

# East Croydon 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?

Requires improvement 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of East Croydon Medical Centre on 8 June 2016. 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 a system in place for reporting and recording significant events, however there was no policy and not all significant events were recorded.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients 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 was not ideally suited to patients with mobility problems or parents with pushchairs, as patients had to use steps to make their way up to the first floor and there was no lift to help facilitate this.
- 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.

### The areas where the provider must make improvement are:

- Ensure that governance arrangements are robust, and that policies and procedures meet the requirements of the practice and managing risk.

# Summary of findings

- Ensure that the infection control policy is adhered to.

## **In addition the provider should:**

- Ensure services provided on site are available and accessible to all patients, including those with mobility problems and those with young children.

- The practice should consider reviewing the level of exception reporting, which was higher than the national average.

**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 in place for reporting and recording significant events; however, there was no significant events policy.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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 in place to keep patients safe and safeguarded from abuse; however, there was no safeguarding policy.
- Risks to patients were assessed but not always well managed, sharps boxes were overfull in one of the consulting rooms. Also the date on some of the disposable curtains was 1st September 2015 which meant they had not been changed at six month intervals as stated in the practice policy.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 staff, however not all staff members had up to date appraisals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than other practices for several aspects of care.
- 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 easy to understand and accessible.

We saw staff treated patients with kindness and respect, and maintained patient privacy and information confidentiality

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had a designated self-help area where patients could obtain information and literature on local services, medical conditions and other services, take their blood pressure, BMI (body mass index), and weigh themselves.
- The practice employed a prescription clerk to process prescriptions, having a specific person to handle prescriptions helped the practice to work efficiently and responsively to patients' needs.
- The practice identified vulnerable patients/hard of hearing patients who found it difficult to communicate by telephone and would give them the practice mobile number so they could communicate by text for an appointment.
- The practice held daily phlebotomy surgeries, and carried out Electrocardiogram (ECG) test on site.
- The practice provided extended hours to meet the needs of the working population.
- 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.
- Patients 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.
- Information about how to complain was not easily available for patients, there were no posters or leaflets available in reception, and staff were not aware of the practice complaints leaflet. However we saw evidence that showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

The practice is rated as requires improvement 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.
- Governance arrangements were not robust. Some policies were not formalised into written documents such as no written safeguarding policy no significant events policy, staff were unaware of how and where to locate the most up to date policies. Not all significant events were being recorded. For example the infection control lead had a sharps injury, this had not been recorded as a significant event.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

## Requires improvement



# 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



- The practice offered proactive, personalised care to meet the needs of 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 offered older patients midday appointments, so they could take their time to arrive at the practice. On the day of inspection we saw staff helping older patients to consultation rooms.
- The practice

### 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.
- Performance for diabetes related indicators was comparable. For example, 73% of patients had well-controlled diabetes, indicated by specific blood test results, comparable to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



- There were systems in place 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.

# Summary of findings

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's uptake for the cervical screening programme was 78%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **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 including extended hours slots three Tuesday evenings and one Saturday morning each month.
- 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.

**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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff 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

- The practice identified vulnerable patients and hard of hearing patients who found it difficult to communicate by telephone and would give them the practice mobile number so they

## 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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 310 survey forms were distributed and 127 were returned. This was a 41% response rate and represented 0.9% of the practice's patient list.

- 79% describe the overall experience as good which is comparable with Clinical Commissioning Group (CCG) average of 82% and a national average of 85%.
- 78% would recommend this surgery to someone new to the area compared with a CCG average of 74% and national average of 78%
- 77% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 8 comment cards which were all positive about the standard of care received. Patients said that staff were friendly, approachable and professional. Patients with long-term conditions said they were looked after appropriately. Patients commented that they premises were always clean and tidy.

We spoke with eight patients during the inspection. Three members of the Patient Participation Group (PPG). All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring,; however, some patients reported difficulty in obtaining appointments.

# East Croydon 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 second CQC inspector, GP specialist adviser, and a practice manager specialist advisor.

## Background to East Croydon Medical Centre

East Croydon Medical Centre is a large practice based in Croydon. The practice held a Personal Medical Services contract. The practice list size is approximately 14,019. The practice population is diverse, with a high number of patients from Asia, Turkey and Spain. Life expectancy for males in the practice is 80 years and for females 82 years. Both of these are in line with Croydon Clinical Commissioning Group (CCG) and national averages for life expectancy. The practice has a higher than average number of female patients aged between 0-4 and 25-39 years. The practice has a higher than average number of male patients aged 0-4 and 25-44 years. The practice has lower than average numbers of both male and female patients aged 10-24 years old.

The practice is set out over three levels. Facilities include 15 consultation and treatment rooms, two patient waiting areas, a patient self-help information area, patient toilets, a staff room, three staff offices, staff kitchen and a training room. The consultation rooms are on the ground and first floor. Patients with mobility problems are always

accommodated on the ground floor. The premises are wheelchair accessible and there are facilities for wheelchair users including a disabled toilet. There is a hearing loop for patients with hearing impairments.

The practice is located in close proximity to East Croydon mainline station and also has good access links via a local tram.

The staff team comprises three male GP partners and one female partner. Two of the male partners worked eight sessions a week, one male partner worked six sessions a week and the female partner worked five sessions a week. There were four salaried GPs (two male and two female). Three of the salaried GP worked eight sessions per week (one female and two males). The other salaried partner worked six sessions a week (female). The practice was a training practice and had three registrars who worked eight sessions per week. Other staff included five practice nurses (all female), a health care assistant (female), eight receptionists, six administration staff, a secretary, a patient services manager (female) and practice manager (male).

The practice is open between 8.00am to 6.30pm Monday to Friday. They offer extended hours from 6.30pm to 8.00pm three Tuesdays in every month and 9.00am to 12.00pm one Saturday a month. Appointments are available to patients from 8.20am to 12.20pm in the mornings and from 4.00pm to 5.50pm in the afternoons, Monday to Fridays. Appointments are also available during the extended hours from 7.00pm to 7.40pm. When the practice is closed patients are directed (through a recorded message on the practice answer machine) to contact the local out of hour's service. Information relating to out of hour's services is also available on the practice website. This includes details of the local walk in service, pharmacy services and mental health services.

# Detailed findings

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

## Why we carried out this inspection

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

We carried out an announced visit on 8 June 2016. Before carrying out the inspection we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the Practice Manager and administrative staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. For example a patient was presented with chest pains whilst in reception, reception initially started to check GP availability, instead of pressing the panic button. This was discussed at practice meeting and reception staff were reminded to of the importance of using the panic button.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice manager kept a spread sheet that recorded all alerts that the practice received. GP's provided examples of a recent alert's received on whooping cough vaccinations in pregnancy, Zika virus, Scarlet Fever, and Measles.

### Overview of safety systems and processes

- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Arrangements were in place to safeguard children and vulnerable adults from abuse. There was no written safeguarding policy. 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 and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurse level 2, non-clinical staff level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All clinical staff acted as chaperones and were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- 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 staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Some infection control procedures were not adhered to,; for example, sharps bins were overfilled in some of the surgeries and curtains were not changed in accordance with their procedural requirements
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice employed a prescription clerk to process prescriptions, having a specific person to handle prescriptions helped the practice to work efficiently and responsively to patient's' needs. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) 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). Health Care Assistants were trained to

## Are services safe?

administer vaccines and medicines against a Patient Specific Prescription or direction (PSD) from a prescriber. 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. The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. The prescription clerk was responsible for checking controlled drugs.

- We reviewed eight personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, one new member of staff file did not have a CV or an employment history.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place 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).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### 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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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.
- The practice had a comprehensive business continuity plan in place 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

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place 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 (2014/15) showed that the practice achieved 94.2% of the total number of points available with 14.0% exception reporting. (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 an outlier for three QOF (or other national) clinical targets. Data from 2014/15 showed:

- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease COPD was 0.29%, low compared to the Clinical Commissioning Group (CCG) average of 0.35% and the national average of 0.63%. The practice identified this as a problem. They had the Community Respiratory Team Nurses come to the surgery between November 2015 and January 2016 to go through the potential cases and do Spirometry for these patients.
- Seventy percent (compared with the CCG average of 87% and the national average of 88%) of patients on the diabetes register had a record of a foot examination in past 12 months. The practice reviewed this and

identified reviews had not been coded correctly. The nurses now have extra practice nurse time for diabetes reviews which would include a foot examination. The extra time equates to two extra days of nurse diabetic appointments.

- The notes of 87% (compared with the CCG average of 94% and the national average of 94%) patients with physical and or mental health conditions recorded their smoking status in the preceding 12 months. The practice identified there were coding issues and these reviews would be carried out by GPs in future.
- Performance for diabetes related indicators was similar to the national average. For example, 73% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%.
- Performance for mental health related indicators was in line with the CCG and national averages for the number of patients who had received an annual review at 75%; compared with CCG average of 85% and national average of 84%.

There was evidence of quality improvement including clinical audit.

There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example prescribing audits for the CCG, including audits of ezetimibe (a medicine used for high cholesterol), co-amoxiclav (an anti-biotic) and glucose testing. Findings were used by the practice to improve services. For example, following an audit of 11 patients on ezetimibe, which is a cholesterol lowering agent, the practice had improved awareness amongst clinicians and had stopped prescribing ezetimibe and patients were either prescribed a statin or had their statin dose increased. After a re-audit the practice found only 2 patients remained on ezetimibe which resulted in a lower prescribing rate.

- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, the practice had been involved with Croydon Network Practice Delivery and Development



# Are services effective?

## (for example, treatment is effective)

Scheme. The practice looked at high alcohol intake and added new patient questionnaires, sending leaflets to high risk patients and signposting to a local substance misuse service. The practice also identified COPD prevalence was low, so organised a community respiratory team to come into the surgery to do spirometry between November 2015 and January 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 topics such 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 the nurse had done wound care, asthma screening and cervical screening training.
- 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. Staff we spoke with confirmed that they received appraisals annually; however, on the day of the inspection we identified that some staff appraisal forms for appraisals that had taken place over the past 12 months had not been written up, or completed.
- 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.

### 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice also held comprehensive referral management meetings weekly to ensure that they were monitoring all referrals effectively.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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.
- 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, were signposted to the relevant service.
- Smoking cessation advice was available from the Health Care Assistant (HCA) twice a week.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the



## Are services effective?

(for example, treatment is effective)

national average of 82%. The practice sent out recall letters and regularly reviewed lists for cervical screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 94% and five year olds from 77% to 93%.

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. The practice also provided health checks for patients with learning disabilities. For 2015/16, the practice had identified 31 patients on the learning disabilities register 15 had received an annual check, which was 48%. 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; however, the curtains were not changed every six months.
- 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.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were helpful and caring and supportive to patients.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with national and CCG average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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. Results were in line with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

## Are services caring?

- We saw posters and information in reception about a carer's day in Croydon which was taking place in June 2016.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area and in the specially designated patient self-help areas which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 294 patients as carers (2.1% of the practice list). Written information, posters and leaflets 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 contacted 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' three Tuesday evenings and one Saturday morning each month for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty in attending the practice.
- The practice had a designated self-help area where patients could go for information and literature, take their blood pressure, BMI (body mass index), and weigh themselves.
- The practice employed a prescription clerk to manage the prescription process.
- The practice identified vulnerable patients and hard of hearing patients who found it difficult to communicate by telephone and would give them the practice mobile number so they could communicate with the practice by text.
- The practice held daily phlebotomy surgeries, and carried out Electrocardiogram (ECG) tests on site.
- Same day appointments were available for children and other vulnerable patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was planning to install a lift to improve access for patients in wheel chairs and patients with pushchairs.

### Access to the service

The practice is open between 8.00am to 6.30pm Monday to Friday. Extended hours were offered from 6.30pm to 8.00pm three Tuesdays in every month and 9.00am to 12.00pm one Saturday a month. Appointments were

available to patients from 8.20am to 12.20pm in the mornings and from 4.00pm to 5.50pm in the afternoons, Monday to Fridays. Appointments were also available during the extended hours from 7.00pm to 7.40pm. 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 was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 77% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 66% of patients describe their experience of making an appointment as good compared with a Clinical Commissioning Group (CCG) average of 71% and a national average of 73%.
- People told us on the day of the inspection that they were usually able to get appointments when they needed them; however, sometimes it could take a few weeks to get to see the GP of their choice.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a complaints policy in place and a complaints leaflet. However some staff (including reception staff) were unaware that the practice had a complaints leaflet that provided information for patients. We discussed this with the practice manager and they assured us they would ensure all staff were aware of the information and make it available to patients.

- 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.

There were no complaints leaflets or posters in reception.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice demonstrated openness and transparency with dealing with the complaints. Staff told us

## Are services responsive to people's needs? (for example, to feedback?)

that if learning was identified from a complaint they would analyse it and share learning with other staff. For example a complaint was made by a patient because they were not told who the GP on the day would be. The patient did not want to be seen by a certain GP. The complaint was

acknowledged and discussed at a practice meeting, learning was shared with staff and it was agreed if an urgent appointment was booked patients should see whichever GP was available, not a specifically requested GP.

# Are services well-led?

Requires improvement 

(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 was able to articulate their strategy and business plans which reflected the vision and values and this was regularly discussed in partnership meetings
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework; however, it did not fully support the delivery of the strategy and good quality care. Some policies were not available to staff in written format such as the safeguarding and significant events policy. The chaperone policy did not state who the person chaperoning was or that they should stand on the inside of the curtain. Staff were unaware of the most up to date policies. For example, we asked for a copy of the complaints procedure and were given a copy of a procedure from 2009. When we read it, it had out of date information and contact details for the regulator (CQC). We brought this to the attention of staff and they searched their system until they found an updated version of the procedure. Front line staff were unaware that the practice had a complaints leaflet to give to patients. Not all staff had received up to date appraisals.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were not always implemented and were not available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff told us they go out for Christmas dinner and have a barbeque once a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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

# Are services well-led?

Requires improvement 

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

through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG requested the practice should open on a Saturday. As a result opening times were revised and the practice introduced a Saturday session once a month. The PPG also initiated having a blue line put on the floor by the reception area to maintain privacy of patients talking with reception staff. The line indicated to patients that they should stand behind it and wait until it was their turn to be seen; this helped to prevent patients over hearing conversations at reception.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. 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. The practice had a designated self-help area where patients could go for information and literature, take their blood pressure, BMI, and weigh themselves.
- The practice also employed a prescription clerk to process prescriptions, having a specific person to handle prescriptions helped the practice to work efficiently and responsively to patients' needs.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider failed to maintain systems or processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); The provider also failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity</p> <ul style="list-style-type: none"><li>• Not following procedures regarding infection control, including sharps bins and schedule for curtain cleaning and replacement.</li><li>• Not updating policies appropriately, for example chaperone policy, not specifying chaperone should stand on inside of the curtain.</li><li>• Not having a safeguarding or significant event policy</li><li>• Failing to monitor and adhere to the policy on staff appraisals.</li></ul>