to improve

- Ensure action is taken to improve all areas of patient satisfaction so that it is in line with national survey results, in particular with the practice's opening hours and access to the practice by phone.

# Modern Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Lead Inspector.

## Background to Modern Medical Centre

Modern Medical Centre is located in Romford in a purpose built building, providing GP services to approximately 5,525 patients. The practice is also responsible for providing GP services to 36 patients at the local care home. Services are provided under a General Medical Services (GMS) contract with NHSE London and the practice is part of the Havering Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures and family planning.

The practice is staffed by two male GP partners and three locum GPs, two of whom are female. The GPs provide 15 sessions Monday to Friday. The practice employs two part time practice nurses. There are five reception staff, one administrative staff and one practice manager. The practice is an approved teaching practice, supporting undergraduate medical students.

The practice and the practice telephone line is open between 8.30am and 1.30pm in the morning and 3.30pm to 6.30pm in the evenings Monday to Friday, with the exception of Thursday when the practice closes at 1.30pm. Appointments are from 9am to 12pm every morning and 3.30pm to 6.30pm daily. Extended hours appointments are offered between 6.30pm to 7pm Monday to Friday, with the

exception of Thursday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that needed them. The out of hour's service is provided by another service Monday to Friday 6.30pm to 8am and on the weekends.

The practice has a higher than national average population of people aged 20 to 40 years and a lower than average population of people aged 55 to 85 years. Life expectancy for males is 77 years, which is lower than the CCG average of 79 years and national average of 79 years. The female life expectancy in the practice is 81 years, which is lower than the CCG average of 84 years and the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

## Why we carried out this inspection

We undertook a comprehensive inspection of Modern Medical Centre on 27 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 27 October 2016 can be found by selecting the 'all reports' link for Modern Medical centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based focused inspection of Modern Medical Centre on 30 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.



# Detailed findings

## How we carried out this inspection

We carried out a desk-based focused inspection of Modern Medical Centre on 30 June 2017. This involved reviewing evidence that:

- Relevant staff had now completed their required safeguarding, information governance and infection control training.
- A COSHH risk assessment had been carried out.

- Actions identified in a recent legionella risk assessment had been implemented.
- Systems were in place to monitor repeat prescriptions.
- That action was taken to improve all areas of patient satisfaction so that it was in line with national survey results, in particular with the practice's opening hours and access to the practice by phone.

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 safe?

## Our findings

**At our previous inspection on 27 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of staff training, recruitment processes, risk assessments and had implemented action plans for COSHH and legionella.**

**These arrangements had significantly improved when we undertook a follow up inspection on 30 June 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence in meeting minutes that lessons were shared and action was taken to improve safety in the practice.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three, nurses to level 2 and non-clinical staff to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. All staff had infection control training.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

## Are services safe?

- There were processes and policies for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was an auditable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

The practice ensured that recruitment checks had been undertaken on all recently and newly employed staff. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A control of substances hazardous to health (COSHH) risk assessment had been carried out and data sheets were available for all chemicals used in the practice and all relevant staff had received training.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 27 October 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of low patient satisfaction scores on access to appointments which needed improving.**

**These arrangements had shown some improvements when we undertook a follow up inspection on 30 June 2017, however the patient satisfaction scores were still below local and national averages. The practice remains rated requires improvement for providing responsive services.**

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours Monday to Friday, with the exception of Thursday, between 6.30pm and 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included interpretation and British sign language interpreters were booked for those with a hearing impairment.

- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- All clinical rooms are on the ground floor and therefore easily accessible for patients with mobility issues.

### Access to the service

The practice and the practice telephone line was open between 8.30am and 1.30pm in the morning and 3.30pm to 6.30pm in the evenings Monday to Friday, with the exception of Thursday when the practice closes at 1.30pm. Appointments are from 9am to 12pm every morning and 3.30pm to 6.30pm daily. Extended hours appointments are offered between 6.30pm to 7pm Monday to Friday, with the exception of Thursday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that needed them. The out of hour's service is provided by another service Monday to Friday 6.30pm to 8am and on the weekends.

Results from the 2017 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 62% (Previously 61%) of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 35% (previously 31%) of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 71%.
- 65% (Previously 55%) of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 84%.
- 55% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 48% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 46% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.
- 60% of patients usually get to see or speak to their preferred GP which is the same as the CCG average and higher than the national average of 56%.

The practice were aware of these scores and had made the following improvements;

- Phone lines were opened from 8am and stayed open until 6.30pm with no break for lunch.
- The practice was looking to source a new telephone system with a queuing system.
- The practice met with the PPG Group every 3 months and discussed ways in which they could improve patient satisfaction.

- The practice is trialling an additional female GP due to patient feedback.
- The practice displayed feedback regarding improvements made on their notice board and on their website.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.