Dr Javier Oscar Salerno

Quality Report

Parkway Health Centre
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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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Dr Javier Oscar Salerno is a small GP practice based in Croydon. The practice provides primary care services to 3,300 patients. We carried out an announced comprehensive inspection on 06 October 2014.

During this inspection we inspected the Parkway Health Centre, which is a satellite location. The practice has a branch surgery; Gravel Hill Surgery which was not inspected.

Key Findings;

Overall the practice is rated as good. However improvements are required for safe because reception staff acting as chaperones did not have Disclosure and Barring Service (DBS) checks. However risks to patients were assessed and well managed and there were enough staff to keep people safe.

The practice used evidence based care with reference to guidance from organisations such as National Institute for Health and Care Excellence (NICE). Patients' needs were assessed and care was planned and delivered in line with current legislation.

The practice provided support to its patients during periods of bereavement. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. The practice had a Patient Participation Group (PPG).The PPG members told us that the practice worked closely with them and their views were taken on board.

The practice reviewed the needs of their local population and engaged with the local Clinical Commissioning Group (CCG) to secure service improvements where these were identified.

We found that the practice had a clear vision and strategy to deliver care. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

Summary of findings

Importantly, the provider must:

Ensure that reception staff acting as chaperones have current Disclosure and Barring Checks (DBS) Reg 21.

Action the provider should take to improve:

Introduce online appointments booking system to enable patients to request appointments flexibly.

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?

Requires improvement

The practice is rated as requires improvement for safe because reception staff acting as chaperones did not have Disclosure and Barring Service (DBS) checks. However staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. The Practice had completed an audit to ensure patients with dementia were receiving yearly checks that assessed physical as well as social needs. The practice found that 100% of their patients had been offered a review with a discussion on their social support and needs having taken place. A further audit had identified four patients that had been missed from the chronic disease register and were not having suitable medicines. Following the audit, these patients were added to the register and their care was been planned accordingly. The practice used evidence based care with reference to guidance from organisations such as National Institute for Health and Care Excellence (NICE). Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health. Staff had received training appropriate for their roles and further training needs had been identified and planned.

Are services caring?

Good

The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the local Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and a named GP and continuity of care, with

Summary of findings

urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver care. Staff were clear about the vision and their responsibilities in relation to this. 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 regular governance meetings had taken place. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active Patient Participation Group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings.

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

All patients aged 75 and over had a named GP. Patients were offered an annual health check offered at the practice or at home for those patients that could not travel to the practice. This assessment assessed physical health, mobility, nutrition needs and social needs. The practice had a named social worker they worked closely with and made referrals to.

The GPs visited a local nursing home and were involved in care planning of those patients. The practice also had a local hospice centre attached to them. The care of these patients was planned with the local palliative team. The practice arranged and held meetings with the district nurses, the end of life care team and the hospice on a regular basis.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions.

The practice offered patients diagnosed with conditions such as diabetes, epilepsy, coronary heart disease and chronic obstructive pulmonary disease on going care monitoring and the name of their named professional as a first point of contact. These patients were offered annual flu vaccination as per national guidance and reminders were sent for those who had still not attended including home visits.

The nurses offered disease management reviews. The nurses referred patients to the GPs if change of medicines was required.

Asthmatic patients had regular reviews which included checks to ensure they were using their nebulisers according to instructions. Diabetes patients were offered a foot assessment and referral to specialist services.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. The practice had a policy to offer same day appointments to children aged 0-12months.They held weekly child health clinics. This clinic was run by the GPs with the nurse. Women were offered six weeks post-natal checks and the practice

worked closely with local maternity services and midwives. The GPs examined babies at eight weeks and vaccinated them at eight weeks. The nurses continued the childhood vaccination programme.

The practice held meetings with the local safeguarding teams .However the GPs told us that accessing the Health visiting services in Croydon was difficult. There had been numerous changes to service delivery and as such they no longer had a named health visitor. They told us that this had been feedback to the local Clinical Commissioning Group.

Weekly family planning clinics and Sexually Transmitted Disease advice was also offered to young people and teenage mothers.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of the working-age people (including those recently retired and students).Late evening appointments were available for working patients twice a week.

Patients aged 40 -74 years were offered health checks in accordance to local and national guidance. The practice offered Well Man and Well Woman checks with the nurse. This was an opportunity to discuss any aspect of general health such as dietary problems, stress, alcohol consumption, smoking and all aspects of women`s health; including breast examination, the menopause, cervical smears and contraception.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice operated a “red flag” system for patients in vulnerable circumstances. The purposes of this was to identify these patients on the record system to ensure none of their care needs were not followed up on. The practice had a small number of patients with learning disabilities. The practice had carried out annual health checks for people with learning disabilities and 100 % of these patients had received a follow-up. The check also covered general health, social environment, medication review, mood and lifestyle.

The practice registered patients from the travelling communities. Services were planned according to need recognising that patients would move frequently and as such opportunistic appointments were available. Screening services such as smear testing, blood pressure monitoring and smoking cessation advice was offered.

Summary of findings

The practice had produced a leaflet they named, “the helping hand”. It contained sign posting information to patients at risk of abuse or in other vulnerable circumstances on services that were available locally in Croydon offering support.

Staff at the practice told us they would offer services tailored for the homeless but they did not have any patients registered as homeless.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). 98.2% of people experiencing poor mental health had received an annual physical health check. While 100% of patients with dementia had received yearly checks. The practice maintained a register of patients experiencing poor mental health. These patients were reviewed on a regular basis and had a named GP.

Reviews involved medication, general health, and psychiatric assessment. The practice made appropriate referrals to the community psychiatric team. Leaflets were available on local services that patients could self-refer to such as “Mind”. However the GPs told us that the care delivered to patients with mental health conditions in Croydon needed improvement because services were undergoing review and as such did not always offer care that was collaborated with other organisations such as GPs.The practice offered patients normal general practice services such as smear testing, breast screening and advice on prostate cancer symptoms.

Summary of findings

What people who use the service say

We spoke with six patients during our inspection and received 10 completed comments cards.

Patients reported being happy with the care and treatment they received. All patients we spoke with were complimentary on the attitudes of all staff and reported feeling "well cared for" and respected.

Patients reported being happy with the appointments system which they felt suited their needs

We looked at patient feedback from the NHS choices website in the year before our inspection. Two out of three patients described their experience of using the practice as "good". They described the process requesting appointments as good and felt that their needs were well looked after. However, one patient felt that the GPs at the practice were always late and never apologised.

We spoke with three representatives from the Patient Participation Group (PPG). Although they had not yet completed a survey they reported no concerns with the practice. They told us that the practice welcomed comments and suggestions from them.

Areas for improvement

Action the service MUST take to improve

Ensure that all staff acting as chaperones have Disclosure and Barring (DBS) checks.

Dr Javier Oscar Salerno

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

You should also be aware that experts who take part in the inspections, for example, Experts by Experience, are not independent individuals who accompany an inspection team – they are a part of the inspection team and should be described in that way. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Dr Javier Oscar Salerno

Dr Javier Salerno is a small GP practice based in Croydon.The practice provides primary care services to 3,300 patients. The ethnicity of patients is mainly white British with a small mixed number of Asian and Black Caribbean patients.

In Croydon male life expectancy is 78.9 years and female life expectancy is 82.2 years. Both are above the England average for both males and females. Death rates from all causes are falling at approximately the same pace across the borough. However, there has been little change in the gap in life expectancy between the most deprived areas and the least deprived areas between 1995 and 2008. The main causes of death in Croydon are circulatory diseases, cancers and respiratory diseases.

The early death rate from all cancers in those under 75 years old is below the London and England averages. However, those in the most deprived areas of Croydon have a much higher rate of death from all cancers than those living in the least deprived areas.

The practice is located in a shared communal health centre with other practices. During this inspection we visited the Parkway Health Centre. The practice is a satellite location. The branch practice was not visited as it is a separate location and has a separate patient list to the Parkway Health Centre.

The practice has a full time principal male GP and one part time salaried female GP who is employed for a total of four sessions per week. The practice has four reception staff, one health care assistant and a practice nurse providing 16 hours per week.

The practice holds a Personal Medical Services (PMS) contract for the delivery of general medical service. Personal Medical Services (PMS) agreements are locally agreed contracts between NHS England and a GP practice. PMS contracts offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure (who can hold a contract).

The practice have opted out of providing out-of-hours services to their own patients. A local out of hours service,111 is used to cover emergencies.

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. This inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 provider had not been inspected before and that was why we included them.

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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 6 October 2014. During our visit we spoke with a range of staff such as GPs, practice manager, practice nurse and administrative staff, and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members. We received 10 completed patient comments cards.

Requires improvement

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. A log book was used to record all incidents. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. For example an error had occurred when an administrative staff had entered the wrong patient information. A patient had been added to one of the chronic disease registers by mistake. The administrative staff on recognising this mistake recorded it and notified the practice manager. This error was rectified and improvements were made to the system used to register patients with a chronic disease.

We reviewed safety records, incident reports and minutes of meetings for the last two years. These demonstrated that safety issues and incidents were discussed and the practice had managed these consistently over time.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred during the last two years and these were made available to us. A slot for significant events was on the practice meeting agenda and a dedicated meeting occurred once a month to review actions from past significant events and complaints. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so. All staff told us that incidents were reported to the practice manager as soon as possible and a written account of the incident was recorded in the log book. Examples of incidents included patient details being entered incorrectly. This had resulted in a missed diagnosis. We saw that this incident had been discussed with all staff .The process of entering patient details was then improved with a second staff member verifying all entries to ensure they were correct.

National patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. For example, nurses responsible for administering vaccines told us about recent alerts relating to changes in childhood vaccines schedules. We saw records confirming alerts were circulated to all relevant staff using email. In addition, copies were kept on files for future use and to provide an audit trail.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. The practice had a dedicated GP appointed as lead for safeguarding vulnerable adults and children who had been trained and could demonstrate they had the necessary skills to enable them to fulfil this role. Arrangements were also available for cover during the absence of the lead GP to ensure staff had a responsible nominated person to contact.

All staff we spoke with were aware of who the lead person was and who to speak to in the practice if they had a safeguarding concern. For example, staff told us about a scenario where they were worried that an elderly patient was being financially abused. They reported this to the lead GP who referred the case to social services.

Training records showed that all staff had received relevant role specific training in safeguarding children and adults. All GPs at the practice had received Level 3 child protection training. The practice nurses had received Level 2 child protection training and reception and administration staff had all received Level 1 training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details of the local safeguarding teams were easily accessible to staff through display on notice boards.

The practice used a flagging system to identify all children and families who were on protection plans and Looked after children (LAC) to ensure they were continuously assessed and monitored as required.

The practice sent out safeguarding reports to the local authority as required when they could not attend strategy meetings or case conferences.

The practice worked closely with a social worker and referred all safeguarding concerns they had of elderly patients, those in vulnerable circumstance and patients experiencing mental health problems.

Requires improvement

Are services safe?

A chaperone policy was in place and on display on the waiting room noticeboard and in consulting rooms. Chaperone training had been undertaken by all nursing staff, including health care assistants. All receptionists had also undertaken training and understood their responsibilities when acting as chaperones including where to stand to be able to observe the examination. However staff who were acting as chaperones had not had Disclosure and Barring Checks (DBS) or been risk assessed for carrying out this role.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including scanned copies of communications from hospitals. GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead GP for safeguarding was aware of vulnerable children and adults and demonstrated good liaison with partner agencies such as the police and social services.

Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. We saw records that confirmed the fridge temperatures were checked and recorded. All recordings for the past six months were within the required range. This was being followed by the practice staff, and the action to take in the event of a potential failure was described and staff were able to confirm this to us.

Systems were in place to check medicines were within their expiry date and suitable for use. A check list was available and the practice nurse used this to ensure all checks were accurate. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by nurses using current directives that had been produced in line with legal requirements and national guidance. We saw a copy of directives from the Clinical Commissioning Group (CCG) and evidence that nurses had received appropriate training to administer vaccines. All vaccination batch numbers were recorded in the patient records to ensure that if an alert was raised on the vaccine they could easily identify patients who had been affected.

There was a protocol for repeat prescribing which was in line with national guidance and was followed by the practice. Patients could request repeat prescriptions online and in writing. All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness & Infection Control

The practice had an infection prevention and control policy that was in line with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. The lead for infection control was the practice nurse who had undertaken further training to enable them to provide advice on the practice infection control policy. All staff received induction training on infection control specific to their role and annual updates thereafter. Audits had been carried out for the last two years and any improvements identified were completed on time. Practice meeting minutes showed the findings of the audits were discussed. For example the consulting room privacy curtain, which was the property of the Health Centre, had expired in 2013. There was an on going problem in getting these changed, as the owners of the Health Centre had not yet acquired a suitable replacement. The practice had identified this as a risk and were continuing to request for a replacement.

Hand washing sinks with hand soap and hand towel dispensers were available in treatment rooms. No hand gel was available. The practice manager told us they had been removed due to a fault with splashing which had caused injuries to eyes. This incident had been recorded as a significant report and had been reflected on during staff meetings. Records showed that replacements had been ordered.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the

arrangements were in place to ensure regular checks were undertaken in order to reduce the risk of infection to staff and patients. A contracted company was used to dispose of clinical waste.

We observed the premises to be clean and tidy and there were cleaning schedules in place for those rooms managed by the practice. However, the practice did not have control in the checking of communal areas as this was a shared communal building and the role of cleaning and checks was completed separately by the owners of the building. The schedules we looked at showed the frequency of cleaning and the areas that had been cleaned. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

Equipment

Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date of October 2014. A schedule of testing was in place. We saw evidence of calibration of equipment such as weighing scales and the fridge thermometer. This had been completed in July 2014.

Staffing & Recruitment

Records showed that the practice had not conducted all the required recruitment checks prior to staff commencing employment and renewed, as required. The practice had obtained proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks for all clinical staff. However administrative staff who were acting as chaperones had not had any DBS checks completed. It is the responsibility of the practice to ensure that all the necessary checks had been undertaken before staff started work.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for administrative, reception and clinical staff to ensure there were enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave to ensure the practice maintained a safe staff mix to meet patient needs.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. The practice manager showed us records to demonstrate that staffing levels and skill mix were in line with planned staffing requirements. All patients we spoke with felt that the practice always had enough staff to attend to their needs.

Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Identified risks were included on a risk log. Each risk was assessed, rated and mitigating actions recorded to reduce and manage the risk. We saw that any risks were discussed at GP partners' meetings and within team meetings. For example, the practice manager had identified a risk with the building's fire evacuation policy process. The building was shared and its' owners were responsible for conducting fire drills. No fire drills had been conducted in the last six months. The practice manager showed us the risk log they had completed and requested action from the company responsible for managing the building. In the interim the practice had devised their own fire evacuation policy and this had been made familiar to all staff.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, staff were made aware of a patient prioritising tool. This outlined the action to follow for a collapsed patient or those with crushing chest pain, which included the need to call 999 and act as soon as possible.

The practice monitored repeat prescribing for people receiving medication for mental health needs or those identified as being suicidal. The GPs did not prescribe analgesics as repeat prescriptions to this population group, to avoid risk of intentional overdoses.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was

Requires improvement

Are services safe?

available including access to oxygen and an external defibrillator (used to attempt to restart a person's heart in an emergency). All staff we spoke with knew the location of this equipment. The defibrillator was available for all practices in the building and arrangements were in place for it to be checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness, disease outbreak and access to the building. The document also contained relevant contact details for staff to refer to including the telephone numbers of all staff and those of other practices within the area.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff we spoke with were aware of the need to keep updated with guidelines in order to improve care. The practice kept information folders that were easily accessible to staff with guidance from the National Institute for Health and Care Excellence (NICE), British Medical Journal (BMJ) and Department of Health (DH), amongst others. The GPs told us that they used local guidelines and care pathways from the local Clinical Commission Group (CCG) when making referrals and planning care. For example, the practice was involved in the local prescribing incentive scheme for asthmatic patients. This included "stepping down" patients with asthma on a high dose of inhaled steroids. ("Stepping down" involves reducing the dose of steroids used by patients when their asthma is under control). The purpose for this was to improve health outcomes for patients by reducing long-term use of steroids that can cause ill health. The practice used a template provided by the CCG when undertaking health reviews for chronic patients to ensure they followed current evidence based guidelines with the aim of improving care outcomes. We saw minutes from CCG meetings which a GP representative from the practice had attended. This included details on local initiatives that the practices were to introduce. This was shared amongst staff during meetings.

Management, monitoring and improving outcomes for people

The Practice had a system in place for completing clinical audit cycles. Examples of clinical audits included

care for patients with dementia which had been completed in March 2014. The purpose was to find out if the patients had been reviewed in the last 12 months and if this review had included a discussion around their social support. The practice found that 100% of their patients had been offered a review with a discussion on their social support and needs having taken place.

The practice also used the information they collected for the QOF and their performance against national screening programmes to monitor outcomes for patients. QOF is a national performance measurement tool. The practice had been identified as low prescribers for patients with Rheumatoid Arthritis. An audit had been undertaken looking at patients with Rheumatoid Arthritis and their care and use of steroids. A total of 11 patients were identified to complete the audit. The audit found that four of these patients had been missed from the register and were not having suitable medicines hence the low reporting. Following the audit, these patients were added to the register and their care was been planned accordingly. The practice planned a repeat audit to take place in January 2015 to ensure all patients with the condition were on the registers and receiving appropriate care.

The practice was involved with other local practices in reviewing their performance. This involved meeting with the medicines management team from a local cluster of practices. Referral data and prescribing data was discussed with improvement areas highlighted. This formed part of a peer review process.

Effective staffing

The practice had an effective recruitment and induction programme. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support ,infection control and confidentiality awareness.

All GPs were up to date with their yearly continuing professional development requirements and were due for revalidation in 2015 and 2016 respectively. The practice manager kept records for the performers list with the General Medical Council and they were both up to date. The practice had records supplied by the practice nurse that showed their registration with the Nursing and Midwifery Council (NMC) was current.

Records showed that all staff had received an appraisal within the last 12 months. Both records reviewed and discussions with staff confirmed that the appraisal process was linked to professional development. The practice nurses received appropriate training updates that enabled them to carry out specific roles such as vaccinations and other specialist role and this training was offered regularly within the local cluster.

Working with colleagues and other services

The practice held multidisciplinary team meetings monthly with the local palliative care team and a local hospice. Care plans for patients were discussed and updated. We saw records of minutes where such meetings had taken place. The GPs told us that they liaised with other services such as district nurses and the local safeguarding teams. However, they pointed out that over the last two years services for

Are services effective?

(for example, treatment is effective)

children in Croydon had deteriorated. In particular the health visiting services were moved from the local clusters and as such they did not have much involvement with them. They had identified and raised this with the local CCG. The practice had continued to contact the lead for children's services who made contact with the limited health visiting service to report any concerns.

Blood results, X ray results, letters from the local hospital including discharge summaries, out of hours providers and the 111 service were received both electronically and by post. On receipt these were stamped to show date received and processed on the day by a designated administrative staff member. The practice used a computer system that alerted the GPs or nurses of the results allocated to them and the action required. The system would highlight an alert if this had not been followed up by a specific time. Staff explained that these checks were undertaken on a daily basis to ensure all results due were acted on. All staff fully understood their role and expectations from the practice on dealing with patient results.

Information Sharing

The practice used an electronic information system called CReSS (Croydon Referral Support Service) that was used locally. The system ensured that referrals were within the local threshold and any inappropriate referrals or errors were quickly identified and rectified to avoid delay in patients being seen by secondary care or other specialists. The practice was notified of patients attending emergency services through the electronic system and this enabled follow up care or discharge summaries to be shared in a timely manner.

Consent to care and treatment

The practice had polices on the Mental Capacity Act 2005 and the application of Gillick competencies legislation. (Gillick competence is a term originating in England and is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge). The GPs were able to explain to us the importance of seeking consent and situations when they had to apply the Mental Capacity Act and Gillick competency while helping patients to consent to care and treatment.

Records reviewed indicated consent was sought prior to treatment and situations where the GPs had to involve other patient representatives when seeking consent for treatment. For example a patient was the main carer for a young man with learning disabilities. The GPs observed that the patient had become increasingly forgetful. They made a diagnosis of Dementia after referral and testing. The GPs then made a referral to social services for a capacity assessment to ensure arrangements were put in place for both the patient and their son with learning disabilities.

Health Promotion & Prevention

The practice offered all new patients registering with the practice a health check with the health care assistant or the practice nurse. Any health concerns identified during this new patient check were referred to the GP. The GPs were aware of the high incidence of Coronary Heart Disease in the area and as such had introduced ECG monitoring. Electrocardiogram (ECG) records the electrical activity of the heart. The heart produces tiny electrical impulses which spread through the heart muscle to make the heart contract. These impulses can be detected by the ECG machine. For example, a new patient was offered an ECG and was found to have a condition that needed urgent care. This resulted in fast tracked hospital appointment reducing the risk of developing further complications whilst on a non-urgent waiting list.

The practice offered patients a variety of health promotion leaflets. The practice nurse offered a range of health promotion clinics. These included baby vaccines, travel information and vaccinations, chronic disease management for asthma, diabetes, epilepsy, and HIV. Well Man and Woman clinics that offered advice on breast cancer and prostate cancers. Weight management and dietary advice were also available. The practices referred patients to a local weight and exercise group.

The practice's performance for childhood vaccines uptake was 92.9% and the average in the CCG was 89.9%. There was a policy to offer telephone reminders for parents whose children failed to attend immunisation sessions. The did not attend information was also shared with other services who might have been in contact with families. This was designed to improve uptake rates. Performance results for patients with diabetes receiving a yearly flu vaccination and was 94% compared to 90% in the CCG.

The practice had an overall smear test rate of 81%. Their performance for cervical smear uptake for females aged 25-64 with schizophrenia, Bipolar affective disorder and other psychoses was 100% which was better than the 85%

Are services effective?

(for example, treatment is effective)

average for the CCG. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who did not attend annually.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and completed CQC comment cards to provide us with feedback on the practice. We received 10 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that all consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private.

The practice had a chaperone policy and details of how to request a chaperone were displayed in areas easily accessible to patients. Records confirmed that staff had completed the chaperone training at the practice. Staff we spoke with were able to fully explain what the role involved.

Care planning and involvement in decisions about care and treatment

We reviewed three patient records. We noted that all patients had been involved in the care planning of their care. Decisions on the care options available had been discussed fully.

We noted that were appropriate patients had been involved in making decisions on hospitals they wished to receive their care from. Some patients told us that the GPs respected their decisions of requesting care at hospitals that were not within the area. Data from the national patient survey showed that, 72% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared to 68% from the local CCG average. The practice worked closely with the end of life care teams and helped their patients to make end of life decisions. The practice provided information on independent organisations such as Age Concern to its patients.

All GPs were aware of their role in making best interest decisions and understood the Mental Capacity Act 2005 and the concept of Gillick Competency. Gillick competency is a term used in medical law to decide whether a child 16 years or younger is able to consent to his or her own treatment. The GPs told us that they applied the concept carefully whilst also taking into consideration the cultural impact for example when prescribing contraception to a child below 16.

The practice had a Patient Participation Group (PPG).The group had recently started. The PPG had meetings every three months. We spoke with three members from the group. They told us that they had not been involved in surveys as yet but had requested the practice to produce an information leaflet about local support services and this had been done. Data from the 2014 national patient survey showed that the majority of patients rated the practice as "very good". The practice had sent out 384 surveys; 115 responses had been received and 79% said the last GP they saw or spoke to was good at listening to them.

Patient/carer support to cope emotionally with care and treatment

The practice provided support to its patients during periods of bereavement. Information leaflets were available at the practice containing the list of support organisations available. Staff told us that due to the size of the practice, the GPs kept in touch with relatives who had lost a loved one and offered supported. Two patients told us the GP had written to them during the loss of their loved ones. The GPs referred patients for counselling when needed. The practice also kept a record of deceased patients in the reception area for staff to quickly identify bereaved families to ensure extra sensitivity when dealing with them. The practice worked closely with the End of Life care team. They referred patients and relatives to this service for support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs. The practice used the CReSS (Croydon Referral Support Service) risk tool, which helped doctors detect and prevent unwanted outcomes for patients. This helped to profile patients by allocating a risk score dependent on the complexity of their disease type or multiple comorbidities. For example, the area had a high prevalence of diabetes. The practice offered screening to all patients who registered at the practice. Screening was also available to patients already registered who presented with symptoms to ensure early diagnosis and better outcomes.

The Local Clinical Commissioning Group (CCG) told us that the practice did not regularly engage with the CCG to discuss local needs and service improvements that needed to be prioritised. However the GPs told us and showed us evidence that one of the GPs attended local CCG meetings on a regular basis but did so representing two practices and the attendance was only noted for the other practice, an error they were trying resolve. We saw minutes of meetings of attendance and actions agreed to implement service improvements. The minutes demonstrated the practice was involved in joint working and integrated pathways with other services such as district nurses delivering care to the elderly.

The practices reduced inequalities by ensuring the surgery was accessible to patients from all groups. Patients had a choice of seeing a female or male GP at the surgery. Both GPs had been working at the surgery for a number of years and had developed relations with patients which allowed continuity of care. The practice used the same locum staff if needed and so patients were also familiar with them.

Patients who were too ill to attend the surgery were visited at home by the GPs. This also included home visits for flu vaccines for patients who were housebound. Staff told us that longer appointments were available to patients that needed them such as elderly, patients experiencing poor mental health or those with chronic disease and we saw examples of this on the bookings screens.

Tackling inequity and promoting equality

The practice had not introduced an online system for patients to book appointments. The practice told us that they were in the process of arranging a pilot of an online system although no date had been set. No patients we spoke with raised concerns about the lack of an online appointment system. Results from the national patient survey showed that 90% of respondents at the practice describe their experience of making an appointment as good compared to 74 % for the CCG area. Online facilities were available for repeat prescription requests.

All patients and members of the PPG we spoke with reported being happy with the current appointments system at the practice. Patients felt that the practice prioritised emergency appointments and working patients did not experience difficulties because of the extended hours that were offered. We saw that parents attended the practice in the afternoon after children had finished school. They told us that they were given the option to bring children at this time to ensure they did not miss school if they needed to see a GP or nurse.

We asked staff to explain the process of requesting emergency appointments .They were clear in explaining the procedure and how they would transfer all urgent calls to the on-call GP for triage. We were shown emergency appointments that were available on the day of our inspection. These appointments included slots for children and the elderly.

The practice was accessible to patients from disadvantaged groups such as asylum seekers, travelling communities or those with learning disabilities. They ensured health promotion interventions such as smoking cessation, smear checks and family planning were available for these patients as well .Staff had completed diversity training to help them understand the different needs of patients.

Access to the service

The practice opened at 08:30am and closed at 18:30 Monday to Friday. Extended hours were available on Mondays and Thursdays until 19:30 which was useful for working age patients. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving

Are services responsive to people's needs?

(for example, to feedback?)

the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients on notice boards and contained in the practice leaflet.

All patients we spoke with were satisfied with the appointments system. They confirmed they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. The GPs operated a telephone triage system where urgent; patients would be offered same day appointments or a consultation over the telephone.

The practice was situated on the ground floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The majority of the practice population were English speaking. Staff told us that they requested interpretation services if a patient need them. The interpretation service was available via the telephone.

The practice website had information relating to patient surveys and minutes from the PPG meetings. The practice was due to pilot the use of online services for booking patient appointments.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and 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 .This was included in the practice information leaflet and displayed in the reception area. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

We looked at three complaints received in the last 10 months. All complaints had been dealt with in a timely manner and had been resolved. We also noted all complaints had been discussed and shared with all staff at practice meetings.

The practice reviewed complaints on an annual basis to detect themes or trends. We looked at the report for the last review in 2013 and no themes had been identified, however lessons learnt from individual complaints had been acted upon. The practice welcomed comments from patients. These were via a suggestion box. Staff told us this was checked monthly and common themes were feedback in meetings with solutions. Meeting minutes we saw confirmed this.

Are services well-led?

(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. This was clearly displayed in the patient waiting area and included in the practice patient leaflet. All staff we spoke with were aware of the vision and were able to tell us how they contributed to the values. Staff yearly performance reviews were monitored using the practices vision of delivering a caring service to patients.

Governance Arrangements

The practice had governance arrangements in place. Practice policies were easily accessible to staff. All policies were current and it was evident they were reviewed on a yearly basis. Staff had also signed to confirm they had read and understood the policies.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The GPs were members of a local peer review group within the Clinical Commissioning Group. We had been notified that the practice had failed to attend the required number of sessions. However, during the inspection were able to ascertain that one GP had attended these meetings, but as they were representing the other practice, this had not been counted.

The practice had completed a number of clinical audits between 2013 and July 2014. For example an audit had been completed on dementia patients diagnosis and further care. The purpose was to ensure that patients were offered screening at the appropriate levels and this screening included physical health, blood test and other environmental needs.

Another audit had been completed in relation to Rheumatoid Arthritis to ensure patients were receiving adequate care. A consequence had been that another four patients not known to have Rheumatoid Arthritis had been identified and added to the disease register.

The practice had robust arrangements for identifying, recording and managing risks. The GP showed us their risk log which addressed a wide range of potential issues. For example, the practice kept a log of patients who had been referred to other services and were awaiting follow up. To ensure that these patients were not missed, the GPs conducted regular checks to ensure that they had been seen or at least received confirmation of an appointment. The senior GP had also produced a list of "must do", for locum GPs. This highlighted all clinical protocols ensuring that risk was minimised when they worked in the absence of permanent staff.

Leadership, openness and transparency

The leadership structure of the practice was clear to all staff. All four staff we spoke with told us who the lead person was at the practice, including the leads for safeguarding and infection control. It was clear that staff were aware of their roles and responsibilities with clear accountability.

Records showed that team meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or at any time with the practice manager or GP.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, such as disciplinary procedures, induction policy and management of sickness which were in place to support staff. All policies were up to date. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from users, public and staff

The practice had an active Patient Participation Group (PPG). The PPG contained representatives from various population groups, including the retired and working age population. The PPG held regular meetings. They had not conducted any surveys as yet .However they had identified the need to have information on local services available from a single reference point. With their help the practice had designed a leaflet named, "a helping hand", which contained information on all local support groups and services.

The practice had gathered feedback from patients through patient surveys. We looked at the results of the annual patient survey from 2013. The majority of patients had reported being happy with the practice and this included access to appointments.

Are services well-led?

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

The practice had gathered feedback from staff through one to one meetings or via a record book. Staff told us they were never afraid to share their views and feedback was encouraged.

Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. The practice nurse told us that they were supported to attend a local nurses forum were information was shared which improved their knowledge and practice.

A member of the administrative staff had identified the need to be involved clinical work as career development. They were being supported to access training and practice to enable them to become a health care assistant.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients. For example, a patient had previously undergone a number of blood tests. A number of abnormalities had been missed including a raised blood glucose and cholesterol. The patient had a diagnosis of diabetes that had not been followed through. Following this incident the practice now used EMIS an electronic system to flag such findings to avoid future occurrences.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Regulation 21 HSCA (Regulated Activities) Regulation 2010 Requirements Relating to Workers. How the regulation was not being met: The registered person failed to ensure that there were effective recruitment procedures in place in order to ensure that people employed in the service were of good character. Regulation 21 (a) (i) Staff acting as chaperones did not have Disclosure and Barring Service checks.