Leander Family Practice

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?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 9.00am on 3 May. Overall the practice is rated as requires improvement.

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 generally well managed but the practice did not have an effective system in place to review patient correspondence.
- 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.
- Results from the GP national survey showed that the practice had low scores for questions relating to access, however they had identified and acted on this data.
- 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.
- Three members of staff had not received an appraisal within the last 12 months.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Ensure a robust business continuity plan is in place.
- Review the systems for ensuring all vaccines are in date.

Summary of findings

- Review how they identify carers so they are able to offer appropriate support.
- Ensure all staff receive annual appraisals in line with practice policy.
- Implement a formal induction and information pack for GP locums at the practice.
- Continue to monitor and take action to improve patient satisfaction with making appointments.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place 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 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.
- Overall, risks to patients were assessed and well managed; however, the process for ensuring that out of date medicines were disposed of needed to be reviewed.
- The practice did not have a robust business continuity plan in place.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average, with the exception of diabetes data which was lower than the national average. The practice had recognised this and taken action to address it through group patient consultations and participation in the NHS Diabetes Prevention Programme.
- 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; however, there was no formal induction process for GP locums at the practice.
- There was evidence of appraisals and personal development plans for all staff; however, three members of staff had not received an appraisal within the last 12 months
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others 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 and information confidentiality.

Are services responsive to people's needs?

Requires improvement 

The practice is rated as requires improvement for providing responsive services as there are areas where improvements should be made.

- Survey results showed that patients previously found it difficult to make an appointment. The practice installed a new phone system, changed the appointment system to make more appointments available the same day and appointed a reception manager. Patients told us that it was easier now to make an appointment, but it was too early to see if these changes had improved access for all patients.
- Doctors at the practice were able to alert reception staff of vulnerable patients who were to be contacted by phone prior to their appointment as a reminder to attend.
- Reception staff used instant messaging and a daily handover meeting to alert colleagues of any vulnerable patients who were due to attend that afternoon.
- Staff received training from the Home Office on immigration status to help them to provide an appropriate service to patients who were migrants.
- The practice had worked to identify patients at risk of unplanned hospital admission. These patients were invited to come to the practice and care plans had been put in place.
- Urgent appointments were usually available the same day; however, feedback from patients reported that access to a preferred GP was not always available quickly.
- Patient satisfaction with the practice's opening hours and telephone access was below average. The practice was aware of the issues and was in the process of implementing an ongoing quality improvement programme.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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 a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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.

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

Good

The provider is rated as good for the care of older people.

- 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 had introduced regular multidisciplinary team meetings to review care plans for patients who required home visits and patients with a diagnosis of dementia.
- The practice carried out weekly visits to a local care home.

People with long term conditions

Good

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

- 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 were lower than the national average. The practice had taken steps to improve performance in this area which included providing an information session for patients from the diabetes specialist nurse and a dietician
- 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. These care plans were also monitored quarterly by the deputy practice manager.

Families, children and young people

Good

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

- 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 A&E attendances.

Summary of findings

- Immunisation rates were in line with or above national averages 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 77% which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had recently introduced a mother and baby clinic.

Working age people (including those recently retired and students)

Good

The provider 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 reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The provider 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.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- Performance for mental health related performance indicators was similarto the CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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 dementia.

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 below local and national averages. Four hundred and five survey forms were distributed and 105 were returned. This represented a 26% response rate.

- 39% of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 73%.
- 45% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 74% and the national average of 76%.
- 76% of patients described the overall experience of this GP practice as good, compared to the CCG average of 82% and the national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to CCG average of 75% and the 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 23 comment cards which were all positive about the standard of care received from all members of the staff team. Four patients commented that they had difficulty getting appointments.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The results of the practice's friends and family test showed 89% of patients would recommend the practice. Patients were able to submit their views for the friends and family test on paper in the practice or on the practice website.

Leander Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector**,** a GP specialist adviser, a second CQC inspector and an Expert by Experience.

Background to Leander Family Practice

Leander Family Practice is a medium sized practice based in Croydon. The practice list size is 7236. The practice population is very diverse. The practice is in an area in London of medium deprivation. There is a higher than average percentage of younger patients (aged between 5-24) and also a higher than average number of single parents. The practice had a Primary Medical Services (PMS) contract.

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

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

The practice is open between 8.00am and 6.30pm Monday to Friday for appointments and offers extended opening on Monday from 7.00am to 8.00am. When the practice is closed patients are directed (through a recorded message on the practice answer phone) to call NHS Direct on 111, or go to the nearby Croydon walk-in centre which is open seven days a week from 8.00am to 8.00pm. This information is also available on their website.

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

Why we carried out this inspection

We 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 03 May 2016. During our visit we:

- Spoke with a range of administrative and clinical staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

Detailed findings

- 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.

Good

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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had identified 17 significant events in the last year. We saw evidence that lessons were shared and action was taken to improve safety in the practice, one significant event was discussed at a London-wide meeting of the Royal College of General Practitioners. In another example a patient copy of a form requesting a chest x-ray dated two months previously was found among the forms requesting a blood test. A review of this incident led to clearer separation of clinical forms and the introduction of a weekly check by reception staff to identify out of date or misfiled clinical forms. Three of the significant event forms were very brief and had not identified any required actions or learning. The practice did not monitor actions or keep a central log of significant events.

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. These arrangements reflected relevant legislation and local requirements. 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 GP for safeguarding, a deputy GP and a designated officer. 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 and nurses to level 2. The practice kept a log of safeguarding information requests from the local authority.
- An example was given of a safeguarding alert being raised about a patient who attended the practice but was not a registered patient of the practice. Reception staff identified the practice at which the patient was registered and arranged an appointment for them r. They also alerted the practice safeguarding lead who ensured an appropriate referral was made, and followed up to check that the appointment was kept.
- A notice in the waiting room advised patients that chaperones were available if required and badges were worn by staff when chaperoning. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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. The practice had experienced problems with their contracted cleaning company, who did not always ensure daily cleaning checklists were completed, or provide assurance about the immunization status of the cleaning staff. Evidence was seen that the practice were pursuing these concerns with the cleaning company.
- 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). One

box of vaccines in the practice was found to have an expiry date of August 2015, and three expired in the week prior to the inspection, these were reported to the practice nurse to ensure they were not used.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are NHS documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.
- We reviewed five 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 and the appropriate checks through the Disclosure and Barring Service. Paper records of recruitment checks were not held in a single place (for example the personnel file) for each staff member, and electronic records of these checks were also not all stored in a central, organized way.

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. An example was given of a parent who ran into the practice with their young baby who appeared not to be breathing, reception staff immediately alerted the GP who gave immediate medical assistance.
- 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 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 emergency medicines we checked were in date and stored securely.

The practice had a business continuity plan in place. However the plan referred only to planning in the event of a flu pandemic, and contained no information about other major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff. Following the inspection the practice updated their business continuity plan to address these points.

Good

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 were 92% of the total number of points available, with 7% 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's achievement was lower than national averages for QOF performance in diabetes indicators, and in line with national averages in all other areas. Data from QOF in 2014/15 showed:

- Performance for diabetes related indicators were lower than the national average. The practice had scored 77% overall compared to the CCG average of 86% and the national average of 89%. For example, 69% of patients had well-controlled blood glucose levels indicated by specific blood test results, compared to the CCG average of 72% and the national average of 78%.

The practice had recognised a high prevalence of diabetes among its registered patients which was 9% compared to 6% nationally, and were aware of their low QOF performance for diabetes indicators. The practice told us they tried to engage with patients on this subject and had begun a programme of group consultations with diabetic patients. The practice had been selected to participate in the NHS Diabetes Prevention Programme. Participating patients were to be offered exercise sessions of one to two hours over a period of nine months. The practice had advertised information about Diabetes Week from 14 – 20 June 2015 on their website. The practice patient participation group (PPG) had arranged a diabetic presentation by a diabetic specialist nurse and a dietician in July 2015, which was attended by 23 patients.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average with a total QOF achievement of 87% compared to the CCG average of 82% and the national average of 83%.
- Performance for mental health related indicators was similarto the CCG and national average with a total QOF achievement of 90%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who hada comprehensive, agreed care plan documented in the record in the preceding 12 months was 91%, compared to the CCG average of 86% and the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 78% compared to the CCG average of 85% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in national benchmarking, accreditation, peer review and research. This included participation in a clinical trial which aimed to reduce the risk of chronic heart disease in patients, and participation in the NHS Diabetes Prevention Programme.
- Findings were used by the practice to improve services. For example, recent action taken following an audit of emergency hospital admissions for patients with chronic heart disease included the adoption of care plans and multidisciplinary team reviews for all patients

Good

Are services effective?

(for example, treatment is effective)

who required home visits and patients with dementia. This was a three year audit cycle and the second and third years saw reductions in unplanned admissions. The practice also implemented National Institute of Clinical Excellence (NICE) guidance on chronic heart disease prevention.

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. Staff members told us that they had received a full induction when they joined the practice. The practice did not keep a centralised record of induction training, induction checklists were held by individual staff members.
- There was no formal induction process or introductory pack for GP locums at the practice and we were told these were being developed. The GP locum at the practice told us she had the information she needed to do her job.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, at the time of the inspection two nursing staff were completing a spirometry training course in anticipation of introducing a monthly spirometry clinic.
- Recent nurse training updates included wound care for leg ulcer management, diabetes education and a travel health study day. Paid study leave was available for staff.
- One of the healthcare assistants at the practice had been supported to complete a foundation level degree to become an associate practitioner.
- 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 and meetings. 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. One of the partners at the practice had recently completed a five month course in mentorship.
- Three members of staff had not received an appraisal within the last 12 months, and had completed a self assessment in anticipation of this. No date had been set for these appraisals. Following the inspection the practice submitted evidence to demonstrate that these appraisals had been carried out.
- 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.
- One patient attended the practice for regular dressing changes and was supported by the clinical team to attend hospital when delays to secondary care were causing them problems. This included emotional and physical support and regular contact with the hospital.

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.

Good

Are services effective?

(for example, treatment is effective)

- 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.

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. Patients were signposted to relevant services.
- The practice was participating in a clinical trial funded by the National Institute for Health Research, in which patients on the practice register attend a series of group motivational interviews delivered by health trainers over a period of up to two years. The aim of the trail is to reduce cardiovascular risk in participating patients.
- The practice had used a clinical audit tool to identify patients at risk of chronic obstructive pulmonary disease. Seventy-six patients were identified and a chronic disease clinic had been set up for these patients.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme using reminder letters and leaflet distribution, and they ensured a female sample taker was available. The practice also promoted the Cervical Cancer Screening Awareness Week from 24 – 30 January 2016 by installing a promotional table at the practice with leaflets and information for patients. 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 95% (CCG average 85% to 93%) and five year olds from 73% to 93% (CCG average 65% to 92%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients. NHS health checks for patients aged 40–74 were not provided by the practice, there was a system in place for the adjacent pharmacy to carry these out and patient data was collected and monitored by the practice. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.

All 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.

We spoke with one member of the patient participation group (PPG) who was also the chair of the group. They 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 responded compassionately when they needed help and provided support when required.

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

- 84% 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%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89%, and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%. The practice had recruited a reception manager in response to the GP survey data.

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:

- 85% 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%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and 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.

Good

Are services caring?

We saw notices in the reception areas informing patients this service was available. Additional languages spoken by staffincluded Turkish, Polish and a number of Asian languages.

- A hearing loop was available in reception.
- Information leaflets were available in easy read format.
- An information pack was available for new mothers which contained information about local family information services, parent and baby groups, health visitng, clinics and an appointment planner. This had been introduced further to a suggestion by a receptionist.
- A welfare benefit adviser was available at the practice.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area 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 gave an example of a teenage patient whose parent had been diagnosed with a mental health condition.Through home visits and liaison with the school and local charities, the GP was able to support the parent with their condition and help the patient to secure a grant to study away from home.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 40 patients as carers (less than 1% of the practice list). Carers were supported to apply for the carers allowance through a welfare benefit adviser and offered an annual flu jab. GPs used a strain index assessment to assess the physiological impact of the carers role. Written information was also 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 would give them a personal mobile phone number to contact them. The GPs would attend patients where possible to certify death, including out of hours. The practice also sent a sympathy card to bereaved families. Patient consultations were made available at a flexible time and location to meet the family's needs, and support services were also offered including Cruse, a bereavement charity.

Requires improvement

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' on a Monday morning from 7.00am to 8.00am 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 clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- 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.
- Doctors at the practice were able to alert reception staff using the clinical computer system of vulnerable patients who were to be contacted by phone prior to their appointment as a reminder to attend. Alerts were also generated for patients who have previously presented with challenging behaviour.
- Reception staff used instant messaging and a daily handover meeting to alert colleagues of any vulnerable patients who were due to attend that afternoon.
- The practice was located in an area with a high migrant and transient population. Staff received training from the Home Office on immigration status to help them to provide an appropriate service to patients who were migrants.
- The practice had worked to identify patients at risk of unplanned hospital admission. Searches were done using health analytics software which had identified 177 patients at risk. These patients were invited to come to the practice and the GP prepared a care plan with the patient which was updated annually.The practice worked with the district nurses, a health visitor for the elderly and community matron to avoid unplanned admissions.
- The practice was also able to refer patients to the the respiratory team at Croydon Univesity Hospital, who ran a rapid access clinic to help people with COPD (chronic obstructive pulmonary disorder) to avoid hospital admission.
- There was one care home in the practice locality and one of the practice GPs attended the home on a weekly basis.

Access to the service

The practice is open between 8.00am and 6.30pm Monday to Friday for appointments and offered extended opening on Monday from 7.00am to 8.00am. When the practice was closed patients were directed (through a recorded message on the practice answer phone) to call NHS Direct on 111, or go to the nearby Croydon walk-in centre which was open 7 days a week from 8.00am to 8.00pm. This information was also available on the practice website.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.

- 39 % of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 73%.
- 45% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 74% and the national average of 76%.
- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Of the 23 patient Care Quality Commission comment cards we received, four highlighted difficulties with getting an appointment and one stated that the appointment system had improved recently.

The practice had identified low patient satisfaction with booking appointments as a priorty and developed an action plan based on the 2014/2015 GP survey data. This included the installation of a new telephone system in November 2015 and a new appointment system whereby patients could book in advance or on the day either by

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

telephone or in person. Daily appointments were released at 8.00am and 12.00pm as well as additional emergency and telephone appointments. They practice had appointed a reception manager to support reception staff and oversee improvements. Further changes to the appointment system had been made for travel vaccinations, by implementing a weekly travel vaccination clinic.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- We saw that information was available to help patients understand the complaints system.

We looked at four complaints received in the previous 12 months and found these were satisfactorily handled and dealt with in a timely way, demonstrating openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint the practice had made improvements to the practice website to promote online access to medication summaries and information about immunisations and allergies.

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.

- Staff knew and understood the values of the practice and described the practice as having a strong ethos of mutual support. Staff told us that these values were made clear to them in their induction.
- 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 a 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 told us they prioritised safe, high quality and compassionate care. 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.

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 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. For example, following staff discussion, prescription management was changed so that where a patient had been prescribed more than one medicine, each medicine was added to a single repeat prescription.

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. The PPG met regularly with 10 to 12 people usually attending, had carried out patient surveys and submitted proposals for improvements to the practice management team. In July 2015 the PPG had arranged a diabetic presentation by a diabetic specialist nurse and a dietician, which was attended by 23 patients.
- The practice had gathered feedback from staff through staff away days and 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 managent and gave several

Are services well-led?

Good

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

examples of improvments made and concerns being raised and acted on by the practice. Staff told us they felt involved and engaged to improve how the practice was run. One example of this engagement was the development of an information pack for new mothers.

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. This included participation in a clinical trial which aimed to reduce the risk of chronic heart disease in patients, and participation in the NHS Diabetes Prevention Programme.