

# Dr A T Fernandes and Partners

## 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 at Dr AT Fernandes on 2 August 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and in most cases 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.
- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were comparable to the national average.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However we found learning from complaints had not been entrenched as issues were repeated.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a vision and a strategy and staff knew and understood the practice values.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

- The practice had a governance framework to support the delivery of the strategy and good quality care however we found some systemic weaknesses in governance systems which impacted on the services being provided.

The areas where the provider must make improvement are:

- Establish governance systems and processes to enable the practice to operate effectively, including addressing action plans; introducing systems to monitor compliance with NICE and other guidance; ensure risk assessments are up to date, and carry out regular fire drills.

The areas where the provider should make improvement are:

- Take appropriate steps to identify patients who are also carers to allow the practice to provide support and suitable signposting.
- Regularly review complaints received so as to establish if there are any trends developing and if so, take appropriate action.

- Complete audit cycles by re-auditing.
- Enable staff to undergo adult safeguarding training.
- Revise the infection control audit template so that it covers all areas of potential infection risk; and review the needlestick injury guidance so that the infection prevention control policy and guidance posters give the same advice.
- Carry out annual reviews on vulnerable patients, including those with a learning disability, dementia and mental illness.
- Keep records to indicate when clinical equipment is cleaned.
- Review the outcomes of the national patient survey and consider ways to improve patient experiences.
- Ensure all GPs have appropriate medical indemnity insurance in place.

**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.

- There was an effective system in place for reporting and recording significant events. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse. Although nine of the clinical staff had not undergone training in adult safeguarding.
- The practice maintained appropriate standards of cleanliness and hygiene.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.
- Risks to patients were assessed and in most cases well managed. The practice had adequate arrangements in place to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement however most audits had not been completed by re-auditing.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- A high percentage of identified smokers had been given advice and support to stop smoking.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was comparable to the CCG and England average.

## Are services caring?

The practice is rated as good for providing caring services.

- Feedback from patients we spoke with on the day, and through the CQC comment cards, was almost all positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information leaflets were available relating to, for example, diabetes, complaints, cervical screening, healthy eating and the patient participation group. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice slightly lower than others for several aspects of care.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had established links with Croydon voluntary action groups to work more closely together for the benefit of their patients.
- People told us on the day of the inspection that they were able to get appointments when they needed them. However results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed in comparison to local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, we found learning from complaints had not been entrenched as issues were repeated.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy and staff knew and understood the practice values.

Requires improvement



# Summary of findings

- The practice had a governance framework to support the delivery of the strategy and good quality care however we found some systemic weaknesses in governance systems which impacted on the services being provided. For example, there were arrangements for identifying, recording and managing risks and issues however we saw that in a number of instances action plans had been put into place to address issues but they had not been followed, whilst some risk assessments were overdue for review.
- Regular practice meetings were held.
- The practice had an active patient participation group.

# 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.

- 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.
- All patients over 75 had a named GP.
- Annual flu vaccinations were offered to this group, and carried out at home for the housebound patients.

Good



### People with long term conditions

The practice 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.
- 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. The general manager maintained a list of house bound patients and regularly sent a copy to the GPs to act as a reminder to review these patients' care plans.
- Data showed outcomes for patients with diabetes were comparable to CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 69% (CCG average 72% and national average 78%). The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 88% (CCG average 87% and national average 88%). The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 96% (CCG average 90% and national average 94%).

Good



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances. The practice had an alert system in place to identify children, and parents and siblings of children, who were on a child protection register. 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 comparable to the CCG and England average (80.7% compared to 81.9%). Cancer data showed the practice rate of screening females' ages 50-70 for breast cancer in the last 36 months was 58% compared to the CCG average of 60% (England average 72%); however those screened within 6 months of invitation was 33% compared to the CCG average of 68% and England average of 73%. The number of patients aged 60 – 69 screened for bowel cancer in the last 30 months was 42% compared to the CCG average of 51% and England average of 58%. Those screened within 6 months of invitation was 40% compared to the CCG average of 48% and England average of 55%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



## 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.
- Student's home from university for holidays could register on a temporary basis.
- 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





# Summary of findings

- The practice had reviewed its appointment system to provide more flexibility by increasing the number of pre-bookable appointments.

## 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 such as those with a learning disability. There were 76 patients on the learning disability register. Nineteen of these had had an annual review since the start of the year.
- 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. Monthly multi-disciplinary meetings were held with social services, the community matron and other representatives such as a mental health worker.
- 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



## People experiencing poor mental health (including people with dementia)

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

- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (01/04/2014 to 31/03/2015), which was 11% below the CCG average and 10% below the national average. The practice provided us with more recent statistics (01/04/2015 to 31/03/2016) which showed the percentage of reviews had slightly dropped to 73%. Following the factual accuracy process the provider sent us unverified 2015/16 data which showed the number of reviews had improved to 76%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 64% compared to the CCG average of 85% and England average of 88%. At the time of

Requires improvement



# Summary of findings

this inspection, the practice stated that 112 of 162 patients on the mental health register had had an annual review of their care plan, which equated to 69%. Following the factual accuracy process the provider sent us unverified 2015/16 data which showed the number of patients with an agreed care plan had risen to 95%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia, for example one of the reception staff had recently attended a dementia awareness course.

# 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 nineteen survey forms were distributed and 112 were returned. This represented 27% response rate compared to the England average of 38%.

- 55% of patients found it easy to get through to this practice by phone compared to the CCG and national average of 73%.
- 55% 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 78% and the national average of 76%.
- 78% 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%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% 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 24 comment cards, 19 of which were all positive about the standard of care received. Patients commented that staff were friendly, polite and always helpful. They also said staff were efficient, supportive caring and kind. Four patients commented negatively on the difficulty in getting appointments, particularly by telephone.

We spoke with six patients during the inspection, including three members of the patient participation group. All six patients said they were satisfied with the care they received and thought clinical staff were approachable, committed and caring. There were varying degrees of satisfaction with reception staff however patients felt that the practice was taking steps to address this.

The practice analysed friends and family test responses on a monthly basis. The analyses provided for the inspection indicated the majority of responses each month were positive.

## Areas for improvement

### Action the service **MUST** take to improve

- Establish governance systems and processes to enable the practice to operate effectively, including addressing action plans; introducing systems to monitor compliance with NICE and other guidance; ensure risk assessments are up to date, and carry out regular fire drills.

### Action the service **SHOULD** take to improve

- Take appropriate steps to identify patients who are also carers.
- Regularly review complaints received so as to establish if there are any trends developing and if so, take appropriate action.
- Complete audit cycles by re-auditing.
- Enable staff to undergo adult safeguarding training.

- Revise the infection control audit template so that it covers all areas of potential infection risk; and review the needlestick injury guidance so that the infection prevention control policy and guidance posters give the same advice.
- Carry out annual reviews on vulnerable patients, including those with a learning disability, dementia and mental illness.
- Keep records to indicate when clinical equipment is cleaned.
- Review the outcomes of the national patient survey and consider ways to improve patient experiences.
- Ensure all GPs have appropriate medical indemnity insurance in place.

# Dr A T Fernandes and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice nurse specialist adviser.

## Background to Dr A T Fernandes and Partners

Dr A T Fernandes and Partners provide services to approximately 14,400 patients in south west London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Croydon Clinical Commissioning Group (CCG) which has 61 member practices serving a registered patient population of approximately 389,000. In 2010 this was the first practice in Croydon to achieve the RCGP Quality Practice Award. Dr A T Fernandes and Partners provide a number of enhanced services including extended hours access; improving patient online access; influenza and pneumococcal immunisations; facilitating timely diagnosis and support for people with dementia; minor surgery and rotavirus & shingles immunisation. The practice provides between 56 and 69 GP sessions per week, depending on the number of locum GPs engaged.

The staff team at the practice consists of four male and eight female GPs, one nurse practitioner and five practice nurses, four health care assistants; a managing partner and a general manager, an assistant practice manager and 24

administrative staff. This is also a GP training practice. The service is provided from this location only although the partnership encompasses two other, separately registered locations. There is wheelchair access to the building; lift access to the first and second floors, an accessible toilet, a hearing loop and reserved parking for patients with disabilities.

The practice is open between 8am and 6.30pm each weekday. On Tuesdays the practice is open until 8pm, and on Saturdays it is open between 8.15am and 12.15pm. Appointments are available between 8.30am – 12pm and 2pm – 6.30pm each weekday except Tuesdays when appointments are available until 7.40pm; and Saturdays when pre-booked appointments are available between 8.30am and 11.45am. Patients who wish to see a GP outside of these times are referred to an out of hour's service. The practice provides an online appointment booking system and an electronic repeat prescription service.

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

The practice has a lower percentage than the national average of people with a long standing health conditions (42% compared to a national average of 54%). It has a higher percentage of unemployed people compared to the national average (8.2% compared to 5.4%). The practice sits in an area which rates within the fourth most deprived decile in the country, with a value of 29.3 compared to the

# Detailed findings

CCG average of 23.6 and England average of 21.8 (the lower the number the less deprived the area). Life expectancy in this area is the same as the England average for men (79 years) and women (83 years).

The practice is located in a diverse borough with around half of the population from black and ethnic minority groups and where more than 100 languages are spoken as a first language. For example a high percentage of patients speak Urdu, Gujarati, Polish, Punjabi, Hindi, Portuguese, Bengali and French. The patient population is comparative to, though slightly above, the England average for almost all age groups up to the age of 54. From 55 onwards the practice had a lower number of patients in each age bracket than the England average.

## 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. This practice has not been inspected before.

## 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 2 August 2016. During our visit we:

- Spoke with a range of staff (insert job roles of staff) and 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 a 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 however we could not always evidence the learning taken from them. A number of events had reoccurred indicating that the learning taken and the systems and processes put into place to prevent re-occurrence had not been embedded.

We reviewed safety records, incident reports and patient safety alerts. Alerts were distributed by the general manager and GPs were able to discuss alerts with us. For example, an alert from the Medicines and Healthcare products Regulatory Agency (MHRA) regarding high strength, fixed combination and biosimilar insulin products and minimising the risk of medication error.

### Overview of safety systems and processes

The practice had clearly defined 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 member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw the practice held case reflection meetings with the health visitor to discuss any patients of concern. Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. Most GPs were trained to child protection or child safeguarding level 3, and most nurses to level 2. However, from the information supplied by the practice we saw that two of the nurses and four of the GPs had not undergone child protection training to the appropriate level. Post the inspection we were sent further information which indicated all six of the aforementioned staff had undergone the relevant level child protection training, although for some this had taken place after the inspection. Nine of the clinical staff had not undergone adult protection training.

- Chaperones were available if required, but there was nothing in the waiting room to advise patients of this. Posters were, however, on display in the consulting rooms and it was mentioned in the practice leaflet. 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). These staff wore a badge to indicate they were chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead. There was an infection prevention and control policy in place. This include the action to take in the event of a needlestick injury, however the information in the policy did not match the guidance on display and the action to take was ambiguous. Staff were provided with in-house training. Infection prevention and control audits had taken place however the audit did not include monitoring of all areas of the building which meant that some issues, such as damaged walls, were overlooked. We also saw that some issues re-appeared from audit to audit, indicating that action had not been taken. Clinical equipment was cleaned regularly however this was not recorded, even though there were templates for staff to do so.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had recently employed a pharmacist whose role would include oversight of the high number of repeat prescriptions. We were told that if repeat prescriptions were not collected after three months then they would be destroyed and a note made on the patient's record.
- 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), which nurses use to administer medicines in line with legislation, were in place but we found they had not been correctly completed (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). This was rectified by the end of the inspection. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber (a PSD is a written instruction, from an independent prescriber, for medicines to be supplied or administered to a named patient. All allied health professionals (AHPs) can supply or administer a medicine under a patient specific direction).
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- 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. We found three of the five files did not contain a signed contract of employment, whilst one GP file did not contain evidence they had medical indemnity insurance in place.

### Monitoring risks to patients

Risks to patients were assessed and in most cases well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety.
- The practice had up to date fire risk assessments but did not carry out regular fire drills. One had, however, been held the week preceding this inspection. Weekly tests were carried out of the fire alarm system.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Testing had last taken place in July 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as health and safety, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) although the legionella risk assessment had been carried out in 2013, and the prescribed reassessment due in February 2015 had not taken place.
- 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. The rota was drawn up two weeks in advance so that senior staff could identify if there was likely to be a shortage. The practice was in the process of recruiting additional reception staff so that they had a slight surplus to enable them to cover unexpected shortages.

### 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.
- Most staff had received annual basic life support training and there were emergency medicines available in the treatment room. Records provided showed five clinical staff had not undergone training.
- 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.

## Are services safe?

- 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 business continuity plan in place for major incidents such as power failure or building damage.



# 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. One GP led on best practice and ensured staff had access to guidelines from NICE, and used this information to deliver care and treatment that met patients' needs. For example, one of the GPs discussed with us recent guidelines for managing patients with raised blood pressure.
- Whilst the practice ensured that staff had access to the guidelines, there were no systems in place to monitor that they were followed, for example through risk assessments, audits or 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 94.5% of the total number of points available, the same as the CCG and England average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The practice had 162 patients on its mental health register. Performance for mental health related indicators was worse than the national average. For example, there was a large variation for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015), 64% compared to the CCG average of 85% and England average of 88%. Following the factual accuracy process the provider sent us unverified 2015/16 data which showed the number of patients with an agreed care plan had risen to 95%.

- There was a large variation for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015), 70% compared to the CCG average of 87% and the England average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was lower than the CCG and England average – 74% compared to 85% and 84% respectively. Following the factual accuracy process the provider sent us unverified 2015/16 data which showed the number of reviews had improved to 76%.
- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 69% compared to the CCG average of 72% and England average of 78%.
- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 96% compared to the CCG average of 90% and England average of 94%.
- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who were treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/2014 to 31/03/2015) was 89% compared to the CCG and England average of 98%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 95%, better than the CCG average of 92% and the England average of 90%.
- The practice had a number of outcomes where exception reporting was higher than the CCG and England average (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) including: cancer (19%; CCG average 13% and England average 15%); rheumatoid arthritis (13%; CCG

# Are services effective?

## (for example, treatment is effective)

average 4% and England average 7%); depression (29%; CCG average 20% and England average 24.5%) and cardiovascular disease – primary prevention (50%; CCG average of 39% and England average of 30%).

- There was a large variation in the ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD); and the ratio of reported versus expected prevalence for Coronary Heart Disease (CHD). The practice commented that there had been mis-coding re coronary heart disease and they planned to audit and review this. In order to address the COPD reporting the practice had local respiratory team and purchased equipment for each consultation room to allow opportunistic screening to take place.

There was some evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last two years two of these were completed audits where the improvements made were implemented and monitored. For example, a re-audit of hypertensive patients had shown that interventions recommended after the first cycle had led to an improvement in the investigation of newly diagnosed patients. There had been a 49% improvement in the number of these patients who had had a 12 lead ECG; a 9% improvement in the number of patients who had undergone the recommended blood tests following diagnosis; a 32% improvement in the number of patients who had had a urine test and a 12% improvement in the number of these patients who had had a fundoscopy (a test that allows a health professional to see inside the fundus of the eye and other structures and can assist in determining a patient's vasculature).

### 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. There was a comprehensive induction pack for new employees which included key policies and procedures, such as confidentiality, fire safety and complaints; an employment handbook and a copy of the practice's code of conduct.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nurse prescribers attended prescribing updates and clinical commissioning group prescribing forums.
- Staff told us they were given protected time for training and development every three months. The practice is a training practice. The GPs who were trainers were given protected time for training and supporting foundation and speciality training doctors.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff told us they received annual appraisals, although sometimes they were overdue, We saw evidence of appraisals in the staff files we reviewed.
- Staff received training that included: safeguarding, fire safety awareness and information governance. Staff had access to and made use of e-learning training modules and in-house training. We noted that five clinical staff had not undergone basic life support training; and nine clinical staff had not undergone adult safeguarding 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. We reviewed two patient care plans and found them to be well completed.

# Are services effective?

## (for example, treatment is effective)

- We saw the practice regularly reviewed unplanned admissions, and one of the GPs led in this area. We reviewed the medical records of one such patient and found good documentation of the post discharge consultation including identification of carer needs.
- Staff reviewed out of hours consultations, and followed them up where necessary. For example we saw a GP had asked an administrator to book a follow up appointment for a child who had been taken to hospital by ambulance following an out of hours consultation and at the same time enquire about the child's well-being.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw that patients referred under the two week wait system were sent information leaflets and advised to contact the practice if they had not been given an appointment within two weeks. Administrative staff kept a log of these patients so that they could chase up appointments and outcomes.
- We saw pathology results were handled promptly. We reviewed one GP's in box and saw that there were 20 results waiting for action that had come in that day, but none were outstanding from previous days.

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. We saw minutes of multi-disciplinary meetings where the needs of specific patients were discussed. We also saw minutes of meetings with health visitors.

### Consent to care and treatment

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

- The GPs we talked to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Other clinicians were less aware of the legislation, and none had had specific training in 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.
- We saw evidence of the consent forms used for the minor surgery carried out by the practice.

### 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, for example, smoking. Of 2700 patients with a chronic disease who were also smokers, 90% had been given smoking cessation advice and support. Of 2103 patients (without a chronic illness) over the age of 15 identified as smokers, 90% had been given support to stop.

The practice's uptake for the cervical screening programme was comparable to the CCG and England average (80.7% compared to 81.9%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Cancer data showed the practice rate of screening females' ages 50-70 for breast cancer in the last 36 months was 58% compared to the CCG average of 60% (England average 72%); however those screened within 6 months of invitation was 33% compared to the CCG average of 68% and England average of 73%. The number of patients aged 60 – 69 screened for bowel cancer in the last 30 months was 42% compared to the CCG average of 51% and England average of 58%. Those screened within 6 months of invitation was 40% compared to the CCG average of 48% and England average of 55%.

## Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 82% to 94% and five year olds from 68% to 92%.

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. Of over 5300

eligible patients, 513 had undergone a check in the past five years, out of 546 invited. The practice acknowledged that while the response rate was high, the actual number of patients invited to attend for a check was low. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Nineteen of the 24 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 responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed almost all results were comparable to the CCG and England averages. For example:

- 82% 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 83% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93.5% and the national average of 95%.
- 79% 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 national average of 85%.

- 87% of patients 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%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG and 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:

- 82% 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%.
- 75% 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%.
- 81% 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 some 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. There were no notices in the reception areas informing patients this service was available but there was information in the practice leaflet, albeit this was in English.
- Information leaflets were available relating to, for example, diabetes, complaints, cervical screening,

## Are services caring?

healthy eating and the patient participation group. There was information on display encouraging patients to give feedback and also information on the action taken following patient feedback.

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (less than 1% of the practice list). We were told carers were supported by, for example, being offered annual flu vaccinations and health checks, and directed to support groups. The practice website provided links to information relevant to carers but there was no written information for carers in the waiting room.

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. We were told that in the last year, all but two of the 13 patients on the gold standard framework (GSF) register (GSF is an evidence based approach to optimising care for all patients approaching the end of life) had passed away in their preferred place of death.

# 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, the Clinical Commissioning Group (CCG) and community based groups to secure improvements to services where these were identified. For example, the practice had established links with Croydon voluntary action groups to work more closely together for the benefit of their patients.

- The practice offered extended hours on Tuesday evenings and Saturday mornings 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.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am – 12pm and 2pm – 6.30pm daily. Extended hours appointments were offered on Tuesdays until 7.40pm and every Saturday between 8.30am and 11.45am. 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 mixed in comparison to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 55% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%. The practice told us they had addressed this by employing more reception staff.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 a 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. There were posters in the waiting area and details of the complaint process were in the practice leaflet.

We looked at 34 complaints received between 8 May 2015 and 15 July 2016 and found all but two had been responded to promptly. Whilst the practice took action to address these by, for example providing customer care training, we found learning from complaints had not been entrenched as issues were repeated. For example there had been 12 complaints regarding prescriptions and ten relating to staff attitude.

# 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 vision to deliver high quality care and promote good outcomes for patients. It had clear objectives for the forthcoming 12 months, including a drive to recruit more GPs. One objective had recently been achieved with the appointment of a pharmacist.

- The practice had a mission statement and staff knew and understood the values. The statement had been selected from a number of suggestions put forward by staff.
- The practice had supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a governance framework to support the delivery of the strategy and good quality care however we found some systemic weaknesses in governance systems which impacted on the services being provided. We found there was a disconnect between identifying issues and dealing with them or taking effective, practice-wide learning from them. For example,

- Patients repeatedly complained about the same issues indicating that the measures put into place to rectify the problems were ineffective.
- There were no systems in place to monitor compliance with NICE and other guidance.
- Action plans had not been addressed.
- Most of the audits had not been completed with a re-audit.
- Regular fire drills were not carried out.
- The staff files we reviewed did not contain signed contracts.
- The patient group directions had not been fully completed.
- The number of patients who accepted invitations to attend for a health check was high, but the actual number of invitations sent out was very low.
- Nine of the clinical staff team had not undergone adult safeguarding training.
- Five of the clinical staff had not undergone basic life support training.

- The infection control audit did not cover all areas, so, for example, infection risks posed by holes in some of the walls had not been considered.
- Clinical equipment was cleaned but records were not kept of this.
- The needlestick injury guidance in the infection prevention control policy was ambiguous and gave different advice to the poster on display.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, we were informed that the practice was in the process of introducing a new system where health care assistants (HCAs) would record patients' histories and medical concerns. This appeared to be outside the remit of a HCA's role. After we had raised concerns the practice clarified that all patients would see a GP who would take a patient history, create the record and decide on management and treatment.

Non-clinical staff had lead roles in various areas. For example, the administration of the Looked After Children register; summarising and processing test results.

Practice policies were implemented and were available to all staff. They were practice specific and regularly reviewed.

The GP partners oversaw the practice's clinical performance whilst a non-clinical partner oversaw the business operation.

A programme of clinical and internal audit was used to monitor quality and to make improvements, however in most cases the audit cycle had not been completed with a re-audit.

There were arrangements for identifying, recording and managing risks and issues. However we saw that in a number of instances action plans had been put into place to address issues but they had not been followed through, whilst some risk assessments were overdue for review.

### Leadership and culture

The partners 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



# Are services well-led?

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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. We saw minutes of regular clinical meetings, senior leadership meetings and business meetings. We also saw regular meetings were held for different staff groups such as the nurses and receptionists.
- 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.

## 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), the Friends and Family Test, its own feedback forms and through complaints received. The PPG met ten times annually, with the practice partners attending meetings on a quarterly basis. It consisted of 20 members, as well as a virtual group of over 100 patients. They carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had discussed with the practice problems patients had expressed with the appointment system. As a result the practice had recently changed a number of on the day appointments to pre-bookable ones. In response to concerns regarding the difficulty some patients had in getting through on the phone, the practice had increased the number of receptionists on duty at peak times. The PPG produced regular newsletters and held PPG awareness weeks.
- The practice had gathered feedback from staff through 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 introduced schemes to improve outcomes for patients in the area. For example, it had recently commenced group consultations, facilitated by one of the health care assistants. The first had involved 12 patients with diabetes who had agreed to meet together to discuss, with a GP, care, treatment and management of their condition. Feedback from the patients had been very positive.

This section is primarily information for the provider

## 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 registered person did not do all that was reasonably practicable to establish governance systems and processes to enable the practice to operate effectively, including sharing learning from complaints and significant incidents, addressing action plans; introducing systems to monitor compliance with NICE and other guidance; ensuring risk assessments were up to date, ensure staff were appropriately trained or carry out regular fire drills.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>