

# Upper Norwood Group Practice

## 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 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 Upper Norwood Group Practice on 28 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Upper Norwood Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our previous inspection on 28 July 2016, we rated the practice as requires improvement for providing safe services as the risks to patients were not always assessed and well managed including those related to health and safety, fire safety, chaperoning and recruitment checks for locum and permanent staff. Some of the staff had not undertaken training appropriate to their role including basic life support, safeguarding children and fire safety. Blank prescriptions were not securely stored and portable appliance testing was not undertaken as required.

At our previous inspection on 28 July 2016, we rated the practice as requires improvement for providing effective services as non-clinical staff were not receiving regular appraisals and some of the clinicians did not use problem oriented notes to record patient consultations.

At our previous inspection on 28 July 2016, we rated the practice as requires improvement for providing well-led services as the practice did not have an active Patient Participation Group and the practice policies and procedures were not regularly reviewed and updated.

This inspection was an announced focused inspection carried out on 8 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that we identified in our previous inspection on 28 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- Risks to patients were assessed and well managed especially those related to health and safety, fire safety and chaperoning. Portable appliance testing was carried out as required.
- Blank prescriptions were securely stored and the use of prescriptions was monitored.

# Summary of findings

- The practice had an effective system in place to ensure role specific training was undertaken for all practice staff including basic life support, safeguarding children and fire safety.
- Complaints processes in place were adequate.
- The practice policies and procedures had been reviewed and updated.
- The practice documented the discussions from meetings.
- The practice proactively sought feedback from staff and patients and the PPG was recently re-established.

**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 was rated as good for providing safe services.

- Staff we spoke to during the inspection understood their responsibilities in relation to safeguarding children and vulnerable adults and all staff had undertaken child protection training relevant to their role.
- All staff who acted as chaperones were trained for their role and the practice had undertaken a risk assessment to ascertain if Disclosure and Barring Service Check (DBS Check) for these staff. (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 clinical staff except one long standing member of staff had DBS checks undertaken; the practice applied for the DBS check for this member of clinical staff the day following the inspection and sent us evidence to support this.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice was rated as good for providing effective services.

- The practice maintained a training log for each member of staff and all practice staff had undertaken training appropriate to their role.
- All staff had undertaken regular appraisals.

Good



### Are services well-led?

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

- Practice specific policies had been reviewed and updated.
- The practice had adequate arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff we spoke to during the inspection felt that the support provided by the management had improved since the last inspection.
- The practice had recently established a Patient Participation Group (PPG).

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 provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 8 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 8 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 8 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 8 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 8 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 8 March 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Upper Norwood Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a lead Care Quality Commission inspector.

## Background to Upper Norwood Group Practice

Upper Norwood Group Practice provides primary medical services in Upper Norwood to approximately 12000 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the fifth most deprived decile in England.

The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children is in-line with the CCG and national average and the practice population of working age people is higher than the CCG and national average; the practice population of older people is lower than the local and national average. Of patients registered with the practice for whom the ethnicity data was recorded 31% are white British, 13% are other white and 10% are black African.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to two doctors' consultation rooms and one nurse consultation room on the lower ground floor, three doctors' consultation rooms on the ground floor, two doctors' consultation rooms on the first floor and two doctors' consultation rooms on the second floor.

The clinical team at the surgery is made up of two full-time male GPs, two part-time male GPs who are partners, one part-time female salaried GP and one part-time female practice nurse. The non-clinical practice team consists of practice manager and 14 administrative and reception staff members. The practice provides a total of 45 GP sessions per week.

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

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. Appointments are available from 8:30am to 12:30pm and 3:00pm to 6:30pm every day. Extended hours surgeries are offered on Saturdays from 9:00am to 11:00am.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Croydon CCG.

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

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Upper Norwood Group Practice on 27 July 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. The full comprehensive report following the inspection on July 2016 can be found by selecting the 'all reports' link for Upper Norwood Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Upper Norwood Group Practice on 8 March 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 focused inspection of Upper Norwood Group Practice on 8 March 2017. During our visit we:

- Spoke to practice manager, a member of reception and administrative staff and two members of the Patient Participation Group (PPG).
- Reviewed staff training records to ascertain if staff had completed training appropriate to their role including safeguarding children, basic life support and fire safety.
- Checked if a fire, health and safety risk assessment of the premises and electrical installation checks had been undertaken.
- Reviewed the chaperone processes to ascertain if they are in line with guidelines.
- Reviewed the practice policies and procedures to ascertain if they had been updated.
- Reviewed meeting minutes.

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

At our previous inspection on 28 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect to fire safety, health and safety of the premises, chaperone processes and recruitment checks were not adequate. Some of the staff had not completed training on basic life support, safeguarding children and fire safety.

We issued a requirement notice under regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 8 March 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

- Staff demonstrated that they understood their responsibilities in relation to in relation to safeguarding children and vulnerable adults and all staff had undertaken child protection training relevant to their role.
- All staff who acted as chaperones were trained for the role and the practice had undertaken a risk assessment to ascertain if Disclosure and Barring Service Check (DBS Check) for these staff are required. (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.)
- Blank prescription pads were securely stored in a locked cupboard and the use of prescriptions was monitored.

- All clinical staff except one long standing member of staff had DBS checks undertaken; the practice applied for the DBS check for this member of clinical staff the day following the inspection and sent us evidence to support this.
- The practice had not recruited any new staff since the last inspection; hence it was not possible to ascertain if the practice had improved on performing pre-employment recruitment checks. We found that the practice had updated its recruitment policy since the last inspection to detail the checks required before new staff start work.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had undertaken a comprehensive fire risk assessment on 1 September 2016 and had implemented most of the recommendations from the risk assessment; the practice was in the process of changing some of the doors as there were gaps between the door and the floor; the practice had requested funding to enable them to change these doors. All staff had undertaken in-house fire safety training.
- Fire drills and fire alarm checks were regularly undertaken. Portable appliance testing was carried out on 4 August 2016 and the practice had a policy to undertake this annually.
- The practice had undertaken a legionella risk assessment on 1 August 2016 and had complied with all the recommendations from the risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)

### Arrangements to deal with emergencies and major incidents

- All staff had undertaken annual basic life support training.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 28 July 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect to staff training and appraisal needed improving.

We issued a requirement notice under regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 8 March 2017. The practice is now rated as good for providing effective services.

### Effective staffing

- The practice maintained a training record for each member of staff and all practice staff had undertaken training appropriate to their role including basic life support, safeguarding children and fire safety.

- All staff had regular appraisals and staff we spoke to were satisfied with the way the appraisal process was carried out.

### Coordinating patient care and information sharing

- The practice had undertaken an audit to ascertain if the clinicians used problem oriented notes to record patient consultations. The practice had discussed the results of this audit and had an action plan in place to improve the recording of patient consultations (Problem oriented notes makes it easier for other clinicians to ascertain specific health problems as notes are recorded in a structured manner).
- The practice had monthly clinical meetings involving all clinical staff and practice manager; the minutes of these meetings we reviewed demonstrated that they discussed general clinical issues, referrals and complaints.

# 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 28 July 2016, we rated the practice as requires improvement for providing well-led services as the governance framework did not adequately support the delivery of strategy and good quality care on the services being provided. Staff did not feel that they received adequate support from the management. Practice specific policies were not regularly reviewed and updated.

We issued a requirement notice under regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 8 March 2017. The practice is now rated as good for being well-led.

### Governance arrangements

The practice had a governance framework which supported the delivery of good quality care.

- Practice specific policies had been reviewed and updated. The practice kept all policies up to date with support of an external company and we saw evidence to support this.
- The practice held staff meetings every three months which was attended by all practice staff where they discussed general staff issues, updates, significant events and complaints,

- The practice had adequate arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

- Staff we spoke to during the inspection felt that the support provided by the management had improved since the last inspection.

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

- The practice had recently established a Patient Participation Group (PPG) with 11 members; the practice had recruited the PPG members by placing adverts in the waiting area and by speaking to patients and inviting them to attend; we spoke to two members of the PPG. The practice had arranged for their first meeting to take place on 29 March 2017; the PPG members we spoke to confirmed this. The PPG members indicated that they were well supported by the practice and indicated that the care provided by the practice was excellent. One of the PPG members we spoke to was a member of the previous PPG and said that the practice acted on feedback from patients and made improvements. For example, some of the chairs in the waiting area were made higher to support people who were disabled.
- The practice was in the process of undertaking a patient survey and we saw evidence to support this.