

Fairview 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fairview Medical Centre on 24 May 2017. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience 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.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that 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.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas of practice where the provider should make improvements:

- Review practice systems to ensure there is a clear system in place to monitor the implementation of medicines and safety alerts.
- Review practice procedures to ensure all staff have regular appraisals.

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



- 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 did not have a clear system to monitor the implementation of alerts.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff; however three non-clinical staff had not received an appraisal in the last 12 months. The appraisals for these staff were six weeks overdue.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for many aspects of care.

Summary of findings

- 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.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- 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.
- The practice did not have a complaints leaflet for patients; however complaints procedure with all the necessary information was available on request. The practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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 practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice visited housebound patients at least every six months and often much more regularly.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs. The practice had detailed end of life care plans for patients.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The lead GP of the practice helped to design a national course 'Difficult Conversations', which is a communication training for healthcare professionals who find themselves having to deliver bad news. The lead GP is also the lead for End of Life care education for Croydon and had developed Royal College of General Practitioners end of life care module.
- The practice GPs undertook regular weekly ward rounds for a local nursing and residential home supporting the needs of 47 residents.
- The practice ran flu clinics on Saturdays each year.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice ran nurse led clinics for patients with asthma, chronic obstructive pulmonary disease, diabetes and chronic heart disease.
- The national Quality and Outcomes Framework (QOF) data showed that 69% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the

Summary of findings

Clinical Commissioning Group (CCG) average of 70% and the national average of 78%. 98% of patients with diabetes had received a foot examination in the preceding 12 months compared to the CCG average of 87% and national average of 89%.

- The national QOF data showed that 85% of patients with asthma in the register had an annual review, compared to the CCG average of 74% and the national average of 76%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered minor surgical procedures including joint injections, phlebotomy, spirometry, electrocardiography and blood pressure monitoring which reduced the need for referrals to hospitals.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. The practice was one of the lowest for emergency admissions in Croydon.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had alerts set up for children on the child protection register.
- The practice's uptake for the cervical screening programme was 83%, which was in line with the Clinical Commissioning Group (CCG) average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had set up alerts in their clinical system for at risk children.
- The practice GPs provided antenatal and postnatal checks.

Good



Summary of findings

- The practice patients had access to family planning clinics and provided advice on smoking cessation and nutritional advice by an in house nutritionalist.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments and telephone consultations with GPs which suited working age people.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability. Only 52% (24 patients) out of 46 patients with a learning disability had received a health check in the last year. The practice supported the needs of learning disability patients in a local care home.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

- In conjunction with the Patient Participation Group the practice had invited external speakers and ran talks on counselling, diet, immunisations and exercise and hosted events for patients who felt isolated.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 93% of 71 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average of 86% and national average of 89%.
- 87% of patients with dementia had received an annual review which was above the Clinical Commissioning Group (CCG) average of 83% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice patients had access to two in house counsellors who supported the patients with mental health issues.

Good



Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. Three hundred and fifty four survey forms were distributed and 112 were returned. This represented approximately 1.6% of the practice's patient list.

- 90% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 23 comment cards which mostly all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 17 patients during the inspection including five members of the Patient Participation Group. 16 of the 17 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Fairview 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 and an expert by experience.

Background to Fairview Medical Centre

The Fairview Medical Centre provides primary medical services in Norbury to approximately 7400 patients and is one of 57 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the fifth more deprived decile in England.

The practice population has a higher than CCG and national average representation of income deprived older people and in line with the CCG and higher than national average representation of income deprived children. The practice population of children is below the CCG and in line with the national average and the practice population of working age people is higher than the CCG and national averages. The practice population of older people is below the CCG and national averages. Of patients registered with the practice for whom ethnicity data was recorded 17% are Other White, 14% are White British and 10% are of Pakistani origin.

The practice operates in purpose built premises. All patient facilities are wheelchair accessible on the ground floor. The practice has access to two GP consultation rooms, one nurse and two healthcare assistant consultation rooms on

the ground floor and two GP consultation rooms and one counselling room on the first floor. There is no lift access to the first floor; patients with limited mobility are seen on the ground floor.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee doctors and GPs.

The clinical team at the surgery is made up of a lead female GP who is a partner and four salaried GPs (one male and three female), one female practice nurse and two healthcare assistants (one male and one female). The non-clinical practice team consists of practice manager, assistant practice manager and nine administrative and reception staff members. The practice provides a total of 40 GP sessions per week.

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Appointments are available from 8:30am to 12:30pm Monday to Friday and from 2:30pm to 5:30pm Monday to Friday except Wednesdays. The practice is closed on Wednesday afternoons; however an on-call GP is available for emergencies and patients are seen if needed. Extended hours surgeries are offered on Mondays from 6:30pm to 8:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Croydon CCG.

Detailed findings

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, family planning and surgical procedures.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 May 2017.

During our visit we:

- Spoke with a range of staff including two reception and administrative staff, practice manager, assistant practice manager, four GPs, trainee GP and we spoke with 17 patients who used the service including five members of the practice's Patient Participation Group (PPG).

- The practice nurse was not available to speak on the day of inspection so we spoke the nurse over phone.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Safe track record and learning

There was an effective system in place 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 sample of documented 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.
- The practice had a system in place to implement medicines and safety alerts; however there is no central log kept to monitor the implementation of alerts. The practice informed us that when alerts were received they were circulated to all clinicians and discussed at clinical meetings where appropriate. We saw evidence of implementation of recent medicines and safety alerts and clinical staff were aware of these.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was visited by a GP at home and was prescribed a medicine. This medicine had an interaction with a medicine that was prescribed following a recent discharge from hospital. The GP was not aware of the patient taking this medicine because the discharge summary was not available. The GP realised that the hospital may have changed the patient's medicines and immediately contacted the patient and asked the patient not to take this medicine before the patient had

started taking it. Following this incident the practice reviewed its procedure to ensure discharge summaries were obtained from the hospital before patients were being seen.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.
- Notices in the clinical rooms 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 check (DBS check). (DBS)
- The practice did not have confidentiality agreements signed for the cleaner and one of the GPs working at the practice; the day following the inspection the practice sent us signed confidentiality agreements for these staff.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date training. Infection control audits were undertaken on a regular basis and we saw evidence that action was taken to address any improvements identified as a result. For example the practice had replaced some of the chairs in the practice which can be wiped clean.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place 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 had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. The practice used locum GPs occasionally and performed all the required pre-employment checks.

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).
- 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 in place 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; however this training was overdue for two non-clinical staff; these two staff completed the online training module on the day of inspection and completed in person training on 8 June 2017; the practice provided evidence to support this.
- There were emergency medicines available in the treatment room; however practice did not stock rectal diazepam (medicine used to control seizures), diclofenac intramuscular injection (medicine for analgesia) and antiemetic (medicine for nausea and vomiting). The day following the inspection the practice had performed a risk assessment for these medicines and decided not to stock rectal diazepam in the practice but had decided to stock the other two medicines and informed us that they had obtained diclofenac and antiemetic medicines.
- 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. All the medicines we checked were in date and stored securely.

Are services safe?

- 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 effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians 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

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.5% (Clinical Commissioning Group average 92.4%; National average 95.3%) of the total number of points available, with 5.2% (CCG average 7.9%; national average 9.8%) clinical exception reporting. We found that the exceptions were appropriately reported. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 69% (4.1% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 70% and the national average of 78%. 98% of patients with diabetes had received a foot examination in the preceding 12 months compared to the CCG average of 87% and national average of 89%.

- 100% (0% exception reporting) of patients over 75 with a fragility fracture were on the appropriate bone sparing agent, which was above the CCG average of 88% and national average of 84%.
- 77% (18.8% exception reporting) of patients with atrial fibrillation were treated with anticoagulation therapy compared to the CCG average of 83% and national average of 87%.
- Performance for mental health related indicators was above the CCG and national averages; 93% (0% exception reporting) of 71 patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 86% and national average of 89%.
- 87% (6.1% exception reporting) of patients with dementia had received annual reviews which was in line with the CCG average of 85% and national average of 84%.
- The national QOF data showed that 85% (3.7% exception reporting) of patients with asthma in the register had an annual review, compared to the CCG average of 74% and the national average of 76%.
- 92% (2.7% exception reporting) of patients with Chronic Obstructive Pulmonary Disease (COPD) had received annual reviews compared with the CCG average of 89% and national average of 90%. Due to the low prevalence of COPD among practice patients the local respiratory team nurses ran a rapid access clinic (HOT Clinic) in the practice to identify and help patients with COPD to avoid hospital admission. They trained the practice healthcare assistant. They found that there is generally a low prevalence of COPD among the practice population.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits carried out in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain if patients diagnosed with depression were appropriately assessed and treated. In the first cycle the practice identified 56 patients with depression of which only 18% of patients had been assessed for alcohol and drug use which is an important cause for depression. In the second cycle after changes had been implemented, the

Are services effective?

(for example, treatment is effective)

practice had identified 54 patients of which 37% of patients had been assessed for alcohol and drug use which is a significant improvement when compared to the first cycle.

- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.
- The practice was one of the lowest for the number of antimicrobials items prescribed that are cephalosporins and quinolones when compared to other practices in the local CCG in 2015 and 2016.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Three out of 11 non-clinical staff had not received an appraisal within the last 12 months. The appraisals for these staff were six weeks overdue; the practice informed us that appraisals for these staff were to be performed by the end of May.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

- Some of the practice staff had received training on identifying radicalisation and the practice informed us that they will make this a mandatory training for all staff.

Coordinating patient care and information sharing

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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice held weekly clinical meetings where they discussed the clinical issues and significant events. We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice was one of the four practices in Croydon to take part in a weekly MDT huddle pilot project which aims to supplement the monthly MDT meetings and to provide MDT type care to an extended amount of patients.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- Written consent obtained for minor surgical procedures were appropriate.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was in line with the Clinical Commissioning Group (CCG) average of 81% and the national average of 81%. There was a policy to offer telephone reminders for

patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 57% compared with 65% in the CCG and 72% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 46% compared with 50% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccinations given were in line with the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in one out of four areas.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We were provided examples of the practice responding appropriately to vulnerable patients who attended the practice without appointments.
- The Patient Participation Group had arranged a Christmas party for 20 patients with dementia in a local venue where these patients had lunch and a raffle was arranged following lunch. This event was funded by the practice.
- The practice regularly arranged lunch for patients on a Friday before Christmas during which they also invited staff from community teams.

Most of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. One patient had mentioned that the reception staff was rude and another patient mentioned that staff seemed to be very stressed and busy. The practice was made aware of these comments on the day of inspection.

We spoke with 17 patients including five members of the Patient Participation Group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed the practice were in line with or above the local and national averages. For example:

- 88% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 83% said the GP gave them enough time (CCG average 84%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs. The practice was in line with or above average for consultations with GPs and nurses. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3.5% (262 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP called them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The patient's carers were also sent a letter or received a phone call following bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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:
- There were longer appointments available for patients with a learning disability and those with complex long-term conditions. We saw that 76% (35 patients) out of 46 patients with a learning disability had received a health check in the last year. The practice informed us that six patients refused to have their annual health check and five patients were either not contactable or had the majority of health check undertaken but not completed. The practice supported the needs of learning disability patients in a local care home.
- Same day appointments were available for children and those with serious medical conditions.
- The facilities were accessible and translation services available. However the practice did not have a hearing loop. The practice met with patients with hearing impairment to ascertain if a hearing loop would be beneficial. Patients felt that a hearing loop would not help them as the practice communicated with them using pen and paper. Hence the practice decided not to obtain a hearing loop.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice offered minor surgical procedures including joint injections, phlebotomy, spirometry, electrocardiography and blood pressure monitoring which reduced the need for referrals to hospitals.
- The practice patients had access to family planning clinics and provided advice on smoking cessation and nutritional advice by an in house nutritionalist.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 8:30am to 12:30pm Monday to Friday and from 2:30pm to 5:30pm Monday to Friday except Wednesdays. The practice is closed on Wednesday afternoons; however an on-call GP was available for emergencies and patients were seen if needed. Extended hours surgeries were offered on

Mondays from 6:30pm to 8:00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above or below the local and national averages.

- 65% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 75%; national average of 76%).
- 90% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 63% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

Listening and learning from concerns and complaints

The practice had an effective system in place 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.
- The practice did not have a complaints leaflet for patients; however the complaints procedure with all the necessary information was available on request.

We looked at six complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint; however not all response letters had information on who to contact if they were not satisfied with the outcome of the practice's investigation. The day following the inspection the practice informed us that they added this information on their response letter template. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that they had to wait for a long time to be seen for an appointment. The practice apologised to the patient. Following this incident the practice reviewed its procedure to ensure patients are kept informed if the surgeries are running late.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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 robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had leads assigned for both clinical and non-clinical areas.
- The practice manager was a director for the local GP collaborative.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice held monthly reception and administrative staff meetings where they discussed reception and administration specific issues.
- The practice held staff meetings every six months with all staff where they discussed general issues.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of 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). This included support training for all staff on communicating with patients about notifiable safety incidents. When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- We found that learning was embedded in the culture of the practice.
- 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.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. During the inspection we spoke to five members of the PPG. The practice had an active PPG with ten members which met

Are services well-led?

Good 

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

regularly and submitted proposals for improvements to the practice management team. For example the practice increased the number of parking spaces available in the surgery and a TV is kept in the waiting area for patients.

- The PPG had arranged coffee mornings for elderly patients who felt isolated and talks from external speakers in topics including healthy eating.
- The practice did not share learning from complaints and incidents with the PPG; the day following the inspection the practice informed us that they will ascertain what information the PPG likes the practice to share and will share it in the future. The PPG found it difficult to recruit young members; the day following the inspection the practice informed us that they had invited two younger people to join the PPG.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example

the practice is currently piloting Age UK personal independence co-ordinators (PICs) with five other local practices. The PICs were provided by Age UK and they worked alongside with health and care professionals and act as a liaison officer for older adults who have long-term health and social care needs. This project was part of the outcome based commissioning (OBC) initiative and the practice manager was involved in this project as a director of the local GP collaborative.

The practice was one of the four practices in Croydon to take part in a weekly MDT huddle pilot project which aims to supplement the monthly MDT meetings and to provide MDT type care to an extended amount of patients. This project was also an OBC initiative. The purpose of the huddle sessions was to align and integrate staff from five provider alliance organisations including Croydon GP collaborative, South London and Maudsley NHS Foundation Trust, Age UK, social services, Croydon Health Services NHS trust and the local Clinical Commissioning Group. This was to ensure medium to high risk patients were identified quickly and are proactively case managed by one or more members of the core integrated care network multi-agency working team.

The practice also took part in research studies for example, a type 1 diabetes study.