

Norbury Health Centre 2

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 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 Norbury Health Centre 2 on 18 July 2016. The overall rating for the practice was Good, however the practice was rated as Requires Improvement for the key question: are services Well Led? The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Norbury Health Centre 2 on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 11 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 18 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing well led services.

At our previous inspection on 18 July 2016, we rated the practice as requires improvement for providing well led services as the provider had not acted upon the below

averages results from the National Patient Survey (published in January 2016) with regard to access to care and treatment; and had not ensured all patients with a learning disability had received an annual review.

We also highlighted other areas where the provider should take action:

- Take appropriate steps to identify patients who are also carers to allow the practice to provide support and suitable signposting.
- Record when fire evacuation drills are carried out and amalgamate the four separate fire safety policies into one, up to date, cohesive document.
- Carry out a pre-acceptance audit with regard to clinical waste management.
- Review the repeat prescription policy and ensure it is being followed.
- Regularly review and update when necessary the business continuity plan.
- Complete the audit cycle for by re-auditing each of the audits carried out.
- Review their handling of complaints to ensure that all complaints are recorded and that information on the complaints process is made available to patients.

Our key findings at this inspection were as follows:

Summary of findings

We found that the provider had taken a number of measures to improve, and had also taken action on the areas we had identified for improvement.

Results from the National Patient Survey published in July 2016 indicated that the practice performance had improved in relation to access to care and treatment, although results were still below national average. We saw that results were discussed at clinical meetings and patients were being encouraged to cancel appointments they did not need so as to free them up for others. Reception staff had received training in signposting patients to alternative, appropriate services. We were told that the practice was trying to address complaints about access by changing the telephone system, and they provided us with details of two new systems they were considering.

Thirty (out of 49) patients (61%) with a learning disability had received an annual review up to the end of February 2017. This compared to 20% at the time of the last inspection. The provider sent us a copy of a clinical meeting where we could see that the needs of these patients had been discussed.

We also found that the provider had taken the following action with regard to the good practice areas:

- The practice had taken steps to help identify patients who were also carers, including displaying a poster asking such patients to contact reception and also a poster relating to a local carers group. They had also obtained leaflets relating to a carers drop in centre.
- The provider had taken measures to improve fire safety. We saw a copy of the fire log book which indicated the fire alarms were being tested weekly, and regular fire drills were now being carried out. There was also an updated fire safety policy.
- Practice staff had carried out an in-house pre-acceptance audit with regard to clinical waste management.

- The practice had reviewed its repeat prescribing policy and was also recording on a database uncollected or lost prescriptions.
- The business continuity plan had been reviewed and updated and a copy was sent to us, along with a business continuity risk assessment.
- The Practice sent us a copy of a completed, two-cycle, antibiotic prescribing audit. This indicated that there had been a 69% (44 compared to 14 patients) reduction in the number of patients who have been prescribed cephalosporins, quinolones and co-amoxiclav in May 2016 compared to March 2015. The practice also sent in two completed audits relating to two week referrals and obesity. Whilst these had been completed with a second cycle, the audits did not demonstrate how the outcomes had led to an improvement in the quality of patient care.
- The practice had improved the complaints procedure information available to patients. A new poster had been displayed in the waiting area; the process was signposted on the practice website and we saw evidence that the practice was risk rating each complaint and also recording the outcome.

However, there remained areas of practice where the provider should continue to make improvements.

In addition the provider should:

- Continue to review the results from the national GP patient survey and implement measures to improve patient satisfaction with access to care and treatment, particularly with regard to telephone access.

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 well-led?

We found that the provider had taken a number of measures to improve, and had also taken action on the areas we had identified for improvement.

Results from the National Patient Survey published in July 2016 indicated that the practice performance had improved in relation to access to care and treatment. We saw that results of the survey were discussed at clinical meetings and patients were being encouraged to cancel appointments they did not need so as to free them up for others. Reception staff had received training in signposting patients to alternative, appropriate services.

Thirty (out of 49) patients (61%) with a learning disability had received an annual review up to the end of February 2017. This compared to 20% at the time of the last inspection. The provider sent us a copy of a clinical meeting where we could see that the needs of these patients had been discussed.

We also found that the provider had taken the following action with regard to the good practice areas.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to review the results from the national GP patient survey and implement measures to improve patient satisfaction with access to care and treatment, particularly with regard to telephone access.

Norbury Health Centre 2

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review was carried out by a CQC Lead inspector.

Background to Norbury Health Centre 2

Norbury Health Centre provides services to approximately 10,600 patients in south west London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Croydon Clinical Commissioning Group (CCG) which has 58 member practices serving a registered patient population of approximately 395,000. Norbury health centre provides a number of enhanced services including minor surgery; remote care monitoring; unplanned admissions and rotavirus & shingles immunisation. It is also a training practice for GP trainees.

The staff team at the practice consists of two male and two female GPs, one specialist nurse and two practice nurses, a practice manager, an assistant practice manager and 13 administrative staff. The permanent GPs at the practice provided 23 sessions per week, and an additional eight to ten sessions were provided by locum GPs. The service is provided from this location only. There is wheelchair access to the building; lift access the first and second floors, an accessible toilet, a hearing loop and reserved parking for patients with disabilities.

The practice is open between 8am and 6.30pm each weekday. Appointments are available between 9am – 11am and 4pm – 6pm each weekday, and bookable

appointments are offered up to 7pm each weekday evening. Patients who wish to see a GP outside of these times are referred to an out of hour's service. The practice provides an online appointment booking system and an electronic repeat prescription service.

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

The practice has a lower percentage than the national average of people with a long standing health conditions (50% compared to a national average of 54%). It has a higher percentage of unemployed people compared to the national average (13.6% compared to 5.4%). The practice sits in an area which rates within the fifth most deprived decile in the country, with a value of 23 compared to the CCG average of 23.6 and England average of 21.8 (the lower the number the less deprived the area). Life expectancy in this area is the same as the England average for men (79 years) and one year above the England average for women (84 years compared to 83).

The practice is located in a diverse borough with around half of the population from black and ethnic minority groups and where more than 100 languages are spoken as a first language. For example a high percentage of patients speak Urdu, Gujarati, Polish, Punjabi, Hindi, Portuguese, Bengali and French. The age group profile for the patient population is comparable to the England average for almost all age groups. It is slightly above the England average for men and women aged between 20 – 34; and slightly above for male patients aged 35 – 39.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Norbury Health Centre 2 on 18 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, but requires improvement for providing well led services. The full comprehensive report following the inspection on 18 July 2016 can be found by selecting the 'all reports' link for Norbury Health Centre 2 on our website at www.cqc.org.uk.

We undertook a follow up desk-based inspection of Norbury Health Centre on 11 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Norbury Health Centre on 11 April 2017. This involved reviewing evidence that:

- the provider had acted upon the below averages results from the National Patient Survey (published in January 2016) with regard to access to care and treatment;
- the provider was taking steps to ensure all patients with a learning disability received an annual review.

We also reviewed the areas of good practice where the provider should take action.

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 well-led?

Good 

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

Our findings

At our previous inspection on 18 July 2016, we rated the practice as requires improvement for providing well-led services as the provider had not acted upon the below averages results from the National Patient Survey (published in January 2016) with regard to access to care and treatment; and had not ensured all patients with a learning disability had received an annual review.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up desk based inspection of the service on 11 April 2017. The practice is now rated as good for being well-led.

Governance arrangements

Following the inspection in July 2016 the provider sent us an action plan and told us that they would discuss the outcomes of the National Patient Survey with staff; they would introduce a template to help appropriately code patients with a learning disability and that they would monitor the learning disability register.

From the information sent to us for this a follow up desk based inspection of the service on 11 April 2017, we saw that results from the National Patient Survey were discussed at clinical meetings. Results from the Survey published in July 2016 indicated that the practice performance had improved in relation to access to care and treatment. For example:

- 64% (up from 60%) of patients were satisfied with the practice's opening hours compared to the national average of 76%.

- 42% (up from 34%) of patients said they could get through easily to the practice by phone compared to the national average of 73%.

- 83% (up from 75%) of patients said the appointment they got was convenient compared to the national average of 92%.

- 66% (up from 57%) of patients described their experience of making an appointment as good compared to the national average of 73%.

We saw that the practice highlighted the number of wasted appointments in the patient participation group newsletter, and encouraged patients to cancel appointments they did not need so as to free them up for others. Reception staff had received training in signposting patients to alternative, appropriate services. We were told that the practice was trying to address complaints about access by changing the telephone system, and they provided us with details of two new systems they were considering.

Thirty (out of 49) patients (61%) with a learning disability had received an annual review up to the end of February 2017. This compared to 20% at the time of the last inspection. The practice stated all patients (bar one newly registered patient) with a learning disability had been offered an annual review. A further five had been reviewed in March and April whilst several were unable to attend or cancelled. Those who had not been seen would be offered a further appointment.

The provider sent us a copy of a clinical meeting where we could see that the needs of these patients had been discussed. They had also introduced an annual health check template. The practice told us staff had checked the template being used to code patients with a learning disability to ensure it was being correctly completed.