

Mersham Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Mersham Medical Centre, located in Thornton Heath in the London borough of Croydon provides a general practice service to just under 3,000 patients.

We carried out an announced comprehensive inspection on 15 October 2014. The inspection took place over one day and was undertaken by a lead inspector, along with a GP advisor and an Expert by Experience.

Overall the practice is rated as Good.

- The service is safe. There were systems in place for reporting, recording and monitoring significant events to help provide improved care. Staff were clear of their roles in regards to monitoring and reporting of incidents, safeguarding vulnerable people and children, and following infection prevention and control guidelines.
- The service is effective. Staff shared best practice through internal arrangements and meetings and also by

sharing knowledge and expertise with external consultants and other GP practices. There was a strong multidisciplinary input in the service delivery to improve patient outcomes.

- The service is caring. Feedback from patients about their care and treatment via the national and practice-run surveys was very positive. Patients were treated with kindness and respect and felt involved in their care decisions. All the comment cards completed by patients who used the service in the two weeks prior to our inspection visit had very positive comments about the care and service provided by the surgery.
- The service is responsive to people's needs. The practice had an active Patient Participation Group (PPG) and worked with them to improve the service. The practice was responsive to the needs of the vulnerable patients and there was a strong focus on caring and on the provision of a patient-centred care. Information on health promotion and prevention, services provided by the practice and the support available in the community was available for patients.

Summary of findings

• The service is well-led. The practice had a clear vision and strategic direction, was well-led, staff were suitably supported and patient care and safety was a high priority.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure improvements in the documentation of the practice's vision and strategic aims and objectives.
- Ensure all staff including those doing sessions have suitable recruitment checks completed before commencing employment.

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?

We found that suitable arrangements were in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. There were systems and processes in place to raise concerns and there was a culture of reporting and learning from incidents within the organisation. Staff we spoke with were trained in and aware of their responsibilities for safeguarding vulnerable adults and child protection. The equipment and the environment were maintained appropriately, and staff followed suitable infection control practices. Vaccines and medicines were stored suitably and securely and checked regularly to ensure they were within their expiry dates.

Good



Are services effective?

There were suitable systems in place for assessment of patient needs, and care and treatment was delivered in line with current legislation and best practice. Audits of various aspects of the service were undertaken at regular intervals and changes were implemented to help improve the service. The practice worked with other health and social care services, and information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England to improve outcomes for patients. Staff were supported in their work and professional development.

Good



Are services caring?

The patients and carers we spoke with told us they were treated with dignity and respect. They felt well informed and involved in decisions about their care. All the patients we spoke with were complimentary of the care and service that staff provided. Data showed patients rated this practice higher than other practices for several aspects of care.

Good



Are services responsive to people's needs?

Patients' needs were suitably assessed and met. There was good access to the service with urgent appointments and telephone consultations available the same day and routine appointments available within 24-48 hours. Feedback from patients was obtained proactively and the service acted accordingly. The practice learnt from people's experiences, concerns and complaints to improve the quality of care. Arrangements had been made to help vulnerable people access care. The treatment and consulting room, the reception area and the patient toilets on the ground floor were wheelchair accessible.

Good



Summary of findings

Are services well-led?

The practice was well-led and the culture within the practice was open, transparent and one of learning and improvement. Risks to the effective delivery of service were assessed and there were suitable business continuity plans in place. The practice had an active patient participation group (PPG). The staff were well supported, worked closely together and felt able to raise concerns. Meetings were undertaken regularly, and staff received suitable training.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the population group of older people.

Older people were cared for with dignity and respect. The practice was responsive to their needs, and there was evidence of working with other health and social care providers to provide safe care. We spoke with the managers of the care homes whose residents received support from the practice. They were very satisfied with the overall care and said the GPs were very approachable. Support was available for terminally ill and housebound patients.

Good



People with long term conditions

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

The clinical staff had the knowledge and skills to respond to the needs of patients with long term conditions such as cardiovascular diseases, diabetes mellitus, asthma and chronic obstructive pulmonary disease (COPD). Staff worked with other health professionals, such as for example, diabetes specialists to ensure a multi-disciplinary approach, and the care and medicines of patients in this group were reviewed regularly.

Good



Families, children and young people

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

There were suitable safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. Staff had received training on child protection which included Level 3 for GPs and nurses. There was evidence of joint working with other professionals to provide good antenatal and postnatal care. Baby immunisation clinics and mother and baby clinics with a nurse and GP were available and childhood immunisations were administered in line with national guidelines. The practice maintained a pregnancy planner of expectant mothers with information on key dates including expected date of delivery and beyond.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the population group of the working-age people (including those recently retired and students).

Good



Summary of findings

The needs of the working age population, those recently retired and students had been identified and there were a variety of appointment options available to patients such as telephone consultations, on-line booking and extended hours. The practice offered health checks, travel vaccinations and health promotion advice including on smoking cessation.

People whose circumstances may make them vulnerable

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

People attending the practice were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse and prevent abuse from happening. The practice had policies in place relating to the safeguarding of vulnerable adults and whistleblowing and staff we spoke with were aware of their responsibilities in identifying and reporting concerns.

The practice was signed up to the learning disability direct enhanced service (DES) to provide an annual health check for people with a learning disability to improve their health outcomes. The practice offered longer appointments for people with learning disabilities and was on track to provide these checks within the financial year having completed checks on 18 patients out of 20 who were on the register.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia).

The practice was signed up to the dementia local enhanced service (LES) to provide care and support for people with dementia. The services were planned and co-ordinated to ensure that patient's needs were suitably assessed and met. The practice also provided care and support for elderly patients in care homes. The managers of the care homes told us that they were very happy with the care and support provided by the practice for their residents.

Reviews of care of patients with dementia and mental health issues showed they were receiving adequate multi-disciplinary support and a regular assessment of their health. Staff told us that they could also refer patients to access support from the community mental health teams.

Good



Summary of findings

What people who use the service say

The patients we spoke with on the day of our visit told us that they were treated with kindness and respect both by doctors and nurses and by the practice reception staff. We received 35 comment cards from patients who attended the practice during the two weeks before our inspection and all were complimentary of the care they received from the surgery staff.

The 2014 GP survey results (latest results published in July 2014) showed that 94% of respondents said the last GP they saw or spoke to was good at listening to them and 93% of respondents had confidence and trust in the last GP they saw or spoke to. 90% of the respondents said

that the last GP they saw or spoke to was good at involving them in decisions about their care (compared with a Croydon CCG average of 73%) and 91% found the receptionists at the surgery helpful, which was again above the CCG average score.

In the 2013 PPG patient survey 89% of the respondents had rated the staff good or very good at explaining tests and treatments and 85% had rated the staff good or very good at involving them in decisions about their care. 86% of the respondents had replied helpful or very helpful to the question of how helpful do you find the receptionists at the surgery.

Areas for improvement

Action the service SHOULD take to improve

- Improvements to the documentation of the practice's vision and strategic aims and objectives.
- Ensure all staff including those doing sessions have suitable recruitment checks completed before commencing employment.

Mersham Medical Centre

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 and an Expert by Experience.

Background to Mersham Medical Centre

The surgery, which operates from a single location, is located in Thornton Heath in the London Borough of Croydon and has a list size of just under 3,000 patients.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; family planning; and maternity and midwifery services.

The practice has a Personal Medical Services (PMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services and minor surgery. (Personal Medical Services agreements are locally agreed contracts between NHS England and a GP practice and offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts)

The practice is currently open five days a week from 8:00am to 6:30pm. In addition, the practice offers extended opening hours from 6:30pm to 8:00pm every Monday. The practice GPs do not provide an out-of-hours service to their own patients and patients are signposted to out-of-hours service when the surgery is closed.

The practice has a higher than average percentage of patients under 18 years of age and in the 45-49 year age group. Overall, the practice is in a more deprived area than average for Croydon.

The surgery is a GP teaching practice, has two partners (one male and one female) and two nurses who provide three clinical sessions per week. The practice also has a practice manager and a reception team with three receptionists and a receptionist/administrative staff.

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

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 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.

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 15

Detailed findings

October 2014. During our visit we spoke with a range of staff (GP partners, practice manager and the reception staff), a health care visitor, two care home managers whose residents received care and support from the practice and four patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients. We reviewed 35 comment cards where patients 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 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)

Are services safe?

Our findings

Safe Track Record

The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. The practice had a significant event protocol. We were told that the significant events were reviewed regularly to ensure any themes were identified and discussed. All the staff we spoke with were aware of identifying concerns and issues and reporting them appropriately.

Learning and improvement from safety incidents

The practice had an effective system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening in the future. We reviewed five incidents and noted that review of the incident records showed evidence of discussion and learning. We reviewed an incident involving a patient in the reception area developing chest pain and staff calling for an emergency ambulance. This incident had been identified as one where accurate information in the form of clearly stating the emergency had not been shared over the phone with the ambulance staff. We saw suitable recording of the incident and discussions to help improve the telephone communications with ambulance staff. Staff we spoke with were aware of the learning and told us how the process and their awareness had improved since the incident. There had been one significant event related to prescribing in the last 18 months and there was evidence of an action plan and learning resulting from the incident.

Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults, child protection and whistleblowing. One of the partners was the designated lead for safeguarding. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues. Clinical staff including the GPs and the nurse had completed Level 3 child protection training and the reception staff had received Level 1 training. Staff had also received training in safeguarding of vulnerable adults and clinical staff were required to have a criminal records (now the Disqualification and Barring Scheme) check. The

contact details of the local area's child protection and adults safeguarding departments were accessible to staff if they needed to contact someone to share their concerns about children or adults at risk.

The practice maintained a safeguarding children register and also a list of 'looked after' children and a 'watchful list' of children who were considered at risk of neglect. This helped improve staff awareness and vigilance of children who were at potential risk of neglect. There was evidence of discussion amongst practice staff around safeguarding children and vulnerable adults. The practice had a chaperone policy, and information on availability of chaperones was displayed in the practice. The practice currently used only the clinical staff to act as chaperones but was looking to provide chaperone training to non-clinical staff as well.

Medicines Management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. The vaccines were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridge. Records showed all recorded temperatures were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No Controlled Drugs were kept on site.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. All scripts were reviewed and signed by GPs. Prescriptions for medicines like Lithium, Methotrexate and Disease-modifying antirheumatic drugs (DMARDs) were printed only by the GPs to ensure appropriate checks had been made before prescribing these medicines. We looked at three documents where methotrexate had been prescribed and found blood tests had been undertaken at regular intervals before repeat prescriptions were issued. However, in one case we could not find evidence of documentation of blood tests having been undertaken in the last eight months.

Cleanliness & Infection Control

Effective systems were in place to reduce the risk and spread of infection. There was a designated infection

Are services safe?

prevention and control lead, and staff had received training in infection prevention and control and were aware of infection control guidelines. Staff told us they had access to appropriate personal protective equipment (PPE), such as gloves and aprons. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination couches and weighing scales were clean and an infection control audit had been undertaken in the last six months. Clinical waste was collected by an external company and consignment notes were available to demonstrate this. A Legionella risk assessment had been undertaken.

Equipment

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. These tests had been undertaken within the last year.

Staffing & Recruitment

A staff recruitment policy was available and the practice was aware of the various requirements including obtaining proof of identity, proof of address, references and undertaking criminal records (now the Disqualification and Barring Scheme) checks before employing staff. Records showed that DBS checks had been completed for both the GPs, the practice manager and one of the nurses. The DBS checks of one sessional nurse though had not been completed. The practice manager told us that the necessary paperwork was being undertaken.

Monitoring Safety & Responding to Risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the patients using the service. Risk assessments of the premises including trips and falls, Control of Substances Hazardous to Health (COSHH), Legionnaires' disease, asbestosis, security, and fire had been undertaken. The fire alarms were tested monthly. Regular maintenance of equipment was undertaken and records showing annual testing of equipment and calibration were available. The reception area could only be accessed via lockable doors and glass screens had been put up in front of the reception desks to minimise potential risks of physical violence.

Arrangements to deal with emergencies and major incidents

There were arrangements in place to deal with on-site medical emergencies. All staff received training in basic life support. The practice had a stock of emergency medicines and equipment such as oxygen, masks, nebulisers, pulse oximeter, ECG machine and a defibrillator were available and these were checked regularly.

A business continuity plan was available and the practice manager told us of the contingency steps they could undertake in the event of any disruption to the premises' computer system, central heating, and telephone lines. They told us of the arrangements they had with a neighbouring practice and a local health care centre to ensure patient care could be undertaken with minimal disruption in the event of such incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs reviewed incoming guidelines such as those from the National Institute for Health and Care Excellence (NICE) and, if considered relevant, they were discussed in practice clinical meetings and by e-mails. There was evidence of a good working relationship between the professionals to ensure information was cascaded suitably and adapted accordingly.

There was evidence that staff shared best practice via internal arrangements and meetings. The practice had an internal and external peer reviewed referral management system whereby all referrals were discussed internally with the other GP. There were also monthly review of referrals at network meetings that were undertaken with six other practices in the local area of Thornton Heath. We saw minutes of network meetings where referral data analysis had been discussed. Review of care records and discussions with staff showed that GPs used evidence based guidelines in determining the treatment options for their patients were supported to achieve good health outcomes.

Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. Both GPs and the practice manager were actively involved in ensuring important aspects of care delivery such as significant incidents recording, clinical review scheduling, data input, child protection alerts management, referrals, and medicines management were being undertaken suitably. Clinical audits such as prescription of Vitamin D and calcium supplements and management of atrial fibrillation based on new guidelines had been undertaken by the practice to monitor their compliance with current guidance.

Both GPs and a practice nurse had a Warwick Medical School certificate in Diabetes management. The GPs had also undertaken insulin training course and also attended local hospital run monthly diabetes updating course to ensure they were up to date with the current Diabetes management guidelines. Where suitable, patients were referred to community patient programme and local dietician and where relevant also to psychological

therapies such as for eating disorders. The GPs also worked with a local diabetic consultant for the management of patients with difficult to control Diabetes Mellitus. Review of the care of three patients with Diabetes showed they were receiving suitable care and had all received an annual review.

The practice had started undertaking screening for chronic obstructive pulmonary disease (COPD) in smokers. One of the practice nurses had been trained in spirometry and the practice also liaised with the local hospital clinic for the management of the serious cases of COPD. The GP undertaking intrauterine contraceptive device(IUCD) implantation was accredited and was auditing the implantation procedures to ensure learning and improvement.

Patients could order repeat prescriptions online. The practice had a policy of undertaking medication reviews regularly and there were safeguards in place to ensure that patients on certain medications such as those for mental health or long term conditions had their medicines reviewed at regular intervals. There was evidence from review of care that patients with dementia, learning disabilities and those with mental health disorders received suitable care with annual review of their health and care plan. The practice manager told us that of the 19 patients on the dementia register, 18 had received an annual health check.

There had been one significant event related to prescribing in the last 18 months and there was evidence of an action plan and learning resulting from the incident. The practice had multi-disciplinary meetings with external professionals, such as from the local hospice and the community to discuss the care of patients. Meeting minutes showed topics discussed in these meetings included care of end-of-life patients.

Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The practice had identified mandatory training modules including on health and safety, safeguarding of vulnerable adults and young people and basic life support training to be completed by staff. All staff records we saw showed that staff were up to date with their training. There was evidence of appraisals and performance reviews of staff being

Are services effective?

(for example, treatment is effective)

undertaken. There were appraisal processes for GPs and one of them had recently received a revalidation. (Revalidation is the process by which doctors demonstrate they are up to date and fit to practise.) Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

Working with colleagues and other services

The practice worked with other providers and health and social care professionals to provide effective care for patients. The practice had monthly multi-disciplinary team meetings which included palliative nurses, community matron, social worker, CCG pharmacist and district nurses. Meeting minutes showed topics discussed in these meetings included care of end of life patients, any deaths of patients on the practice's list, any new cancer diagnoses and also safeguarding issues, significant events, unplanned admissions and A&E attendances.

Information Sharing

We had met the Croydon CCG prior to our inspection visit to share information. The CCG told us that the practice regularly attended the network meetings and was a very engaged practice that contributed and lead regularly in their network. We were told that the practice was very open to sharing and learning and engaged openly on pathways and multi-disciplinary team meetings.

Consent to care and treatment

Both GPs we spoke with were aware of the requirements of the Mental Capacity Act (2005), Gillick competency and their responsibilities with regards to obtaining and recording consent. Staff told us that consent was recorded on patient notes and if there were any issues they were discussed with a carer or parent. There was evidence of consent being recorded for procedures such as intrauterine contraceptive device (IUCD) implantation.

Health Promotion & Prevention

There was a range of information available to patients in the waiting areas which included leaflets and posters providing information on the various services, flu vaccinations and smoking cessation. Data showed an 88% uptake for cervical smears. The GPs told us they could refer patients with obesity and eating disorders to support from specialist community teams. Data available to us showed that the practice was achieving about 93% coverage for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, acellular pertussis (whooping cough), poliomyelitis and Hemophilus influenzae type b) vaccination for the 24 month age group children, which was higher than the CCG average. All new patients registering with the practice were offered a health check which was undertaken by the practice nurses.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. The 2013/14 GP survey results (latest results published in July 2014) showed that 94% of respondents said the last GP they saw or spoke to was good at listening to them and 93% of respondents had confidence and trust in the last GP they saw or spoke to. 92% of the respondents said that the last GP they saw or spoke to was good at giving them enough time and 91% found the receptionists at the surgery helpful.

In the PPG patient survey of 2013, 89% of the respondents had rated the staff good or very good at explaining tests and treatments and 85% had rated the staff good or very good at involving them in decisions about their care. 86% of the respondents had replied helpful or very helpful to the question of how helpful do you find the receptionists at the surgery.

We also spoke with four patients on the day of our visit. They stated that the GPs were caring, and that they were treated with dignity and respect.

Patients were requested to complete CQC comment cards to provide us with feedback on the practice. We received 35 completed cards. All the comment cards we received had very positive comments about the staff and the care patients had received. Patients told us they were very happy with the medical care and treatment at the practice.

The practice phones were located and managed at the reception desk. The practice staff told us that they could take calls at the back of the reception area to ensure privacy. There was also an adjacent room near the reception area that staff could use if patients at the reception wanted to discuss any confidential issues; though the practice may wish to note that there was no information displayed for patients that made them aware regarding the availability of this aspect of care.

A notice setting out chaperoning arrangements was displayed outside the treatment rooms. GP and nurse

consultations were undertaken in consulting rooms, which ensured privacy for patients. Staff we spoke with were aware of the need to be respectful of patients' right to privacy and dignity.

Care planning and involvement in decisions about care and treatment

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms. The practice's website provided information about the different services that were available, clinic times, newsletters and the PPG activities being undertaken by the practice. Staff told us that translation services were available for patients who did not have English as a first language. The 2013/14 GP survey results (latest results published in July 2014) showed that 90% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care

All four patients we spoke with on the day of our visit were happy and satisfied with the care they were receiving from the practice. They stated that the GPs were caring and listened to them and they felt involved in decisions related to their care and treatment.

Patient/carer support to cope emotionally with care and treatment

The practice website offered patients information as to what to do in time of bereavement. The GP and the practice manager told us that staff could also signpost patients to two bereavement support and counselling facilities in the community following a death. The website encouraged patients to inform them if they were a carer and also signposted them to support available in the community. The practice manager told us that as it was a small practice they knew their patients well and were vigilant to the needs of patients who were caring for others. We met one patient who was also a carer and they said they were very happy with the support provided to them and their loved one by the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients' needs were suitably assessed and met and we found the practice to be involved with their Patient Participation Group (PPG). Feedback from patients was obtained proactively and the service acted accordingly. There were regular meetings attended by the practice manager and one of the GPs. Patient surveys to obtain feedback on different aspects of care delivery were undertaken annually.

The practice had multi-disciplinary meetings with external professionals, such as from the local hospice and the community to discuss the care of patients. Meeting minutes showed topics discussed in these meetings included care of end-of-life patients, any deaths of patients on the practice's list, any new cancer diagnoses and also safeguarding issues, significant events, unplanned admissions and A&E attendances. The practice learnt from patient's experiences, concerns and complaints to improve the quality of care.

The practice was responsive to the needs of their patients. Reviews of the care records showed that patients with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders received regular medicines review and also an annual review of their care.

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the Directed Enhanced Services (DES) was undertaken suitably and monitored. For example, under the unplanned admissions DES, three patients had been identified as at medium to very high risk of unplanned emergency admissions to hospitals. We found that all three had an admissions avoidance plan and one patient had a personalised care plan to help avoid an unplanned admission. [GPs are contracted to provide core (essential and additional) services to their patients. The extra services they can provide on top of these are called Enhanced Services. One of the types of enhanced service is Directed Enhanced Service (DES) where it must be ensured that a particular service is provided for the population.]

Tackling inequity and promoting equality

There were arrangements to meet the needs of the patients for whom English was not the first language. Staff told us they could arrange for interpreters and also had access to software on their computers which could help with language interpretation. The practice staff between themselves were fluent in about eight different languages. We were told there were no asylum seekers or homeless people on the practice's list.

The practice demonstrated an awareness and responsiveness to the needs of those whose circumstances made them vulnerable. The practice maintained a separate register of pregnant women, with dates of their check-ups and expected delivery dates, to ensure staff were aware of their ante-natal and post-natal care needs and support. The practice maintained a safeguarding children register and also a list of 'looked after' children and a 'watchful list' of children who were considered at risk of neglect. This helped improve staff awareness and vigilance of children who were at potential risk of neglect. There was evidence of discussion amongst practice staff around safeguarding children and vulnerable adults.

We were told that 30-minute appointments could be scheduled for patients with learning disabilities. Review of care of three patients with learning disabilities showed that they were receiving suitable care and had received an annual review within the year. Practice data showed that in the previous financial year all 18 patients on the learning disabilities register had received an annual health check. There were 20 patients on the list in the current year and staff told us that 18 had received an annual review.

Access to the service

The practice had a Personal Medical Services (PMS) contract and provided a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services and minor surgery.

The practice was open five days a week from 8:00am to 6:30pm. In addition, the practice offered extended opening hours from 6:30pm to 8:00pm every Monday.

The practice maintained a user-friendly website with information available for patients on services provided, home visits, health promotion, obtaining test results, joining the PPG, PPG minutes, meeting agendas, booking appointments and ordering repeat prescriptions.

Are services responsive to people's needs?

(for example, to feedback?)

Appointments could be booked by phone, online and in person. The practice had responded to patient's concerns and had introduced telephone consultations to improve accessibility especially for emergency appointments. Patients were given the choice of either on the day emergency appointments or telephone consultations where appropriate. This, we were told had reduced the waiting times for appointments, and had also led to less waiting time in the waiting room. Similarly, early start appointments, in response to patient feedback, had led to more appointment times being available, making, we were told, a huge difference in the waiting area with fewer patients waiting for their appointment.

All the patients we spoke with were happy with the appointments system currently in place. They said appointments were easy to get and were available at a time that suited them. One patient told us that it was very easy to arrange for a travel vaccination when they needed one for travel to a foreign country.

Patients told us they could see a doctor on the same day for urgent needs. We checked the patient booking-in system on the day of our inspection (15 October) and found that routine appointments could be provided the next day.

Information was available via the answer phone and the practice's website, providing the telephone number patients should ring if they required medical assistance outside of the practice's opening hours.

We also spoke with the managers of two care homes whose residents received care from the practice GPs. They were very satisfied with the care their residents received. They said the GP who visited the care home was very approachable and they were confident that their residents were receiving good care.

The premises and services were able to meet the needs of patients with disabilities. The premises were on two floors. The ground floor had a consulting and treatment room and patient toilets which were all wheel chair accessible. The practice manager told us that they were looking to make further improvements, such as having an induction loop fitted at the front desk.

Listening and learning from concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the practice manager was the designated staff member who managed the complaints.

The practice also had a system in place for analysing and learning from complaints received in the practice. The practice reviewed complaints on an annual basis to detect any emerging themes. Review of an example of a complaint and the annual report showed that actions were taken to follow up on the initial complaints including responding to and discussing the concerns with the complainants. Wherever possible suitable action had been taken to help improve the service. For example, in one case where a complaint had been raised about the cleaner, there was evidence of further action taken to discuss the issue with the cleaning company to ensure the staff had received suitable training and support. Similarly, additional customer service training and support was provided to receptionists following complaints about that aspect of care delivery. Actions had also been taken following patient feedback to purchase new chairs, redecorate, and add new signage and noticeboard to improve the appearance and usability of the waiting area.

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 surgery had a practice charter and a statement of purpose which outlined the practice's aims and objectives and laid out patients' responsibilities as well as their rights. All the staff we spoke with described the culture as supportive, open and transparent. The receptionists and all staff were encouraged to report issues and patients' concerns, to ensure those issues could be promptly managed. Staff we spoke with demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development. The practice may however wish to note that further improvements could be made to the documentation of the practice's vision and strategic aims and objectives.

Governance Arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures, including human resources policies were in place, and there was effective monitoring of various aspects of care delivery. Staff were aware of lines of accountability and who to report to. The practice had regular meetings involving GPs, practice manager and receptionists. Meeting minutes showed evidence of good discussions of various issues facing the practice. There were systems in place for monitoring various aspects of the service such as clinical outcomes, risks, safeguarding, complaints and infection control.

Leadership, openness and transparency

The practice was led by two partners and a practice manager. Discussions with staff and meeting minutes revealed team working and effective, inclusive leadership. The practice manager told us that since the new partners had taken over 18 months ago, the culture and ethos of the practice had changed and it had become a very healthy and supportive environment. There were designated leads for various service delivery areas and staff were clear about their responsibilities.

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

We found the practice to be involved with their patients, the Patient Participation Group (PPG) and other stakeholders. There was evidence of regular meetings and members' involvement in undertaking patient surveys. The practice was engaged with the Croydon Clinical Commissioning Group who told us that the practice regularly attended the network meetings and was a very engaged practice that contributed and lead regularly in their network. We were told that the practice was very open to sharing and learning and engaged openly on pathways and multi-disciplinary team meetings.

Management lead through learning & improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and significant events, patient feedback and complaints and errors to ensure improvement. The GPs provided peer support to each other and also accessed external support such as from Diabetic consultant to help improve care delivery. There was evidence of improvements such as introduction of early appointment times, telephone consultations and improvements to the premises having been made following feedback provided by patients.