

Headley Drive Surgery

Quality Report

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Date of inspection visit: 11 August 2016

Date of publication: 24/02/2017

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 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

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 Headley Drive Surgery on 11 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 well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- The practice had on screen alerts set up for prescribing broad spectrum antibiotics; this made the prescriber aware that they can only prescribe medicines in the formulary and they must record their justification for prescribing these medicines which was linked to the patients' notes. For example the practice had an automated template for acute tonsillitis which made clinicians complete a centor score (predicts the likelihood of bacterial infection) to justify use of antibiotics. Following the implementation of this system monthly antibiotic prescribing audits showed a decrease in prescribing rates from 772 to 573 in a four month period. The practice looked at the antibiotic prescribing of individual GPs as part of this monthly audit.

Summary of findings

- The practice offered frontline telephone clinic between 9:00am and 1:00pm everyday where patients could speak to a GP who provided telephone advice or offered face to face appointments where appropriate. On average GPs were able to deal with 35 patients each day compared to 17 face to face appointments in a traditional setting. Following the implementation of this clinic the practice's DNA rate (number of patients who did not attend their appointment) had reduced by 5%.

There were areas of practice where the provider should make improvements:

- Review practice procedures to ensure that there is a system in place for monitoring the use of blank prescriptions.
- Review systems in place to ensure that patients with a learning disability are regularly reviewed.

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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP Patient Survey showed patients rated the practice at or below average for many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The practice worked with the local community development pilot project and referred isolated patients, vulnerable patients, carers and single parent families to a health connector to join local groups.

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided a phlebotomy service at the practice which suited older patients who may have difficulty in getting to the hospital and the service also improved monitoring of patients with long term conditions.
- The practice worked with a social enterprise to tackle health and social issues affecting Muslim communities, especially around mental health. They co-produced a short film 'Talking from the heart' exploring mental health diagnosis and therapy by combining medical and faith advice.
- The practice worked with the local community development pilot project and referred isolated patients, vulnerable patients, carers and single parent families to a health connector to join local groups. Health connectors were employed by the local council who coordinated care between social services, health charities, carer organisation and any relevant asset. The New Addington Group of practices was the only local pilot.
- The practice had an in-house pharmacist who ran regular medicines review clinics for patients with long term conditions, reviewed protocols for prescribing, reviewed abnormal pathology results, performed medicines reconciliation and optimisation and also reviewed medicines for patients who had unplanned admissions to ensure safe prescribing.

Good



Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.

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.
- The patients over 75 years of age had a named GP and were given priority access.
- The practice worked with the local community development pilot project and referred isolated patients, vulnerable patients, carers and single parent families to a health connector to join local groups.

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.
- The national Quality and Outcomes Framework (QOF) data showed that 85% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 94% which was above the CCG average of 86% and in line with the national average of 88%.
- The national QOF data showed that 73% of patients with asthma in the register had an annual review, compared to the CCG average of 75% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- The local respiratory team visited the practice on a fortnightly basis to screen pre Chronic Obstructive Pulmonary Disease (COPD) patients.
- The practice had a central recalling system to monitor patients with chronic diseases; this improved their monitoring of these patients.

Good



Summary of findings

- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided a phlebotomy service, electrocardiography and spirometry to improve monitoring of patients with long term conditions.
- The practice used a risk stratification tool that analysed medicine interactions and blood result anomalies on a weekly basis; this was monitored and actioned by the in-house pharmacist.

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances.
- 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 83%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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.
- 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.
- Patients can send a message to their GP through the practice's website for advice and guidance.

Good



Summary of findings

- The practice provided self-referral forms and information on the website for antenatal care, weight management, children's health, drug and alcohol services, eye conditions, lifestyle and healthy food projects and mental health.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; 63% (5 patients) out of 8 patients with learning disability had received a health check in the last year.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice ran a monthly substance misuse clinic.
- 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 good for the care of people experiencing poor mental health (including people with dementia).

- The number of patients with dementia who had received annual reviews was 100% which was above the Clinical Commissioning Group (CCG) average of 85% and national average of 84%.
- 94% of 17 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average 85% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The provider had access to a counsellor who provided bi-weekly clinics in Fieldway Medical Centre which made it easier for local patients to attend.
- The practice worked with a social enterprise to tackle health and social issues affecting Muslim communities, especially around mental health. They co-produced a short film 'Talking from the heart' exploring mental health diagnosis and therapy by combining medical and faith advice.

Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. Three hundred and forty seven survey forms were distributed and 96 were returned. This represented approximately 4% of the practice's patient list.

- 93% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 77% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 67% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 7 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 10 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Headley Drive Surgery

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 advisor and an expert by experience.

Background to Headley Drive Surgery

Headley Drive Surgery provides primary medical services in New Addington to approximately 2500 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the second most deprived decile in England. The practice is one of the three in the New Addington Group Practices which includes Fieldway Medical Centre and Parkway Health Centre. All the three surgeries are managed by AT Medics.

The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children is higher than the CCG and national averages and the practice population of working age people is lower than the CCG and national averages; the practice population of older people is lower than the local average and national average. Of patients registered with the practice for whom the ethnicity data was recorded 17% are white British, 10% are black African and 4% are black British.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to one doctor consultation room, one nurse consultation room, and two medical student consultation rooms on the ground floor.

The clinical team at the surgery is made up of one part-time male GP who is the director, one part-time male salaried GP, two part-time female practice nurses and one female healthcare assistant. The non-clinical practice team consists of practice manager, quality assurance co-ordinator, site co-ordinator and four administrative and reception staff members. The practice provides a total of nine GP sessions per week.

The practice operates under an Alternative Provider Medical Services (APMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee doctors and medical students.

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. Appointments are available from 9:00am to 12:00pm and 3:00pm to 6:00pm every day. Extended hours surgeries are offered on Wednesday from 6:30pm to 8:00pm. Additional surgeries are offered at Parkway Health Centre on Monday to Friday from 6:30pm to 8:00pm and on Saturdays from 9:00am to 1:00pm and 3:00pm to 7:00pm and on Sundays from 3:00pm and 7:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Croydon CCG.

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

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 August 2016.

During our visit we:

- Spoke with a range of staff including two reception and administrative staff, the practice manager, two GPs, practice nurse and the healthcare assistant and we spoke with 10 patients who used the service including two members of the practice's Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice had a significant event protocol in place.
- The practice carried out a thorough analysis of the significant events and maintained a log on the computer system.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Significant events were discussed in joint clinical meetings and practice meetings from all three practices. Lessons were shared to make sure action was taken to improve safety in the practice. For example, medicines were entered into an incorrect patient's record as both the patients had the same forename and surname. The practice identified this problem when the patient came to collect their prescription. The practice informed the practice pharmacist who immediately reviewed and updated patient records. Following this incident the practice asked staff to check and confirm the patient's name, date of birth and address on both electronic and paper record to ensure safety. This incident was discussed in a practice meeting involving all three practices where the learning was shared.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The practice had alerts setup for patients on the child protection register which also provided the contact details of their social worker. Safeguarding protocol and contact details was available in the reception area and all the consulting rooms. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.

- Notices in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice used a risk stratification tool that analysed medicine interactions and blood result anomalies on a weekly basis which helped monitoring of patients on high risk medicines to ensure safe prescribing.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored; however there were no systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before

Are services safe?

presentation for treatment.) The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- 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. The practice used long term locum GPs and performed all the required pre-employment checks. The practice had a comprehensive locum induction pack.

Monitoring risks to patients

Risks to patients were assessed and well-managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. They also had identified fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training; there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and included premises and clinical risk assessments. The plan included emergency contact numbers for staff. The practice also had a one page business continuity protocol in place; this included the emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice pharmacist maintained a log of medicines alerts and actions taken where appropriate. The practice used special computer software that provided information about local protocols, local guidelines and best practice guidelines. It also had flowcharts and pathways with referral forms and patient information leaflets.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had on screen alerts set up for prescribing broad spectrum antibiotics; this made the prescriber aware that they can only prescribe medicines in the formulary and they must record their justification for prescribing these medicines which was linked to the patients' notes. For example the practice had an automated template for acute tonsillitis which made clinicians complete a centor score (predicts the likelihood of bacterial infection) to justify use of antibiotics. Following the implementation of this system monthly antibiotic prescribing audits showed a decrease in prescribing rates from 772 to 573 in a four month period. The practice looked at the antibiotic prescribing of individual GPs as part of this monthly audit.
- The provider had sponsored a research student who had developed a bespoke dashboard to monitor the performance of the practice through which the practice monitored its performance against other practices in the locality for example they monitored their the number of patients who did not attend their appointment (DNA rates), electronic prescribing rates, antibiotic and anti-inflammatory medicines prescribing rates, safe prescribing of patients on long term medicines and national prevalence of long term conditions.

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 99.5% of the total number of points available, with 8.9% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 85% (22.3% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 94% which was above the CCG average of 86% and in line with the national average of 88%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100% (0% exception reporting), which was above the CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100% (0% exception reporting), which was in line with the CCG average of 98% and national average of 98%. The practice's atrial fibrillation diagnosis rate had increased about 40% in the last seven years.
- Performance for mental health related indicators was above the CCG and national averages; 94% (5.6% exception reporting) of patients had received an annual review compared with the CCG average of 85% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 100% (22.2% exception reporting) which was above the CCG average of 85% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual

Are services effective?

(for example, treatment is effective)

reviews was 94% (11.7% exception reporting) compared with the CCG average of 92% and national average of 90%. The local respiratory team visited the practice on a fortnightly basis to screen pre COPD patients; their COPD prevalence rate was second highest when compared to other local practices.

- The practice had a central recalling system to monitor patients with chronic diseases; they told us this improved their monitoring of these patients.
- The practice's prescribing of non-steroidal anti-inflammatory medicines (medicines used to relieve pain) was highest when compared to other practices in the local Clinical Commissioning Group (CCG). This type of medicine is considered to be effective against pain relief.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits carried out in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain if patients were prescribed antibiotics according to best practice guidelines. In the first cycle the practice identified 772 items of antibiotics prescribed in a month which is about 19% of the total patients seen which varied from 5% to 35% between clinicians. In the second cycle after changes had been implemented including presenting the results to the practice doctors, re-iterating local guidelines and peer review of ad-hoc cases, the number of antibiotics prescribed decreased to 633 items which is 17% of the total patients seen which varied from 10% and 28% between clinicians. Following this the audit was undertaken on a monthly basis which showed a further decrease in prescribing rates to nearly 200 from month one to month four.
- Another clinical audit was undertaken to ascertain if patients treated for psychiatric conditions were prescribed medicines and monitored according to best practice guidelines. The practice identified 11 patients who were on these medicines of which only three patients had all the required annual blood tests to monitor their condition according to best practice guidelines. Following this audit the practice introduced monthly safety audits for patients on long term conditions to ensure they were appropriately monitored and prescribed.

- The practice worked with the in-house pharmacist and Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.
- The practice undertook monthly safety audits through their electronic patient management system. These included monitoring safe prescribing of medicines by looking at patients on certain medicines with specific conditions and analysed medicine interactions and blood result anomalies for example patients on medicines to stop blood clots and patients on high risk medicines.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. 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 online 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. All staff had received an appraisal within the last 12 months.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

- The practice had fortnightly clinical development sessions for healthcare assistants and nurses which covered a wide range of topics. This was run by a GP director for AT Medics since 2012. This gave them the opportunity for mutual learning, up skilling staff and developing clinical competencies. Live cases were discussed as part of this learning. The practice nurse and the healthcare assistant told us they found these training sessions very useful as it gave them the opportunity to clear their queries and develop their skills.
- The GPs in the practice had regular training courses by video conference with a consultant trainer during which up to 30 GPs from AT Medics attended.

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. Information such as NHS patient information leaflets were also available. We found that the care plans were comprehensive.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a document handling system in place where trained administrators acted as a first point of contact for all clinical correspondence sent to GPs; this significantly reduced the time GPs spent dealing with clinical correspondence from one hour to five minutes a day. The practice found that the number of documents handled by GPs on average decreased from 35 to five in a nine month period. This system was implemented as part of a NHS England case study. To ensure safety monthly audits are performed to monitor this process.
- We saw evidence that the practice patients' A&E attendance rate had a fall of more than 60% over the last three years.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had

weekly clinical meetings involved all clinical staff from all three practices where they discussed clinical issues, nursing updates, prescribing updates, patient queries, significant events and guideline updates. The practice pharmacist also discussed the Clinical Commissioning Group (CCG) formulary at these meetings. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The meeting minutes were comprehensive in which patient's needs, wishes preferences were minuted and added into the patient's notes. Patient deaths were routinely reviewed in this meeting. The practice also had bi-monthly practice nurse forum which involved the practice nurses from all three practices.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Childhood immunisation rates for the vaccines given were comparable to CCG averages. Childhood immunisation rates for the vaccines given to under two year olds ranged from 97% to 100% and five year olds from 86% to 100%. Flu immunisation rates for diabetes patients were 98% which

was above the CCG and national averages. Their flu vaccination rate for patients over 65 years of age was highest when compared to other practices in the local Clinical Commissioning Group (CCG).

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 7 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 10 patients including two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed the practice were in line or lower than the CCG and National averages. For example:

- 80% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 80% said the GP gave them enough time (CCG average 84%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 with GPs. The practice was below average for consultations with GPs and nurses. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% (25 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice worked with the local community development pilot project and referred isolated patients, vulnerable patients, carers and single parent families to a health connector to join local groups.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP called them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- The practice worked with the local community development pilot project and referred isolated patients, vulnerable patients, carers and single parent families to a health connector to join local groups. Health connectors were employed by the local council who coordinated care between social services, health charities, carer organisation and any relevant asset. The New Addington Group of practices was the only local pilot.
- The practice worked with a social enterprise to tackle health and social issues affecting Muslim communities, especially around mental health. They co-produced a short film 'Talking from the heart' exploring mental health diagnosis and therapy by combining medical and faith advice.
- Home visits were available for older patients and patients who would benefit from these. The practice nurse provided home visits to monitor patients with long term conditions who were not able to attend the surgery for example performing diabetes checks.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Homeless people were able to register at the practice.
- The practice had access to counsellors who provided weekly clinics which made it easier for local patients to attend.
- The practice had a receptionist trained as a sign language interpreter who helped patients with hearing impairment who attended the surgery.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.

- The practice had a central call handling system where patient calls were answered in a central location; this allowed reception staff to spend more time to answer patient queries in the surgery.
- Patients could send a message to their GP through the practice's website for advice and guidance.
- The practice provided self-referral forms and information on the website for antenatal care, weight management, children's health, drug and alcohol services, eye conditions, lifestyle and healthy food projects and mental health.
- The practice offered frontline telephone clinic between 9:00am and 1:00pm everyday where patients could speak to a GP who provided telephone advice or offered face to face appointments where appropriate. On average GPs were able to deal with 35 patients each day compared to 17 face to face appointments in a traditional setting. Following the implementation of this clinic the practice's DNA rate (number of patients who did not attend their appointment) had reduced by 5%.
- The practice provided a phlebotomy service at the practice which suited older patients who may have difficulty in getting to the hospital and the service also improved monitoring of patients with long term conditions.
- The practice offered a text messaging service which reminded patients about their appointments. The practice also sent general communications to patients by text message with a web-link to obtain further information. They also obtained patient feedback by text messages.
- The practice had an in-house pharmacist who ran regular medicines review clinics for patients with long term conditions, reviewed protocols for prescribing, reviewed abnormal pathology results, performed medicines reconciliation and optimisation and also reviewed medicines for patients who had unplanned admissions to ensure safe prescribing.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 9:00am to 12:00pm and 3:00pm to 6:00pm daily. Extended hours surgeries were offered on Wednesday from 6:30pm to 8:00pm. Additional surgeries were offered at Parkway Health Centre on Monday to Friday 6:30pm to 8:00pm and on Saturdays from 9:00am to 1:00pm and 3:00pm to

Are services responsive to people's needs?

(for example, to feedback?)

7:00pm and on Sundays from 3:00pm to 7:00pm. 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 were in line with the local and national average.

- 80% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 74%; national average of 75%).
- 93% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 53% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We looked at four complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about being seen by a nurse 45 minutes after their appointment time and that injection needed for their appointment was not available. The practice investigated this incident, apologised to the patient and found that the local pharmacist had not delivered the injection for the patient. A member of reception staff went to the pharmacy to collect this on behalf of the patient and it was administered on the same appointment. This incident was discussed with the nurse and the pharmacy to ensure this does not happen again.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- The practice had monthly senior management team meetings with the GP directors and the practice manager where they discussed management issues and strategy.
- The practice had monthly meetings involving all staff from all three practices where general issues and updates were discussed.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The directors in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate

care. The directors were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- We found that learning and teaching was embedded in the culture of the practice.
- 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.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had a proactive and engaging PPG with 12 members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had improved its telephone system, increased its online access and worked towards reducing the waiting time

Are services well-led?

Good 

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

for appointments. The chair of the PPG dealt with some complaints and escalated to the practice manager as needed. The PPG had a constitution with standards which were governed by its members.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice worked with the local community development pilot project and referred isolated patients, vulnerable patients, carers and single parent families to a health connector to join local groups. Health connectors were employed by the local council who coordinated care between social services, health charities, carer organisation and any relevant asset. The New Addington Group of practices was the only local pilot.

The practice had a document handling system in place where trained administrators acted as a first point of contact for all clinical correspondence sent to GPs; this significantly reduced the time GPs spent dealing with clinical correspondence from one hour to five minutes a day. The practice found that the number of documents handled by GPs on average decreased from 35 to five in a nine month period. This system was implemented as part of a NHS England case study. To ensure safety monthly audits were performed to monitor this process.

The provider had sponsored a research student who had developed a bespoke dashboard to monitor the performance of the practice through which the practice monitored its performance against other practices in the locality for example they monitored their the number of patients who did not attend their appointment (DNA rates), electronic prescribing rates, antibiotic and anti-inflammatory medicines prescribing rates, safe prescribing of patients on long term medicines and national prevalence of long term conditions.