

# Kew Medical Practice

Enter and View Report

**14 High Park Rd, Richmond TW9 4BH**

**Visit Dates:** 31/07/2023, 02/08/2023

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## Introduction

During July and August 2023, Healthwatch Richmond conducted two Enter and View visits to Kew Medical Practice. This GP practice is located in Kew within the London Borough of Richmond upon Thames. This report presents feedback from practice patients and staff, observations made by the Healthwatch team, initial recommendations and the practice's responses. Our final recommendations can be found at the end of this report.

Healthwatch Richmond is a charity independent from the NHS, established in the Health & Social Care Act of 2012. Its purpose is to gather patient experiences in order to inform improvements in health and social care services. As part of the legislation establishing Healthwatch, we are entitled to "Enter and View" health and social care premises and request information from providers that receive public funding.

## Background

Kew Medical Practice was last inspected by the Care Quality Commission (CQC) in September 2016. The report is available to read here:

<https://www.cqc.org.uk/location/1-533497761/inspection-summary>.

As the last inspection was conducted seven years ago, we decided to conduct an Enter and View visit to the practice to assure the general quality of the GP service, based on patient and staff feedback. As well as providing assurance, our statutory role requires us to make recommendations about what could or should improve.

Kew Medical Practice has 5,850 patients. We were told that the turnover of patients is quite high as the population is fairly transient, especially in Kew and Kew Bridge, but the total number is fairly stable. All the patients are NHS patients, none are private.

## Methodology

The Enter and View programme began with background research of the practice. This was done using NHS, CQC and practice reviews that are available online. Following the research, a visit was arranged with the GP practice manager to

allow our trained members of staff to visit the practice, conduct interviews with both staff and patients, and make observations about the premises.

Two Enter and View representatives conducted announced visits on:

- Monday 31st July between 10:30 to 16:30
- Wednesday 2nd August between 12:30 to 14:00

Data was gathered from structured observations undertaken by our visitors and from seven patients and six members of staff about the quality of the service using semi-structured interviews.

Interview questions covered: overall experience, appointments, accessibility and staff. Staff were asked about the work environment, management and the premises conditions. To the fullest possible extent, confidentiality of responders has been retained by removing identifiable details from quotes.

## **Limitations**

The observations and feedback presented in this report reflect the two visits Healthwatch Richmond conducted. Although it provides us with some insight, it does not represent all patient and staff experiences. The methodology used is intended to provide assurance rather than allow for comprehensive analysis of the practice's performance.

All feedback obtained from patients was collected on the first day of the scheduled Enter and View visits, as no patients were physically present at the practice during the second visit. We were informed that all patient consultations were conducted over the phone during that session. This significantly limited the number of patients whose experiences we could collect and therefore limits the assurance that we can draw from this report.

## Enter and View Observations, Recommendations and GP Responses

### Location and external environment

The practice has three floors and is located on a residential road. Many patients told us that they find the practice very convenient to travel to from their homes.

There is a largely flat path leading up to the front entrance; however access was limited by protruding branches. We raised this concern with the practice who have since hired a gardener to maintain the greenery outside the surgery.

The front door sits slightly above the ground, has a small step at the threshold and is a normal width, all of which make entrance to the practice difficult for users of larger wheelchairs. Further, there are no handrails at the threshold to aid someone with reduced mobility. We raised these accessibility concerns with the practice who responded: *"We believe the Entrance is suitable and the external Health and Safety audit has not found any concerns."* Whilst the surgery believes it is not necessary, both a ramp and handrails at the entrance would be considerate additions, making the practice more welcoming and secure for patients struggling with mobility issues.

The reception area is the first room the patients are welcomed upon entrance. On the ground floor, there are two consultation rooms and one patient toilet with some accessibility features. Upstairs, there are a further two consultation rooms.

Internally there are stairs between floors but no lifts. One ground floor consultation room is used to accommodate people with accessibility needs, however access to this looked somewhat narrow for patients using mobility aids or larger wheelchairs.

### Internal Environment

The waiting room has sufficient space and seating for the number of patients that we observed; however, none of the chairs have armrests and the chairs move easily on the floor. This would present challenges for patients with reduced mobility in sitting and standing and could be improved.

There were clear signs for rooms, opening hours and toilets. Information about the range of literature, BSL and non-English services was available.

### Privacy

The reception area is in the waiting room with a plastic screen between patients and reception staff. We overheard conversations between patients and reception staff easily from the waiting area.

One patient spoke about the lack of privacy at reception and notably was not aware of the option of speaking away from reception when discussing sensitive matters:

*“The reception area is quite public and you need to speak up because of the screens at reception. I would prefer some space away from the waiting room to discuss anything private”*

While we were later informed that there was a poster at reception promoting the option to speak privately to the receptionist, this was not noticed by us on our visits. We recommended that the practice should better promote this option or take other steps to allow people to have private conversations without being overheard. In response the practice said: *“Posters for privacy and for private discussions with receptionists are displayed in reception, this is regularly promoted and is often utilised. Nevertheless, we have reminded all our receptionists to further promote this when speaking to patients.”*

### Cleaning and Hygiene

The hand sanitiser dispenser at the entrance sits quite high up and was not attached to a surface, making it difficult to use for those in a wheelchair or with reduced mobility to access. In response to this issue, the practice has said that it is not possible to place the hand sanitiser any lower and have commented that: *“Our assessments identified this as low risk as additional hand sanitisers are placed in the reception seating area. Although hand sanitisers are a method to reduce bacteria and better manage infection prevention, this is not a mandatory requirement for general practices to provide to patients.”* Securing hand sanitiser dispensers to the surface of a wall at the entrance would be a low cost and simple to implement improvement.

The floor of the waiting/reception area was worn and slightly sloped. We recommended that the decorative order of the practice could be improved by replacing or repairing the ground floor flooring. While the practice recognised that the flooring is worn, they said that it *“does not impact the cleanliness of the practice.”* The practice has said that they will reassess the flooring at the next audit. We feel that this is an acceptable solution.

Stains were observed on the carpet on the stairs. Since our visit, the practice has requested a deep clean of the carpet.

Patients told us that they considered the practice to be efficiently and effectively cleaned. We made the following observations:

- Dust on horizontal surfaces including a ledge under the bathroom sink and hand dryer.
- Water marks were observed on the floor.
- The wall under the hand dryer was dirty.
- Marks observed on the stair carpets.

Staff told us that there is a cleaning log, kept online and that a cleaner comes a *“couple of days a week”*. We requested copies of the cleaning logs for the past three months to gain assurance of this.

The practice provided PDF scans of handwritten logs demonstrating that the same cleaner comes 6 days a week. These do not provide us with assurance that cleaning was effectively monitored at the time of our visit because:

1. We were told online records were kept but written logs were provided.
2. We were told that the cleaner came in a couple of times a week but the records show cleaning 6 days a week.
3. The records are unusually uniform in their presentation suggesting that they may not be contemporaneous records.
4. The cleaning logs show that cleaning was undertaken on the 26th and 27th July. The observations from our visit from 10:30–16:30 on the 27th July call this into question.

We requested the infection control inspection results and any other evidence that would provide assurance about the decorative order, cleanliness and

accessibility of the practice. The practice provided us with an *'Infection Prevention and Control Audit Report and Action Plan'* completed in May 2022 as well as their *'Infection Prevention and Control Inspection Checklist'*. These documents did not assess the accessibility of the practice.

While we conducted interviews with staff in the consultation rooms, we did not complete our observational checklist of the clinical areas. The practice's *'Infection Prevention and Control Audit Report and Action Plan'* did not flag any issues with the consultation rooms.

### **Accessibility**

The staff said that the two consultation rooms downstairs provided access for patients with disabilities or mobility special needs. Some patients mentioned that doctors had met them downstairs and provided additional help to those who needed it, corroborating staff feedback.

The receptionist actively advertises the practice's ability to provide sign language and translation interpreters to the patients who need it.

Other accessibility facilities that the practice has added include:

- An accessible toilet (see below).
- A portable hearing loop system was observed within the practice.
- We were informed that notes are made on the patient record system to log any patient needs/reasonable adjustments. Every time the patient visits the practice these needs are flagged to receptionists and staff.

No drinking water or cups were observed in the reception area.

In the downstairs toilet, we observed that:

- The toilet paper dispenser was not working. Instead toilet paper was placed on a bin and the cistern making it difficult to reach for people with limited mobility.
- The soap dispenser was not attached to the wall making it difficult to use one handed.
- A bin was placed in front of the toilet restricting access for transfers.
- The lighting was poor.



- There was only a handrail on one side of the toilet (right).

All of these issues would make the bathroom difficult to use for patients with reduced mobility. We recommended installing a left hand support in the bathroom and other minor changes such as fixing the toilet roll dispenser, adding soap holders and moving the bin.

In response the practice said: *“Hand support rail is in place in the patient's bathroom, supporting patients with mobility issues. The layout of the bathroom and the toilet being close to the wall prevents the ability to add an additional ramp, this has not been found to cause issues and assessments have not found any cause for concern.”*

### **Patient Interactions**

The seven patients who provided feedback all made positive comments specifically about the staff. The reception staff were regarded as being helpful, friendly and organised. Nurses and clinicians are described as empathetic, caring and they are known for taking their time to explain conditions with the patients.

*“very helpful receptionists”*

*“very caring doctors”*

*“very happy here, they look after me and are very helpful”*

There were no concerns with doctors at the practice. All the patients interviewed were confident in their GP's and locums.

Most of the patients that we spoke to had been registered with the practice for a long period of time, with three stating that they had been using the service for 10-20 years.

The majority of patients did not have any recommendations and overall had a positive outlook of the practice. The practice has a suggestion box in the reception area as an opportunity to obtain feedback from patients about the practice. There is also a log of compliments and complaints.

### **Appointments**

We were told by staff that appointments are available face-to-face or over the phone. There are 6 emergency appointments available per day. These can be

booked on the same day or the day before. Decisions about whether an emergency or regular appointment is needed are largely patient-led than clinical. Patients can also choose whether they would prefer an in-person or telephone appointment.

Most patients told us that they booked their appointments over the phone. None of the patients interviewed used online platforms to book appointments.

When asked about any changes they would make to GP practice, patient feedback focused primarily on appointments. Patients faced difficulties booking appointments quickly and digitally.

*“Generally very happy with the service, only downside is not being able to get quick appointments”*

According to the South West London Practice Level General Practice Appointment Data (GPAD), the practice’s average number of appointments per 1,000 patients was 262 from October 2022 to March 2023. The averages for Richmond PCN and South West London were 356 and 433 respectively. Kew Medical Practice thus ranks 170th out of 174 practices in South West London for number of appointments per 1,000 patients.

The 2023 GP Patient Survey for Richmond (shared by the SWL Primary Care Team) reported that 16% of patients at Kew Medical Practice said that they have booked same day appointments. This is significantly below the SWL average (32%) and Richmond average (23%). These results were published after we had conducted our visits.

Shorter waiting times between booking and attending appointments would improve the patient experience. The surgery opening times have been noted to suit the patients’ needs and ensure that they are aware of the out-of-hours services.

Patients reported that they waited an average of 10 minutes between arriving at the practice and being seen for their appointments.

## Management and Training

All of the staff interviewed stated that they felt well supported by their colleagues. Many of them referred to the practice as having an open door policy where they can go to the practice manager and partner for informal support, safeguarding concerns and any other issues.

Staff noted that they received sufficient training which included safeguarding, "bluestream" (an online system) and induction programmes. The clinical team meets every week. The practice had undergone an "accelerated programme" which had included mapping the processes and referrals within the practice for the receptionists.

The practice informed us that: *"Staff have regular supervision and 1-1 meetings with the Practice Manager. Staff training needs assessments are conducted every 6 months and appraisals are also done annually. Additional supervision and training are offered post training assessments and booked in with the PM as needed."*

## Prescriptions

Prescriptions are received by the pharmacy technician who checks if the medication can be prescribed. The technician will then enter the notes into the system and a GP will then sign off the prescriptions. This reduces a level of burden from the GPs, but the GP still signs off all prescriptions.

A pharmacist working in the practice deals with minor ailments and provides advice on prescriptions. The pharmacy team can deal with prescription and medication queries directly.

Patients calling the practice can choose to speak to the Pharmacy team from the options available when they call the practice. No patients disclosed any concerns about obtaining their prescriptions and described their experience as *"straightforward"* and *"very efficient"*. The triangulation of feedback from staff and patients suggested that prescriptions are well managed.

## Conclusions

This report records patient and staff perspectives at Kew Medical Practice. The qualitative data collected during the two-day time frame details patient and staff experiences. The report also details Healthwatch Richmond's observations and recommendations and the practice's responses.

There are no significant concerns with the practice and overall, we commend the practice on the positive findings of our visit with particular relevance to positive staff and patient feedback.

## Staff

The findings of this report reflects the patients' positive experiences with all the staff at the practice. This is positive to note and our observations of interactions support this.

The staff give the sense of a warm and healthy teamwork environment with an open door policy which allows for career development and training opportunities.

## Appointments

Staff and patients view the availability of appointments differently. Whilst staff told us that appointments were bookable on the same day or the following day, some patients said that they had long waiting times between booking and attending appointments. This is supported by the appointment data and 2023 GP Patient Survey. Improvements could be made to the availability of appointments to bring the service into line with average patient satisfaction levels for Richmond and SWL.

## Premises

Our observations did not provide sufficient assurance on the decorative order, cleanliness or accessibility of the practice, particularly on the ground floor. In regards to the decorative order, the practice manager stated they will review this at the next audit.

Whilst staff told us the patients could speak to receptionists in private, patients did not appear to be aware of this and more could be done to promote this opportunity to patients. The practice have acknowledged this and reminded reception staff to better promote the option to speak to receptionists privately.

## **Final Recommendations**

The following recommendations are suggested based on the observations and the feedback collected by the Healthwatch Richmond team in addition to the practice's responses.

1. Bathroom accessibility would be improved through:
  - a. A left hand support in the bathroom to help patients with mobility issues.
  - b. Minor changes such as toilet roll and soap holders and moving the bin to the side of rather than in front of the toilet could help with accessibility.
2. Monitoring of the frequency and effectiveness of cleaning should be improved and this should be checked at future CQC inspections.
3. Entrance accessibility could be improved through a handrail and a ramp.
4. The practice has committed to reviewing replacing the floor of the reception area at their next audit and our recommendations support this.
5. Patient satisfaction with appointments in the GP Patient Survey should be improved. The data suggests that increasing the quantity of appointments available to patients could achieve this.

## **Acknowledgements**

Healthwatch Richmond would like to thank management, staff and patients for cooperating with us and taking the time to speak to us during the Enter and View visit.