

Dr A T Fernandes and Partners

Quality Report

Parchmore Medical Centre
97 Parchmore Road
Thornton Heath
Surrey
CR7 8LY
Tel: 020 82514200
Website: parchmoremedicalcentre.co.uk

Date of inspection visit: 10 May 2017
Date of publication: 07/06/2017

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 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 Dr A T Fernandes and Partners on 2 August 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 August 2016 inspection can be found by selecting the 'all reports' link for Dr A T Fernandes and Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 May 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 2 August 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 focused inspection we found the practice to be good for providing well led services.

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing well led services as the provider had not established governance systems and processes to enable the practice to operate effectively, including addressing action plans– such as

those arising from risk assessments; introducing systems to monitor compliance with NICE and other guidance; ensure risk assessments are up to date, and carry out regular fire drills.

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.
- Regularly review complaints received so as to establish if there are any trends developing and if so, take appropriate action.
- Complete audit cycles by re-auditing.
- Enable staff to undergo adult safeguarding training.
- Revise the infection control audit template so that it covers all areas of potential infection risk; and review the needlestick injury guidance so that the infection prevention control policy and guidance posters give the same advice.
- Carry out annual reviews on vulnerable patients, including those with a learning disability, dementia and mental illness.
- Keep records to indicate when clinical equipment is cleaned.

Summary of findings

- Review the outcomes of the national patient survey and consider ways to improve patient experiences.
- Ensure all GPs have appropriate medical indemnity insurance in place.

Our key findings at this focused inspection were as follows:

We found that the provider had taken action to address the breaches of regulation identified at our previous inspection.

The provider had introduced new governance systems, and updated existing ones. Changes included holding weekly operational meetings, with a practice wide senior management team meeting every fourth week.

A system to monitor NICE and other guidance had been instigated, and included assessing how well the practice was complying with the guidance.

Risk assessments had been updated and were regularly reviewed. Fire drills had been carried out.

We also found that the provider had taken the following action to address the areas where we suggested they should make improvements:

- The practice had taken steps to improve its identification of patients who were also carers. Information had been added to the practice website and practice leaflet. A poster had been placed in the waiting area, and staff used ad-hoc opportunities, such as during the flu jab campaign, to contact carers. The number of identified carers had risen from 48 at the last inspection to 71 (0.5% of the patient list) at the time of this inspection.
- Reviews of complaints had been carried out and shared with the patient participation group. The practice found that most complaints related to the telephone system and appointment booking process, both of which they were taking steps to address. Technical issues had been found with the phone system which the telephone provider was working to address. The practice acknowledged that there were sometimes difficulties with appointments, not least because of a shortage of GPs. They were trying to work around this by, for example, appointing a pharmacist, and setting up a local community development programme. This

programme aimed at reducing patient dependency and encouraged patients to consider alternatives to visiting their GP. The programme included setting up hubs to provide, for example, fitness classes; education and vocational training, food banks; finance and housing advice and tea and coffee clubs. To date, the practice had secured funding to set up three classes, in the community, for older people – including a health and fitness group and a health session.

- Senior staff were now logging when initial audits were carried out, and setting diary notes to ensure audits cycles were completed with a second cycle. Details of audits to be completed were also added to the practice's action plan so that they were regularly reviewed. The practice had carried out a complete audit with regard to NICE guidance recommending all new patients should be offered an HIV test.
- We were provided with a spreadsheet outlining staff training. It indicated that all permanent staff had undergone adult and children safeguarding training to the appropriate level, with one exception amongst the administrative team. This person had training booked to take place within the next few days.
- The practice's infection control audit template had been revised and now covered all areas of potential infection risk. The needlestick injury policy had been updated and both the policy and posters highlighting the action to be taken in the event of a needlestick injury both now gave the same information.
- The practice told us they were prioritising annual care plan reviews for vulnerable groups. At the end of the last (financial) year, 81% of patients with a mental health illness; 75% of patients with dementia and 47% of patients with a learning disability had received a review. The practice acknowledged that they had still not achieved their 100% target; however these figures were an improvement since the last inspection.
- Staff were keeping a record to show when clinical equipment was being cleaned.
- We were told staff had used protected learning time to sit down as a group to review the results of the national patient survey and identify areas for

Summary of findings

improvement. Key issues in the survey corresponded to complaints received, and were areas where the practice was already trying to improve, such as telephone access and appointments.

- Details of all the GPs' medical indemnity insurance was now being kept centrally on the training spreadsheet and renewal dates were being diarised. The practice told us all GPs' indemnity was in place and up to date. We saw this was the case in the staff file we reviewed.

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

Importantly, the provider should:

- Continue to prioritise annual care plan reviews for vulnerable groups, particularly those with a learning disability.
- Continue to take appropriate steps to improve identification of patients who are also carers so as to be able to provide appropriate support and signposting to this patient group.

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 action to address the breaches of regulation identified at our previous inspection.

Following the inspection in August 2016 the provider sent us an action plan and told us that they would establish new governance systems; set up a system to monitor compliance with NICE guidance; ensure risk assessments were kept up to date and carry out regular fire drills.

The provider had introduced new governance systems, and updated existing ones, including their ongoing action plan and their system to review the practice's compliance with NICE guidelines. We reviewed a copy of the action plan which indicated that issues were being dealt with promptly.

We saw that the learning taken from complaints and significant events was being shared with staff much more quickly.

Risk assessments had been updated and were regularly reviewed. We saw staff had carried out a review of its risk assessments in January 2017, and any outstanding issues were discussed at the Senior Leadership Team meetings. A fire drill had been carried out in February 2017, with the next one scheduled for August 2017.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to prioritise annual care plan reviews for vulnerable groups, particularly those with a learning disability.
- Continue to take appropriate steps to improve identification of patients who are also carers so as to be able to provide appropriate support and signposting to this patient group.

Dr A T Fernandes and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector.

Background to Dr A T Fernandes and Partners

Dr A T Fernandes and Partners provide services to approximately 14,400 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 61 member practices serving a registered patient population of approximately 389,000. In 2010 this was the first practice in Croydon to achieve the RCGP Quality Practice Award. Dr A T Fernandes and Partners provide a number of enhanced services including extended hours access; improving patient online access; influenza and pneumococcal immunisations; facilitating timely diagnosis and support for people with dementia; minor surgery and rotavirus & shingles immunisation. The practice provides between 56 and 69 GP sessions per week, depending on the number of locum GPs engaged.

The staff team at the practice consists of four male and eight female GPs, one nurse practitioner and five practice nurses, four health care assistants; a managing partner and a general manager, an assistant practice manager and 24 administrative staff. This is also a GP training practice. The service is provided from this location only although the

partnership encompasses two other, separately registered locations. There is wheelchair access to the building; lift access to 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. On Tuesdays the practice is open until 8pm, and on Saturdays it is open between 8.15am and 12.15pm. Appointments are available between 8.30am – 12pm and 2pm – 6.30pm each weekday except Tuesdays when appointments are available until 7.40pm; and Saturdays when pre-booked appointments are available between 8.30am and 11.45am. 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 (42% compared to a national average of 54%). It has a higher percentage of unemployed people compared to the national average (8.2% compared to 5.4%). The practice sits in an area which rates within the fourth most deprived decile in the country, with a value of 29.3 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 women (83 years).

Detailed findings

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 patient population is comparative to, though slightly above, the England average for almost all age groups up to the age of 54. From 55 onwards the practice had a lower number of patients in each age bracket than the England average.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr A T Fernandes on 2 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for well led services. The full comprehensive report following the inspection on 2 August 2016 can be found by selecting the 'all reports' link for Dr A T Fernandes on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr A T Fernandes on 10 May 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

During our visit we:

- Spoke with one of the GP partners, the managing partner and the operational manager.
- Reviewed a number of documents including senior leadership team meeting minutes; a training spreadsheet and the practice's action plan.
- Discussed with the aforementioned staff the significant event log; analysis of complaints; the restructuring of the senior management team; the practice's action plan and their revised governance structure.
- 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 2 August 2016, we rated the practice as requires improvement for providing well led services as the provider had not established governance systems and processes to enable the practice to operate effectively, including addressing action plans – such as those arising from risk assessments; introducing systems to monitor compliance with NICE and other guidance; ensure risk assessments were up to date, and carrying out regular fire drills.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 10 May 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 establish new governance systems; set up a system to monitor compliance with NICE guidance; ensure risk assessments were kept up to date and carry out regular fire drills.

The provider had introduced new governance systems, and updated existing ones, including their ongoing action plan. Changes included holding weekly operational meetings, with a practice wide senior management team (SMT) meeting every fourth week. We reviewed the most recent SMT report, which included, for example, discussion about ongoing issues with the telephone and appointment systems. Any issue on the practice's action plan that had

not been dealt with within four weeks would result in the responsible lead meeting with the management team to expedite issues. We reviewed a copy of the action plan which indicated that issues were being dealt with promptly.

We saw that the learning taken from complaints and significant events was being shared with staff much more quickly. All staff received a bullet point list following each SLT meeting.

We saw a system had been introduced to monitor NICE and other guidance. This included assessing how well the practice was complying with the guidance through auditing. The practice had carried out a complete audit with regard to NICE guidance recommending all new patients should be offered an HIV test. The second cycle of the audit had revealed that the practice performance had actually worsened, but the reason for this had been identified and was being addressed. The practice had also commenced a familial hypercholesterolaemia audit, to assess how well the practice was carrying out a check on family history of a patient was found to have a cholesterol level above 7.5. The audit found the practice was performing below expectation, largely due to GPs being unfamiliar with the guidance. The practice had taken steps to address this and planned a re-audit in the near future.

Risk assessments had been updated and were regularly reviewed. We saw staff had carried out a review of its risk assessments in January 2017, and any outstanding issues were discussed at the SLT meetings. A fire drill had been carried out in February 2017, with the next one scheduled for August 2017.