

Leander Family Practice

Quality Report

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Surrey

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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 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 previously carried out an announced comprehensive inspection of Leander Family Practice on 3 May 2016. The overall rating for the practice was Good. However the practice was rated as requires improvement for providing responsive services due to its low patient satisfaction scores with accessing the service. The full comprehensive report can be found by selecting the 'all reports' link for Leander Family Practice on our website at www.cqc.org.uk.

This inspection was an announced focussed inspection carried out on 12 May 2017 to confirm that the practice had carried out their plan to make the required improvements we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made.

Overall the practice is now rated as Good.

Our key findings were as follows:

- Patient satisfaction with making appointments had improved since the previous inspection; however they remained lower than local and national averages.
- A formal induction and information pack for GP locums at the practice was in place.

- A robust business continuity plan was in place.
- Systems had been reviewed and improved to ensure all vaccines were in date. The practice had responded appropriately and safely to an incident relating to one of their vaccine fridges, and had put measures in place to prevent recurrence.
- There was an effective system in place to identify and support all patients acting as carers. The number of carers identified by the practice has increased from 40 at the earlier comprehensive inspection to 137 at this focussed inspection.

The area where the provider should make improvements are:

- Continue to monitor and take action to improve patient satisfaction with making appointments.

At our previous inspection on 03 May 2016, we rated the practice as requires improvement for providing responsive services due to its low patient satisfaction scores with accessing the service. At this inspection we found that improvements had been made although the practice was still below local and national averages in these areas. Consequently, the practice is still rated as requires improvement for providing responsive services.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Leander Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector.

Background to Leander Family Practice

Leander Family Practice is a medium sized practice based in Croydon. The practice list size is 7398. The practice population is very diverse. The practice is in an area in London of medium deprivation. There is a higher than average percentage of younger patients (aged between 5-24) and also a higher than average number of single parents. The practice had a General Medical Services (GMS) contract.

The practice facilities include four consulting rooms, one treatment room, one patient waiting room and one administration office. The premises are wheelchair accessible and there are facilities for wheelchair users including an accessible toilet and the practice has a hearing loop.

The staff team comprises two male GP partners, one female salaried GP and two locum GPs providing a total of 25 GP sessions per week. There are two female practice nurses, a female associate practitioner, a practice manager and an assistant practice manager. Other practice staff include a reception manager, five receptionists (four female and one male) and three administrators.

The practice is open between 8am and 6.30pm Monday to Friday for appointments and offers extended opening on Monday from 7am to 8am. When the practice is closed patients are directed (through a recorded message on the

practice answer phone) to call NHS Direct on 111, or go to the nearby Croydon walk-in centre which is open 7 days a week from 8.00am to 8.00pm. This information is also available on their website.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of; treatment of disease, disorder and injury; diagnostic and screening procedures; family planning; maternity and midwifery services and surgical procedures. These regulated activities are provided at one location.

Why we carried out this inspection

We previously carried out an announced comprehensive inspection of Leander Family Practice on 3 May 2016. The overall rating for the practice was Good. However the practice was rated as requires improvement for providing responsive services due to its low patient satisfaction scores with accessing the service. The full comprehensive report can be found by selecting the 'all reports' link for Leander Family Practice on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Leander Family Practice on 12 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

We carried out an announced focused inspection of Leander Family Practice on 12 May 2017. This involved reviewing evidence that:

- A robust business continuity plan was in place.

Detailed findings

- The practice had reviewed the systems for ensuring all vaccines are in date.
- The practice effectively identified carers so they are able to offer appropriate support.
- All staff received annual appraisals in line with practice policy.
- A formal induction and information pack for GP locums at the practice was in place.
- The practice had continued to monitor and take action to improve patient satisfaction with making appointments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

At the previous inspection on 3 May 2016 the practice was performing below local and national averages in relation to patient satisfaction with accessing the service and with opening hours at the practice, based on the 2014/15 GP patient survey. At this focussed inspection results from the 2015/16 GP patient survey showed that patients' satisfaction with how they could access care and treatment had improved in some areas, decreased in one area and were overall lower than local and national averages. Three hundred and sixty three survey forms were distributed and 99 were returned. This represented a 27% response rate.

- 49% of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 73%. This was a 10% increase on the survey results achieved at the time of the previous inspection.
- 56% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 75% and the national average of 76%. This was an 11% increase on the survey results achieved at the time of the previous inspection.

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%. This was a 9% decrease on the survey results achieved at the time of the previous inspection. The practice opening hours had not changed since the previous inspection.

At the previous inspection the practice had identified low patient satisfaction with booking appointments as a priority, and had developed an action plan based on the 2014/2015 GP survey data. This included the installation of a new telephone system in November 2015 and a new appointment system and an online appointment booking system. The practice did not have evidence at the time that these changes had improved performance in this area.

At the time of this focussed inspection the practice was able to demonstrate through the most recent national patient survey data that improvements had been made, however their performance remained below local and national averages. The provider had not conducted its own patient survey or analysis of patient satisfaction in this area to determine the effectiveness of the changes they had made. There had been ten comments since the last inspection made on the NHS choices website, citing problems with accessing appointments. The practice had responded to these individual concerns.