

Auckland Surgery

Quality Report

84a Auckland Road

London

SE19 2DF

Tel: 020 8653 5146

Website: www.aucklandsurgery.co.uk

Date of inspection visit: 18 May 2017

Date of publication: 13/06/2017

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 well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Auckland Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Auckland Surgery on 5 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Auckland Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 18 May 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 5 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:

- The practice had taken action to address on all of the issues identified at the previous inspection.

- There were effective systems in place for acting on patient safety alerts, monitoring prescription forms, ensuring emergency medicines availability on home visits, and monitoring uncollected test request forms and prescriptions.
- Patient group directions were in place to allow a nurse to administer medicines in line with legislation.
- There was support and oversight of all clinicians, including the independent nurse prescribers.
- There was a system to ensure all staff received an annual appraisal.
- The practice were taking active steps to monitor and improve its identification and recording of patients with long-term conditions, including Coronary Heart Disease, and to improve the identification of patients with learning disabilities and the support provided to them.

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 now rated as good for providing safe services.

- There were effective systems in place for acting on patient safety alerts, monitoring prescription forms, ensuring emergency medicines availability on home visits, and monitoring uncollected test request forms and prescriptions.
- Patient group directions were in place to allow a nurse to administer medicines in line with legislation.
- There was support and oversight of all clinicians, including the independent nurse prescribers.

Good



Are services well-led?

The practice is now rated as good for providing well-led services.

- The practice had taken action to address all of the governance issues identified at the previous inspection.
- There was a system to ensure all staff received an annual appraisal.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 5 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 and well-led identified at our inspection on 5 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 and well-led identified at our inspection on 5 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 and well-led identified at our inspection on 5 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 and well-led identified at our inspection on 5 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 and well-led identified at our inspection on 5 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Auckland Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector.

Background to Auckland Surgery

Auckland Surgery has just over 7200 patients and is in South East London. The surgery is purpose built, over two floors with four consulting rooms and two treatment rooms.

There is onsite parking for both staff and patients, including disabled parking, and the area is well served by public transport. The building is accessible for people with mobility issues. All the consulting rooms are on the ground floor, along with a toilet with disabled access.

Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England.

Life expectancy of the patients at the practice is in line with CCG and national averages. The surgery is based in an area with a deprivation score of four out of 10 (one being the most deprived), on measures of income deprivation affecting older people and children. Compared to the English average, more patients are unemployed.

Five doctors work at the practice: three male and two female. Two of the doctors are partners (Dr Paul Nunn & Dr Anna Clarke) and there are three salaried GPs. Some of the

GPs work part-time. Full time doctors work eight sessions per week. The practice has 35 GP sessions per week. The nursing team has one male and two female practice nurses, two of whom are nurse prescribers.

The practice is open 8am to 6.30pm Monday to Friday. Appointments with GPs are available on:

- Monday: 8am to 11.30am and 3.30pm to 6pm
- Tuesday: 8am to 11.30am and 2pm to 6pm
- Wednesday: 7.30am to 11.30 and 4pm to 6pm
- Thursday: 8.30am to 11.30am and 2.30pm to 6pm
- Friday: 8am to 11.30am and 3pm to 6pm.
- Saturday: 8.30am to 10.30am.

When the practice is closed cover is provided by a local service that provides out-of-hours care. The practice offers GP services under a Personal Medical Services contract in the Croydon Clinical Commissioning Group area.

The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Auckland Surgery on 5 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Auckland Surgery on our website at www.cqc.org.uk.

Detailed findings

This inspection was an announced focused inspection carried out on 18 May 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 5 October 2016.

How we carried out this inspection

During this inspection we looked at:

- policies and procedures and records of checks that the practice had made, to verify that procedures were effective.
- prescriptions and test forms awaiting collection
- patient group directions
- supervision records
- appraisal records
- information on action the practice were taking to improve the identification of patients with coronary heart disease, and the identification and support offered to patients with learning difficulties.

Are services safe?

Our findings

At our previous inspection on 5 October 2016, we rated the practice as requires improvement for providing safe services as there were several areas of risk that had not been identified and addressed.

Arrangements had significantly improved when we undertook a follow up inspection on 18 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the previous inspection we found that there were no effective arrangements for acting on patient safety alerts, for example about medicine safety.

The practice took immediate action to ensure that patients were on appropriate treatment based on previous alerts and to establish a system to ensure future alerts were acted upon.

We checked records related to patient safety alerts received since the last inspection and saw that appropriate action had been taken.

Overview of safety systems and process

At the previous inspection, we found that there were gaps in the arrangements for managing medicines.

- There were no Patient Group Directions (PGDs) to allow a nurse to administer medicines inline 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.)

- There was no specific support for the nurses with independent prescribing responsibilities, to support this extended role.
- We looked at prescriptions and test request forms which had been left in reception for patients to collect and found that some these dated back four months.
- Blank prescription forms and pads were securely stored, but there was no system to monitor their use.

At this inspection we found that:

- Valid PGDs were in place.
- A practice-wide system of support and oversight was in place, including support for nurses with independent prescribing responsibilities.
- There was an effective system to ensure that if patients did not collect their prescription or test form, these were reviewed by a GP and appropriate action was taken.
- There was an effective system to monitor the use of blank prescription forms.

Arrangements to deal with emergencies and major incidents

At the previous inspection we noted that GPs were not taking emergency medicines when visiting patients at home, and had not risk assessed this practice. The day after the inspection we were sent a risk assessment, and details of a new policy for GPs to take medicines from the practice stock for home visits, based on their assessment of the patient's needs.

At this inspection, we saw that the home visit emergency medicine kits were in place, and had been added to the system of checks to ensure that the medicines remained in date.

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 inspection on 5 October 2016, we rated the practice as requires improvement for providing well-led services as there were weaknesses in the practice policies and procedures which had not been identified and acted upon, and staff had not received annual appraisals.

We issued a requirement notice and found arrangements had significantly improved when we undertook a follow up inspection of the service on 18 May 2017. The practice is now rated as good for being well-led.

Governance arrangements

The risks we identified at the last inspection (with patient safety alerts, medicines management, emergency medicines) had all been addressed with new systems, which were monitored.

Staff had all received appraisals in 2016 and appraisals were scheduled for 2017.