

# The Whitehorse Practice

## Quality Report

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Date of inspection visit: 13 February 2017  
Date of publication: 20/04/2017

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



# 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 The Whitehorse Practice on 31 March 2016. The overall rating for the practice was good, however the practice was rated as requires improvement for providing safe services. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for The Whitehorse Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 13 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 31 March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice maintains its rating of good, with the practice now rated as good for providing safe services.

Our key findings were as follows:

- The practice had carried out a full risk assessment against the chaperoning service and now only provided the service using clinical staff who were trained for the role and had checks carried out through the disclosure and barring service (DBS).
- The practice had carried out portable appliance testing, ensuring all electrical appliances were safe to use.
- The practice had reviewed and updated their recruitment policy to include a comprehensive recruitment and induction checklist, covering areas such as proof of identity and references from previous employers.
- The practice carried out monthly fire alarm checks and fire evacuation drills.
- Practice policies and plans had been reviewed and updated since our last inspection.
- The practice had developed a business plan and strategy for the practice, using templates from the local clinical commissioning group (CCG) Practice Development and Delivery Scheme and had submitted assurances against the template to the CCG.

# Summary of findings

- The arrangements for recording and disseminating actions and outcomes from clinical meetings, including clinical standards and best practice guidelines had improved and we saw evidence of clinical meeting minutes and an alerts log used by the practice.
- The practice quality improvement programme had been reviewed and updated and we saw evidence of regular clinical audits undertaken and planned for the future.
- Health care assistants had been reminded of processes and procedures for escalating concerns and we saw evidence in clinical meetings that patients with abnormal blood pressures had been escalated to GPs for review.
- The practice had reviewed how patients were informed of the availability of a room for private conversations if required and had produced a poster for the reception area.

**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?**

At our previous inspection on 31 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements for ensuring electrical equipment was safe to use, for carrying out checks through the disclosure and barring service (DBS), and for carrying out appropriate pre-employment checks, were not adequate. We also identified areas where the practice should make improvement, including assessing the need for and considering carrying out regular fire evacuation drills.

These arrangements had significantly improved when we undertook a follow up inspection on 13 February 2017, including only using trained and DBS checked clinical staff as chaperones, carrying out portable appliance testing, reviewing and improving recruitment procedures and carrying out monthly fire evacuation drills.

The practice is now rated as good for providing safe services.

**Good**



# 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 provider had resolved the concerns for safety identified at our inspection on 31 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 31 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 31 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 31 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 31 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety identified at our inspection on 31 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# The Whitehorse Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection was carried out by a CQC lead inspector.

## Background to The Whitehorse Practice

The Whitehorse Practice provides primary medical services in Croydon to approximately 7,800 patients and is one of 58 member practices in the NHS Croydon Clinical Commissioning Group (CCG).

The practice population is in the second more deprived decile in England with higher than CCG and national average representation of income deprived children and older people. The practice population has lower than local and national average life expectancy. There are more children under 18 years of age than the CCG and national average and a lower percentage of patients over 65 years of age.

The practice had surveyed the ethnicity of the practice population and main languages patients spoke, 37% of patients identified as Black, 28% White, 26% Asian and 9% as having mixed or other ethnicity. There are 83 languages spoken at the practice with English, Tamil, Urdu, Polish French and Twi being the most commonly spoken first languages.

The Whitehorse Practice is a two storey modern building comprising of seven consultation rooms, four on the ground floor and three on the first floor. The practice has two separate patient waiting areas located on each floor with Reception on the ground floor. Also on the first floor

are two administration offices, a staffroom, a meeting room, a staff toilet, a patient toilet and a staff kitchen. Disabled access is available to the ground floor only via the side entrance.

The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice operates as a partnership with three full time female GP partners. There is one part time male salaried GP and one part time female salaried GP. The doctors provide 32 clinical sessions per week. The nursing team consists of one part time female nurse practitioner and three part time female practice nurses. The practice also employs one part time female health care assistant. There are 11 administrative and clerical staff including one full time practice manager, one part time senior receptionist and six part time receptionists, one part time senior medical secretary and two part time administrators.

The practice is open between 8.00am and 6.30pm Monday to Friday. Telephone lines are operational and appointments are available between 8.00am and 6.30pm. The practice does not open at weekends. The practice has opted out of providing out of hours (OOH) services to their own patients between 6.30pm and 8.00am and directs patients to the locally agreed OOH provider.

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

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of The Whitehorse Practice on 31 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services. The full comprehensive report following the inspection on 31 March 2016 can be found by selecting the 'all reports' link for The Whitehorse Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based focused inspection of The Whitehorse Practice on 13 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a desk-based focused inspection of The Whitehorse Practice on 13 February 2017. This involved reviewing evidence that:

- Checks through the disclosure and barring service (DBS) had been completed or risk assessment carried out to determine if these checks were required for staff trained to carry out chaperone duties.
- All electrical equipment in the practice was safe to use.
- Appropriate recruitment checks were undertaken prior to employment for all staff.

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

**At our previous inspection on 31 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements for ensuring electrical equipment was safe to use, for carrying out checks through the disclosure and barring service (DBS), and for carrying out appropriate pre-employment checks, were not adequate. We also identified areas where the practice should make improvement, including assessing the need for and considering carrying out regular fire evacuation drills.**

**These arrangements had significantly improved when we undertook a follow up inspection on 13 February 2017. The practice is now rated as good for providing safe services.**

### Overview of safety systems and process

The practice provided evidence that they had reviewed and updated their chaperone policy to include DBS checks and formal chaperone training for any one carrying out chaperone duties. We saw evidence that the practice had carried out a full risk assessment of the chaperone service and had decided that clinical staff should be the only staff group carrying out chaperone duties. We saw evidence that practice nurse had taken part in formal chaperone training

at that they had checks carried out through the disclosure and barring service (DBS), used to 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 had reviewed and updated their recruitment policy to include a comprehensive recruitment checklist and a comprehensive induction checklist. The practice demonstrated that their recruitment processes had improved through evidence of recruitment checks carried out for two new members of staff recruited after our March 2016 inspection. These checks included proof of identity and references from previous employers. The revised policy also ensured that appropriate records of recruitment checks were stored securely in the member of staff's personnel folder.

### Monitoring risks to patients

The practice provided evidence of portable appliance testing (PAT) carried out in August 2016. This testing is carried out to ensure electrical equipment is safe to use and we noted that 211 appliances were tested and that all appliances were safe to use.

The practice also provided records to show they had conducted monthly fire alarm checks and evacuation drills since our March 2016 inspection.