

# Honeypot 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 effective?                    | Good |  |
| Are services caring?                       | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |

### Detailed findings from this inspection

|                                       |   |
|---------------------------------------|---|
| Our inspection team                   | 6 |
| Background to Honeypot Medical Centre | 6 |
| Why we carried out this inspection    | 6 |
| How we carried out this inspection    | 6 |
| Detailed findings                     | 8 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an unannounced focused inspection at Honeypot Medical Centre on 17 October 2017 in response to concerns raised directly with CQC. This related to safety systems and processes, co-ordinating patient care, access to appointments, responding to complaints and governance of the practice. This report covers our findings in relation to the inspection on 17 October 2017. As a result of this inspection, the provider's rating remains unchanged and stays Good overall.

Our key findings were as follows:

- The practice had experienced a period of change in the last 12 months following a recent merger.
- The practice had adequate infection control procedures in place and clearly defined and embedded systems to minimise risks to patient safety.
- There were adequate recruitment arrangements in place which included the necessary checks for all staff.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Clinical audits were carried out and patients' needs were assessed; care was planned and delivered following best practice guidance.

- Staff were aware of and provided patients' care and treatment in line with current evidence based guidelines. They had also been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice had a system in place to ensure that paper records were stored safely and securely.
- Staff demonstrated an understanding of the importance of patient confidentiality. They treated patients with dignity and respect and took care to protect their privacy and personal information at the reception desk and in the treatment rooms.
- Patients described staff as friendly, caring and helpful and specifically commented on how the practice had improved in the last six months since.
- We found that the practice had taken positive steps to improve access to appointments and patients and staff told us access to appointments had improved.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However, there were areas of practice where the provider should make improvements.

# Summary of findings

The provider should:

- Continue to monitor and improve patient access to the service.
- Continue to review the national GP patient survey scores with the aim of improving patient satisfaction scores on GP and nurse consultations.

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?

At our previous focused inspection on 23 December 2015, we rated the practice as Good for providing safe services. At this inspection, this rating remains unchanged.

- Recruitment arrangements included all the necessary checks for all staff.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

Good



### Are services effective?

At our previous focused inspection on 23 December 2015, we rated the practice as Good for providing effective services. At this inspection, this rating remains unchanged.

- Staff were aware of current evidence based guidance and care was planned and delivered following best practice guidance.
- Clinical audits were carried out and demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.
- There was a system in place to ensure patient records were stored safely and securely.

Good



### Are services caring?

At our previous focused inspection on 23 December 2015, we rated the practice as Good for providing caring services. At this inspection, this rating remains unchanged.

- Although data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care, we saw evidence that the practice were in the process of recovering from recent challenges and were taking action to improve and this was consistent with patient feedback on the day.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

At our previous focused inspection on 23 December 2015, we rated the practice as Good for providing responsive services. At this inspection, this rating remains unchanged.

- Although most of the patients we spoke with said they found it easy to make an appointment with a named GP, some highlighted issues with accessing appointments. We saw evidence that the practice had taken steps to improve access for patients.
- There was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and evidence from 31 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

At our previous focused inspection on 23 December 2015, we rated the practice as Good for providing well-led services. At this inspection, this rating remains unchanged.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.

Good



# Honeypot Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and an Expert by Experience.

## Background to Honeypot Medical Centre

The Honeypot Medical Centre operates from 404 Honeypot Lane, Stanmore, HA7 1JP. The practice provides NHS services through a Primary Medical Services (PMS) contract to approximately 12,000 patients. It is contracted to NHS Harrow Clinical Commissioning Group (CCG). In April 2015, the practice merged with and took over care of the patients at Charlton Medical Centre; patients are seen across both sites which are situated a few hundred yards apart. The practice premises are two converted semi-detached houses with rear and side extensions. Honeypot Medical Centre has secured funding through the Primary Care Infrastructure Fund (PCIF) for building expansion work to accommodate all patient services at the practice location. The practice is situated on a main road which allows parking, but there is also a car park which is available at the rear of the practice. There is easy access to public transport.

The practice's clinical staff comprises of two GP partners, one female and one male GP, together with five salaried GPs and one GP registrar (female), providing a total of 47 sessions per week. Also employed are three independent prescribing pharmacists, a practice nurse, an independent prescriber nurse, a healthcare assistant and an enhanced nurse. The practice's administrative team is made up of a

business/practice manager, an assistant practice manager, a reception manager and a finance/accounts support. Also employed are six receptionists and eleven administrators. Honeypot Medical Centre is an accredited training practice for GP trainees and GP registrars.

The practice's opening times are between 8am and 6.30pm on Monday to Friday. Extended hours are between 8.00 and 10.00am or 9.00am and 11.00am on Saturday mornings. Additional extended hours are on Monday and Friday weekday evenings between 6.30pm and 7.30pm and on Tuesday, Wednesday and Thursday between 6.30pm and 7.00pm. The practice have delegated out of hours care to an out of hours provider, three local GP access clinics which have walk in appointments with a GP seven days a week from 8am to 8pm. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. Information is provided on the practice website regarding the NHS 111 service.

The patient profile for the practice indicates a higher than average population of elderly people and the practice told us that there is a higher percentage of the practice population of Asian origin, compared to the local area.

Honeypot Medical Centre was inspected under our methodology on 23 December 2015 and they were rated Good overall, meeting all the standards inspected. Regulated activities the practice is registered for include surgical procedures; treatment of disease, disorder or injury; diagnostic and screening procedures and maternity and midwifery services. The branch location, Charlton Medical Centre at 223 Charlton Road, London, HA3 9HT, was not visited as part of this inspection.

# Detailed findings

## Why we carried out this inspection

We undertook an unannounced focused inspection of Honeypot Medical Centre on 17 October 2017. The practice first received a comprehensive inspection under Section 60 of the Health and Social Care Act 2008 on 23 December 2015 as part of our regulatory functions and was rated Good overall. This inspection on 17 October 2017 was carried out in response to concerns raised directly with CQC relating to patient access to services, quality of treatment, infection control standards, patient confidentiality, staffing levels and recruitment, recording keeping and complaints handling.

## How we carried out this inspection

We carried out an unannounced visit on 17 October 2017. During our visit we:

- Spoke with a range of staff including two lead GPs, two administration staff and one assistant practice manager.

- We spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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 comprehensive inspection on 23 December 2015, we rated the practice as Good for providing safe services. At this inspection, this rating remains unchanged.**

### Overview of safety systems and processes

We received concerns relating to infection control processes in place at the practice. During this inspection, we found the practice had the correct infection control processes and practices in place to minimise risks to patient safety.

- 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.

We received concerns relating to recruitment processes; however, during this inspection, we found there were correct recruitment procedures in place. The practice had recently updated their recruitment policy. We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. 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. (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).

### Monitoring risks to patients

We received concerns relating to health and safety processes at the practice. During this inspection, we found that there were procedures in place for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available. A health and safety risk assessment which included a routine inspection of the premises, as well as an environmental risk assessment had been carried out by the practice.
- 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. In addition to this, the practice carried out daily monitoring of routine access to the GPs and nurses and increased appointments for their in-house pharmacists who carried out medication reviews. Extra sessions were provided if the daily audit showed access was poor and patients were referred to a local GP access clinic for urgent GP appointments to support practice overflow.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous comprehensive inspection on 23 December 2015, we rated the practice as Good for providing effective services. At this inspection, this rating remains unchanged.**

### Effective needs assessment

We received concerns relating to effective patient care at the practice. During this inspection, we found that clinicians delivered effective care and were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

We received concerns relating to quality improvement activity at the practice; however, at this inspection, we found that quality improvement activity such as clinical audits were carried out with evidence of quality improvement.

- There had been six clinical audits commenced in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit was carried out to ensure all patients that were issued warfarin (a medicine that prevents blood clotting) had a copy of their International Normalised Ratio (INR), (a measure of how long blood takes to clot) results recorded on the practice system. This was after it was found that a substantial number of patients had been issued

warfarin at the practice in the last three months without a documented INR result. The audit results showed that there was an improvement in ensuring patients' INRs were checked prior to prescribing repeat prescriptions for warfarin. For example, in December 2015, 29% had an INR recorded and during the second cycle in August 2017, this had risen to 74%. At the time of inspection, 100% of patients had their latest INR record scanned into their record which is viewed by clinicians before a prescription of warfarin was issued.

### Coordinating patient care and information sharing

There were concerns relating to co-ordinated patient care and information sharing. During this inspection, we found that there was co-ordinated patient care and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of eight documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. The practice also had a virtual ward service, together with a team of community based health professionals that enabled early discharge from hospital. A care navigator was also attached to the practice.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

# Are services caring?

## Our findings

**At our previous comprehensive inspection on 23 December 2015, we rated the practice as Good for providing caring services. At this inspection, this rating remains unchanged.**

### Kindness, dignity, respect and compassion

We received concerns relating to confidentiality; however, at this inspection, we observed the practice adhered to confidentiality and staff had been trained in data protection. Staff we spoke with were aware of their responsibilities in upholding patient confidentiality and all staff had received confidentiality training which was covered in their induction training.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received concerns relating to attitude towards patients; however, at this inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. We spoke with seven patients and they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Most of the comments highlighted that staff were mostly polite, respectful and professional; however some comments highlighted issues with reception staff attitude.

Although results from the national GP patient survey showed patient satisfaction scores were below CCG and national averages, the practice were aware of this and explained that the challenges experienced during the merger which also included the lack of a practice manager the previous year had affected patient satisfaction scores.

They had taken steps to improve through deployment of new staff who included a reception manager, business manager and assistant manager. They were also part of the resilience programme, which was aimed at helping practices secure continuing high quality care for patients. At the time of inspection, the satisfaction scores for these new changes had not yet been measured; however, patient feedback from the day of inspection showed that patients felt they were treated with compassion, dignity and respect. Online patient feedback also showed that patients were pleased with the recent improvements at the practice. Results from the July 2017 survey showed that:

- 74% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 83% of patients said they had confidence and trust in the last GP they saw compared the CCG average of 95% and the national averages of 96%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 78% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 84% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous comprehensive inspection on 23 December 2015, we rated the practice as Good for providing responsive services. At this inspection, this rating remains unchanged.**

We received concerns relating to access to appointments. At this inspection, the practice told us that they had made various changes to improve access over the last year. The practice told us that they had taken over a local practice in April 2015 which had closed with six weeks' notice. We were told that this had led to poor access due to the lack of staff following the merger and the challenges experienced as a result of this merger impacted on all staff and had caused an increase in workload. The practice had also experienced high staff turnover during this period; however, since then the practice had since recruited a stable practice team which included five salaried GPs, three independent prescribing pharmacists, an enhanced nurse prescriber and three managers and access to the service was monitored on a daily basis. In addition to this, the practice:

- offered extended hours on a Saturday between 8am and 10am and occasional Saturday evenings between 6.30pm and 7.30pm for patients unable to attend during the working week.
- offered longer appointments available for patients with a learning disability. Telephone consultations were also offered.
- home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- offered same day appointments were available for children and those patients with medical problems that require same day consultation.
- sent text message reminders of appointments and test results.

### Access to the service

The practice was open between 8am and 6.30pm on Monday to Friday. Extended hours were between 8.00 and 10.00am or 9.00am and 11.00am on Saturday mornings. Additional extended hours were on Monday and Friday weekday evenings between 6.30pm and 7.30pm and on Tuesday, Wednesday and Thursday between 6.30pm and 7.00pm. The practice had delegated out of hours care to an out of hours provider, a local GP access clinic which

had walk in appointments with a GP seven days a week from 8am to 8pm. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for patients that needed them.

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

- 69% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 71%.
- 75% 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 80% and the national average of 84%.
- 61% of patients said their last appointment was convenient compared with the CCG average of 73% and the national average of 81%.
- 60% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 22% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 44% and the national average of 58%.

Three of the seven patients we spoke to on the day of inspection told us on that they were not always able to get appointments when they needed them but they had noticed improvement in access. The practice had implemented a daily access audit system to determine how many extra clinical sessions would be required to meet demand.

The practice also had a system to assess:

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

In addition to GP home visits, the practice had recently recruited an enhanced nurse, who was responsible for the care of older people and conducted home visits. Patients who were not well enough to attend the surgery were able to request home visits. This was done by telephoning the patient or carer in advance to gather information to allow

# Are services responsive to people's needs?

(for example, to feedback?)

for an informed decision to be made on prioritisation according to clinical need. 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.

## Listening and learning from concerns and complaints

Concerns were raised that complaints were not being handled appropriately. During this inspection, we found the practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice and an annual review of complaints was carried out.
- We saw that information was available to help patients to understand the complaints system. For example, the practice had complaints leaflets in different languages and posters were displayed in the practice as well as summary leaflets available.

As well as investigating the concerns raised directly with CQC, we also looked at 31 complaints including verbal complaints received by the practice in the last year. We found these were satisfactorily handled and there was openness and transparency when dealing with the complaints. Lessons were learned from individual concerns and complaints and from analysis of trends.

Action was taken to improve the quality of care as a result. For example, action was taken after a patient complained that there was no record of them on the practice database despite being a long-term patient. An investigation was carried out by the practice which showed that the patient's record had been amended by a staff member but the patient had been seen under a different name. Learning was shared to ensure that staff should always check identification documentation brought in by patients to prevent mistakes of this nature happening again. Staff were to always request copies of documentation and retain them to ensure accurate update of patient details.

# Are services well-led?

Good 

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

## Our findings

**At our previous comprehensive inspection on 23 December 2015, we rated the practice as Good for providing well-led services. At this inspection, this rating remains unchanged.**

### Vision and strategy

We received concerns regarding quality of care; however, at this inspection, we found that the practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Leadership and culture

We received concerns regarding leadership arrangements. However, at inspection, we did not find evidence to suggest any leadership issues. We discussed this with the practice management team, the nursing team and reception and administration staff and they told us that they had experienced difficulties in maintaining a practice manager and had a high level of staff turnover. However, this issue had now been resolved at the practice since the deployment of new leadership roles which included a

business manager, assistant manager and reception manager roles. We saw evidence of promoting and demonstrating leadership and encouragement of cohesion in the practice team. Staff and patients reported positive changes since the appointment of new practice leadership to the practice.

There was a clear leadership structure and staff felt relationships between staff were positive and told us they were supported by the practice management team and the GP partners. The leadership of the practice sent out weekly motivational emails and learning lessons information to all staff.

- Staff told us the practice held regular team meetings as well as quarterly full staff evening meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. They also received real time feedback via group emails on any daily issues. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.