

Dr Marilyn Graham (Fairview 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

We carried out an announced comprehensive inspection at Dr Marilyn Graham (Fairview Medical Centre) on 28 June 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 been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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.

The areas where the provider should make improvement are:

- Review the cleaning arrangements for the practice.
- Ensure there is an effective system to track blank printer prescriptions through the practice in line with national guidance.

Summary of findings

- Consider improving communication with patients who have a hearing impairment.

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 (QOF) showed patient outcomes were above the national average for some asthma and chronic obstructive pulmonary disease (COPD) indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and there was an audit programme.
- 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 other health care professionals 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.

- The practice was above CCG and national averages for several aspects of care. For example, 93% of patients said the GP was good at listening to them (CCG average 86%; national average 89%) and 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared (CCG average 90%; national average 91%).

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The practice utilised the Coordinate My Care personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.
- 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. The national GP patient survey showed 97% of patients find the receptionists helpful (CCG average 87%; national average 87%).

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 national GP patient survey showed 95% of patients said the last appointment they got was convenient (CCG average 89%; national average 92%).
- 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.

Good



Are services well-led?

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

- 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 it.
- 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.

Good



Summary of findings

- 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 partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice was a teaching and training practice and supported the GP returner scheme.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP and were reviewed every three months and home visits offered to those who were housebound.
- The practice offered weekly 'ward rounds' at a nursing home and residential home in their catchment.
- Patients who were on the avoidable admissions register were offered urgent appointment with extended appointments available.
- Available data showed the practice had low levels of accident and emergency and hospital emergency admissions. For example, the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population was 11% (CCG average 13%; national average 15%).

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- The practice's principal GP was lead on education issues around end of life care (EoLC) in Croydon and had participated in the development of the EoLC training module 'Difficult Conversations' which trained healthcare professionals how to have compassionate conversations with patients and their families/carers through serious illness and EoLC.
- The practice utilised the Coordinate My Care (CMC) personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.
- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for asthma and chronic pulmonary obstruction disease (COPD) was above national average. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three RCP questions was 95% (national average 75%) and the percentage of patients

Summary of findings

with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in preceding 12 months was 93% (national average 90%).

- The practice hosted a community-led respiratory clinic.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nutritional and dietary advice was available with an in-house nutritionist which included patients with diabetes and for weight management.
- Influenza vaccine clinics were offered on Saturday during Influenza vaccine season.
- The practice had installed a 'Surgery Pod' in the waiting room. The Surgery Pod enabled patients to measure their own vital signs, including weight and blood pressure, and to answer lifestyle questions. The information gathered was integrated into the practice's clinical system.

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 A&E attendances.
- Immunisation rates were comparable to CCG and national averages for all standard childhood immunisations. The practice had invited, in conjunction with its PPG, an educational talk on the measles mumps and rubella (MMR) vaccine and invited parents to the surgery who were concerned about the MMR vaccine for their children.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 82% and the national average of 82%.
- The practice provided a family planning, long-acting reversible contraceptive and sexual advice clinic for its patients, which included Chlamydia screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 offered a 'Commuter's Clinic' on Monday from 6.30pm to 8.30pm for working patients who could not attend during normal opening hours which included doctor and healthcare assistant appointments. The practice also offered an early morning phlebotomy clinic.
- The practice offered daily telephone consultations for working patients with any doctor of their choice to provide minor ailment advice and medication reviews.
- The practice was proactive in offering online services and patients could book and cancel appointments, request repeat prescriptions and update personal information through the practice website. The practice operated an automated text reminder system for appointments.

Good



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 refugees and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and undertook visits to a learning disability home in their catchment area when requested. The practice had recorded 43 patients on its learning disability register and had undertaken annual review on 42 patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- GPs had undertaken Female Genital Mutilation awareness training.

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).

- Performance for mental health related indicators was above national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% (national average 88%).
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 88% (national average 84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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. Some of the non-clinical staff had undertaken dementia awareness training.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 showed the practice was performing in line with local and national averages. Four hundred and eight survey forms were distributed and 117 were returned.

This represented a response rate of 29% and approximately 2% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and the national average of 73%.
- 58% of patients were able to get to see or speak their preferred GP compared to the CCG average of 57% and the national average of 59%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received.

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

Results of the Friends and Family Test showed 95% of patients would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the cleaning arrangements for the practice.
- Ensure there is an effective system to track blank printer prescriptions through the practice in line with national guidance.

- Consider improving communication with patients who have a hearing impairment.

Dr Marilyn Graham (Fairview 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 specialist adviser and an Expert by Experience.

Background to Dr Marilyn Graham (Fairview Medical Centre)

Dr Marilyn Graham (Fairview Medical Centre) is located at 69 Fairview Road, Norbury, London, SW16 5PX. The practice provides NHS primary care services to approximately 7,200 patients living in the Norbury area through a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is part of Croydon Clinical Commissioning Group (CCG) which consists of 61 GP practices.

The practice population is in the fifth most deprived decile in England (one being most deprived and 10 being least deprived). People living in more deprived areas tend to have a greater need for health services. The practice population of male and female patients between the age brackets 25 to 44 is higher than the national averages.

The practice is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; and family planning.

The practice staff comprises of a female principal GP (seven clinical sessions per week), one male salaried GPs (six clinical sessions per week), two female salaried GPs (totalling five sessions per week), two regular locum GPs (totalling 3 clinical sessions per week) and two registrars (totalling 10 clinical sessions per week) and one male GP returner (four clinical sessions per week). The clinical team is supported by a full-time practice nurse, a part-time healthcare assistant, a practice manager and deputy practice manager, two administrators and six receptionists.

The practice is a GP registrar training practice and teaching practice for 1st, 2nd and 3rd year medical students. There are currently two GP registrars and one medical student attached to the practice. The practice also had one GP on the returner scheme, designed to support GPs who have previously been in practice back into the workforce.

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, cervical smears and travel advice and immunisations.

The practice is open from 8am to 6.30pm Monday, Tuesday, Thursday and Friday and from 8am to 2.30pm on Wednesday. Extended hours appointments with both a doctor and a practice nurse are available on Monday from 6.30pm to 8.30pm.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

Detailed findings

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. 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.

The practice had not been previously inspected.

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 28 June 2016. During our visit we:

- Spoke with a range of staff (principal GP, salaried GPs, GP registrar, practice manager, assistant practice manager and receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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.

- The practice had a significant event policy which was accessible to all staff. 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. The practice had recorded 11 significant events in last 12 months. For example, the practice amended their protocol for managing pathology results following a delay in reviewing an abnormal result when a doctor was absent. The practice had initiated a system whereby all pathology results were reviewed by the on-call doctor when a doctor was away from the practice. We saw evidence of this system working on the day of the inspection.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had discussed in a clinical meeting the updated drug alert advice received in June 2016 regarding the contraceptive implant (Nexplanon).

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. These arrangements reflected relevant legislation and local requirements.

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. We saw evidence of monthly multi-disciplinary team meetings which included the health visitors. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and the practice nurse to level 2. The doctors had undertaken Female Genital Mutilation awareness training.

- Notices on all consulting room doors 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All staff we spoke with were aware of their responsibilities as a chaperone and where to stand to observe the procedure.
- Whilst we observed the premises to be clean and tidy, we found evidence of some high and low level dust in the consulting rooms we inspected. We observed that the cleaning cupboard did not have adequate segregation of mops which posed a risk of cross-contamination. We saw evidence of a cleaning schedule and a completed check list. The practice employed its own cleaner. Two days after the inspection the practice told us that they had installed a wall-mounted mop hanging system and had arranged infection control training for the cleaner.
- The practice nurse was the infection control lead. There was an infection control protocol in place and staff had received up to date training. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when

Are services safe?

handling specimens at the reception desk. An infection control audit had been undertaken in February 2016 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, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. All repeat prescriptions not collected after one month were followed-up by the GPs. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. Prescription pad serial numbers were logged but not the blank prescriptions used in the practice printers. Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse 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 presentation for treatment). These were signed by the lead GP and the practice nurse. The healthcare assistant was trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber (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 and the appropriate checks through the Disclosure and Barring Service.

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. There was a

health and safety policy available with a poster which identified the local health and safety representative. The practice had undertaken a health and safety risk assessment.

- The practice had an up-to-date fire risk assessment and we saw evidence that findings identified had been actioned. For example, safety signage had been placed on a door where the oxygen cylinder was stored. On the day of our inspection only the two fire marshals had undertaken formal fire training. However, staff we spoke with knew who the fire marshals were and the location of the fire evacuation point. Staff confirmed weekly fire alarm checks were carried out and monthly fire evacuation drills. We saw evidence that these procedures were recorded. Two days after the inspection the practice provided evidence that formal fire training had been arranged for all staff.
- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken in August 2015 and portable electrical appliances had been checked in November 2015.
- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken in June 2016.
- 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 enough staff were on duty. The practice covered GP absence with the same locum GPs for continuity. Locum GPs attended the weekly clinical meeting when they were at the practice and we saw evidence of this.

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 and a panic alarm situated under the desk in all the consultation rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and 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 were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

or building damage which included a 'buddy' system with a local practice. The plan included emergency contact numbers for staff and was regularly updated. We saw evidence that the plan had been implemented when the practice experienced an outage of electricity in the local area. The practice had discussed and recorded the incident as a significant event and updated the business continuity plan to reflect learning and outcomes. For example, how to restore IT functionality following an electricity outage in a timely manner.

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 patients' needs.

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 95% of the total number of points available.

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 similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 71% (national average 78%) and the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140 mmHg or less was 75% (national average 78%).
- Performance for hypertension (high blood pressure) was comparable to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 83% (national average 84%).
- Performance for asthma and chronic pulmonary obstruction disease (COPD) was above national average. For example, the percentage of patients with asthma, on the register, who have had a asthma review in the preceding 12 months that includes an assessment of asthma control using the three RCP questions was 95% (national average 75%) and the percentage of patients

with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in preceding 12 months was 93% (national average 90%).

- Performance for mental health related indicators was above national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% (national average 88%) and the percentage of patients diagnosed with dementia who care has been reviewed in a face-to-face review in the preceding 12 months was 88% (national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years which included the treatment of depression and management of vitamin D insufficiency, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For instance, an audit undertaken in May 2014 on the number of patients prescribed oral nutritional supplements (ONS) revealed that no patients had a documented malnutrition universal screening tool (MUST) score against which appropriate management is calculated. The practice set itself a target of 80% of patients prescribed ONS to have a documented MUST score and for those with a MUST score of more than two, 80% to be referred to a dietician. A re-audit in August 2015 showed that 59% of patients prescribed ONS had a documented MUST score and 63% has been referred to a dietician. The practice discussed the findings in a clinical meeting and concluded more improvement was required.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety, first aid and information governance.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had received update training in asthma, diabetes and heart disease.
- 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 on line resources and discussion at practice meetings. The practice was a Yellow Fever vaccine centre and we saw evidence of update training.
- The learning needs of staff were identified through a system of appraisals 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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. Pathology results for absent doctors were reviewed on a daily basis by the on-call doctor.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used an IT interface system (GP2GP) which enables patients' electronic health records to be transferred directly and securely between GP practices. This improves patient care as GPs will usually have full and detailed medical records available to them for a new patient's first consultation.

- The practice utilised Coordinate My Care (a system which allows healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them).

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 (MCA) 2005. All GPs had undertaken MCA training. The principal GP was a MCA trainer.
- 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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The practice's principal GP was lead on education issues around end of life care (EoLC) in Croydon and had participated in the development of the EoLC training module 'Difficult Conversations' which trained healthcare professional how to have compassionate conversations with patients and their families/carers through serious illness and EoLC. The clinical team we

Are services effective?

(for example, treatment is effective)

spoke with on the day gave us examples of positive patient outcomes which included patient choice and involving patients and those important to them in decisions about their care planning.

- Nutritional and dietary advice was available via an in-house nutritionist for patients who required weight management, had diabetes or a food allergy.
- Counselling services were hosted in-house. This was part-funded by the practice and charity contribution. This enabled patients to have access to low cost counselling services. The practice also referred to commissioned services. For example, Community Mental Health Team (CMHT), alcohol and drug addiction services and Child & Adolescent Mental Health Service (CAMHS).
- Smoking cessation advice was available at the practice.
- The practice had installed a 'Surgery Pod' in the waiting room. The Surgery Pod enabled patients to measure their own vital signs, including weight and blood pressure, and to answer lifestyle questions. The information gathered was integrated into the practice's clinical system.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 89% and five year olds from 58% to 88%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 22 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.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 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.

The practice's principal GP was lead on education issues around end of life care (EoLC) in Croydon and had participated in the development of the EoLC training module 'Difficult Conversations' which trained healthcare professional how to have compassionate conversations with patients and their families/carers through serious illness and EoLC.

The practice utilised the Coordinate My Care personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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. Results were in line with local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format in the waiting room.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Health information was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 106 patients as

carers (1.6% of the practice list). There was a carers' information board in the entrance to the surgery with information regarding various avenues of support available to them. The practice offered its carers the annual influenza vaccine. The practice used the new patient questionnaire to capture details about carers. The practice told us they were developing a carer support group as part of their forthcoming patient care strategy.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a condolence letter. 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. The practice also hosted an in-house counsellor for bereavement counselling referral

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.

- The practice offered a 'Commuter's Clinic' on Monday from 6.30pm to 8.30pm for working patients who could not attend during normal opening hours which included doctor and healthcare assistant appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice undertook weekly 'ward rounds' at the residential and nursing home within the practice's catchment area.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever Centre.
- There were disabled facilities and translation services available. There was no hearing loop.

Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday and from 8am to 2.30pm on Wednesday. Appointments were from 8.30am every morning and until 6.30pm daily. Extended hours appointments were offered on Monday from 6.30pm to 8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations 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 was above local and national averages in several areas.

- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 83% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 75%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 saw that information was available to help patients understand the complaints system. For example, posters in reception and details on the practice website.

We looked at eight complaints received in the last 12 months and found these had been handled satisfactorily, dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

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 which was displayed on the practice website and staff knew and understood the values.
- The practice had a business plan which outlined its future strategy and was regularly reviewed and updated.

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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the senior doctor and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The senior doctor encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management.

- The practice held regular meetings which included weekly clinical meetings, monthly reception staff team meeting, monthly practice meetings and monthly MDT meetings. We saw evidence of a standing agenda for meetings and good quality minutes were kept of these and were available to staff. Staff told us they valued these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients. 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, the Friends and Family Test and complaints received. The PPG met four to six times a year and submitted proposals for improvements to the practice management team. For example, the group arranged an educational talk on measles mumps and rubella (MMR) and invited parents to the surgery who were concerned about the MMR vaccine for their children.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Good 

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

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.

- The practice was a GP registrar training practice and teaching practice for 1st, 2nd and 3rd year medical students.
- The practice supported the GP returner scheme, designed to support GPs who have previously been in practice back into the workforce.

- The principal GP was lead on education issues around end of life care (EoLC) in Croydon and had participated in the development of the EoLC training module 'Difficult Conversations' which trained healthcare professional how to have compassionate conversations with patients and their families/carers through serious illness and EoLC.