

Woodside 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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Woodside Group Practice, located in the South Norwood area of the London borough of Croydon provides a general practice service to just under 13,000 patients.

We carried out an announced comprehensive inspection on 06 October 2014. The inspection took place over one day and was undertaken by a lead inspector, along with a GP advisor and a practice manager.

Overall the practice is rated as inadequate and improvements are required.

Our key findings were as follows:

The practice had an active Patient Participation Group (PPG) and worked with them to identify their concerns. Information was available for patients and the practice maintained an up to date website. Patients were treated with kindness and respect and felt involved in their care decisions. The practice followed safe staff recruitment

procedures and appropriate infection control guidelines. Emergency equipment and medicines were available and premises and equipment used for patient care were maintained suitably.

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

Importantly, the provider must:

- Ensure significant events are recorded appropriately and discussed regularly. Ensure learning from incidents is identified and shared with all practice staff.
- Review the complaints procedure to highlight patients' rights in the NHS Constitution and the stages of the NHS complaints process including referral to the Parliamentary and Health Service Ombudsman. Ensure a regular review of complaints takes place, learning is identified and issues addressed.
- Ensure regular medication reviews of people requiring repeat prescriptions.
- Ensure appropriate monitoring and review of the appointments system.

Summary of findings

- Ensure all paper based patient records are stored securely.

In addition, the provider should:

- Ensure risk register is kept up to date, discussed formally and appropriate actions planned, recorded and undertaken.
- Undertake review of the child protection register and regular child protection meetings.
- Ensure relevant national guidance for example NICE (National Institute for Health and Care Excellence) guidelines are appropriately cascaded amongst staff and adapted accordingly.

- Ensure learning from audits is shared and where applicable recommendations implemented.
- Re-establish full team meetings open to all members of staff.
- Ensure all staff including the practice manager receive an annual appraisal.
- Ensure all patients with learning disability receive an annual health check.

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 inadequate for safe and improvements are required.

We found that suitable arrangements were in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. Though the practice had a procedure and system for identifying and reporting significant events, there was minimal discussion and learning to identify and rectify the cause of the events and prevent them from recurring. Suitable policies were in place for safeguarding children and vulnerable adults. An agreement, dated July 2014, 'Safeguarding-children case reflection' signed between the Croydon CCG and the practice was shared with us. However we did not find evidence of meetings or case discussion amongst practice staff around safeguarding children and vulnerable adults. Risk to patients and staff were not analysed and actioned suitably. Not all paper-based patient records were stored securely.

Inadequate



Are services effective?

The practice is rated as inadequate for effective and improvements are required.

There were suitable systems in place for assessment of patient needs and care delivery for patients with poor mental health. Minor surgical procedures were undertaken appropriately.

However, we also found that care and treatment was not always delivered in line with current legislation and best practice. There was lack of monitoring of the service being provided, lack of regular medication reviews and not enough learning from audits. There was not enough engagement with other practices and health and social care providers. The practice manager had not received an annual appraisal for the last two years. There was a high turnover of clinical staff with two GPs and practice nurses having left in the last few months. The practice had been unable to find suitable permanent replacements.

Inadequate



Are services caring?

The practice is rated as good for caring.

The patients we spoke with told us they were treated with dignity and respect. Patients and carers felt well informed and involved in decisions about their care. The Patient Participation Group (PPG) members and all the patients we spoke with were complimentary of the care that staff provided. Their biggest concern though was the

Good



Summary of findings

difficulty in accessing the service over phone. The 2013/14 GP survey (latest results published in July 2014) results gave a mixed view. It showed that 84% of respondents said the last GP they saw or spoke to was good at listening to them and 85% of respondents had confidence and trust in the last GP they saw or spoke to though only 54% were satisfied with the level of privacy when speaking to receptionists at the surgery.

Are services responsive to people's needs?

The practice is rated as inadequate for responsive and improvements are required.

We found that the patients were finding it extremely difficult in accessing the practice over the phone. Appointment systems were not working well and patients had to wait for over two weeks in some cases to access routine appointments. In the 2013/14 GP survey (latest results published in July 2014) only 45% of respondents found it easy to get through to the surgery by phone and only 53% of respondents described their experience of making an appointment as good. Complaints were not being handled appropriately and there was lack of review and learning from complaints.

Inadequate



Are services well-led?

The practice is rated as inadequate for well-led and improvements are required.

We found a lack of effective clinical leadership and absence of a clear vision and strategic direction. Staff told us that morale was low, and staff did not feel supported by the clinical leaders. There was limited evidence of learning and sharing of information to help improve care delivery and there was lack of a structured and meaningful discussion in meetings to resolve the issues in a time-bound, effective manner.

Inadequate



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

This provider was rated as inadequate for safe, effective, responsive and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There was some evidence of working with other health and social care providers to provide safe care though improvements could be made to ensure regular and timely discussions were undertaken. We spoke with the managers of the care homes whose residents received support from the practice. They were satisfied with the overall care, though they felt improvements could be made in the communications and support provided from the practice. Support was available for terminally ill and housebound patients; though again improvements could be made in terms of ensuring regular, formal discussions and meetings with other health and social care providers who provided care to housebound and terminally ill patients.

Inadequate



People with long term conditions

This provider was rated as inadequate for safe, effective, responsive and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The clinical staff had the knowledge and skills to respond to the needs of patients with cardiovascular diseases, diabetes mellitus, asthma and chronic obstructive pulmonary disease (COPD). However, we found that patients with long term conditions requiring repeat prescriptions were being seen, but reviews of the medications they were on were not being undertaken regularly. Meeting minutes showed that concerns were raised regarding the lack of medication reviews. However, no action was being planned or being currently undertaken to manage the reviews.

Inadequate



Families, children and young people

This provider was rated as inadequate for safe, effective, responsive and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There was some evidence of the practice being responsive to the needs of the patients in this population group; however improvements are needed. There were safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. Staff had received training on child

Inadequate



Summary of findings

protection which included Level 3 for GPs and nurses. However, there were no meetings or case discussion amongst practice staff around safeguarding children which meant that potentially patients at risk of abuse were not being identified in all cases.

Working age people (including those recently retired and students)

This provider was rated as inadequate for safe, effective, responsive and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were a variety of appointment options available to patients such as over telephone, on-line booking and extended hours. However almost all the patients we spoke with and the comment cards we received showed that patients were facing real difficulties in being able to contact the practice to book or cancel appointments. We found that there was over a two week waiting period for booking routine appointments.

The practice was performing well in undertaking cervical smear examinations, and providing advice on smoking cessation and weight loss, and drug and alcohol treatment service was available.

Inadequate



People whose circumstances may make them vulnerable

This provider was rated as inadequate for safe, effective, responsive and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice was signed up to the learning disability direct enhanced service (DES) to provide an annual health check for people with a learning disability to improve their health outcomes. However we found that of the 64 patients on the practice list only three had been given an annual health check in the current financial year.

Inadequate



People experiencing poor mental health (including people with dementia)

This provider was rated as inadequate for safe, effective, responsive and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice was signed up to the dementia local enhanced service (LES) to provide care and support for patients with dementia. There was some evidence of the practice being responsive to the needs of the patients in this population group; however improvements are needed. The senior partner told us that patients with mental health disorders were provided additional support in terms of referral to self-help, talking therapies, improving access to psychological

Inadequate



Summary of findings

therapies (IAPT) as well as private counselling. They also told us that they could refer patients to access support from the community mental health teams (CMHT) and cognitive behaviour therapy (CBT) service for patients.

Summary of findings

What people who use the service say

The Patient Participation Group (PPG) members and the patients we spoke with on the day of our visit told us that they were treated with kindness and respect both by doctors and nurses and by the practice reception staff. The PPG members said that they had regular meetings and that the practice staff engaged with their group.

We received nine comment cards and almost all commented on the difficulty in getting through to the practice on the phone. Patients said that it was very difficult to book or cancel an appointment on the phone.

The 2013/14 GP survey results (latest results published in July 2014) showed that 84% of respondents said the last

GP they saw or spoke to was good at listening to them and 85% of respondents had confidence and trust in the last GP they saw or spoke to. However, only 45% of respondents found it easy to get through to the surgery by phone and only 53% of respondents described their experience of making an appointment as good.

In the PPG patient survey of 2013/14, 73% of the respondents were either fairly or very satisfied with the opening hours of the practice, 67% said they could easily contact the practice and 79% of patients would recommend the surgery to someone who had just moved to the local area.

Areas for improvement

Action the service **MUST** take to improve

- Ensure significant events are recorded appropriately and, reviewed and discussed regularly. Ensure learning from incidents is identified and shared with all practice staff.
- Review the complaints procedure to highlight patients' rights in the NHS Constitution and the stages of the NHS complaints process including referral to the Ombudsman. Ensure a regular review of complaints takes place, learning is identified and issues addressed.
- Ensure regular medication reviews of patients requiring repeat prescriptions.
- Ensure appropriate monitoring and review of the appointments system.
- Ensure all paper based patient records are stored securely.

Action the service **SHOULD** take to improve

- Ensure risk register is kept up to date, discussed formally and appropriate actions planned, recorded and undertaken.
- Undertake review of child protection register and regular child protection meetings.
- Ensure relevant national guidance like NICE (National Institute for Health and Care Excellence) guidelines are appropriately cascaded amongst staff and adapted accordingly.
- Ensure learning from audits is shared and where applicable recommendations implemented.
- Re-establish full team meetings open to all members of staff.
- Ensure all staff including the practice manager receive an annual appraisal.
- Ensure all patients with learning disability receive an annual health check.

Woodside Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP and a practice manager.

Background to Woodside Group Practice

The surgery, which operates from a single location, is located in Woodside; about two miles from Croydon town centre and has a list size just under 13,000. The surgery is based at Woodside Health Centre, which also houses another GP practice, a community clinic run by Croydon Health Services NHS Trust as well as the district nursing teams.

The practice came into being in 2008 following a merger of two practices. The practice had undergone another merger recently in April 2014 where it took on the staff and patient list of another practice whose principal GP had retired.

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

The practice has a PMS contract (Personal Medical Services (PMS) agreements are locally agreed contracts between NHS England and a GP practice) and provides a range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services, minor surgery and substance misuse management. The surgery is also a registered yellow fever vaccination centre.

The practice is currently open five days a week, Monday to Friday from 8:00am to 6:30pm. In addition, the practice offers extended opening hours from 7:30am to 8:00am and 6:30pm - 8:00pm every Wednesday.

The practice had a higher than average percentage of patients under 18 years of age and in the 45-49 year age group. The Croydon general practices data 2012 showed that the practice also had a higher proportion of patients from Other Black ethnic backgrounds than Croydon as a whole (2011 census data for the Croydon borough).

The surgery is a GP training practice, with an approved GP trainer, and has three partners and five salaried GPs (5 male and 3 female). There is one practice nurse and one whole time equivalent health care assistant. The practice also has a practice manager, an assistant practice manager, a reception manager and a reception team of 10 whole time equivalent staff along with administrative staff.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

This provider had not been inspected before and that was why we included them.

Detailed findings

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 6 October 2014. During our visit we spoke with a range of staff (GP partners, salaried GPs, practice nurse, practice manager, assistant practice manager, reception manager, administrative staff, reception staff and the premises manager), and spoke with eight patients and two PPG members who used the service. We observed how patients were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients. We reviewed comment cards where patients shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe Track Record

The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. We were told that the assistant practice manager actioned these and shared with other staff electronically. The practice had a significant event protocol. We were told that the significant events were reviewed quarterly. We looked at a few examples of the significant events and the meeting minutes where these had been discussed. We found that the details of the incidents were not completed fully and there was lack of a comprehensive discussion around the incidents. However we did not find evidence of learning and actions taken to prevent similar incidents happening in the future.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, however this was not contributing to the practice's learning from safety incidents. Review of the significant event records showed minimal discussion and learning from safety incidents. For example, an incident involving a medication error showed no investigation of how the incident had occurred, no widespread sharing amongst practice staff and no record of actions that could be taken so that the incident could be prevented in the future.

Reliable safety systems and processes including safeguarding

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

about children or adults at risk. An agreement, dated July 2014 for 'Safeguarding-children case reflection' signed between the Croydon CCG and the practice, which required three-four monthly case discussions to be undertaken amongst practice staff was shared with us. However we did not find evidence of meetings or case discussion amongst practice staff around safeguarding children and vulnerable adults which meant that potentially patients at risk of abuse were not being identified in all cases. The practice had a chaperone policy, and information on availability of chaperones was displayed in the consultation and treatment rooms. Chaperoning was undertaken only by clinical staff.

Medicines Management

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

Cleanliness & Infection Control

Effective systems were in place to reduce the risk and spread of infection. There was a designated infection prevention and control lead, and staff had received training in infection prevention and control and were aware of infection control guidelines. Staff told us they had access to appropriate personal protective equipment (PPE), such as gloves and aprons. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination couches and weighing scales were clean.

The cleaning and maintenance of the premises was contracted out to a cleaning company by Croydon University Hospital (CUH) who owned the premises. The waiting area, the consultation and treatment rooms and patient toilets were clean and well-maintained. The premises manager (a CUH employee) showed us the various checks that were undertaken on a monthly basis to

Are services safe?

ensure that the premises were clean and well maintained. An infection control audit was not available for us to see on the day of the visit. We were told that most documentation was sent to the organisation's (CUH) head office and not kept at the community sites. Sharps were disposed in sharps bins and waste was segregated and stored appropriately. Clinical waste was collected by an external company and consignment notes were available to prove this.

Equipment

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. These tests had been undertaken within the last year. The storage room and equipment we checked, including the vaccine fridge, were clean and well maintained.

Staffing & Recruitment

An up-to-date staff recruitment policy was available and the practice was aware of the various requirements including obtaining appropriate references and undertaking criminal records (now the Disqualification and Barring Scheme) checks before employing staff. We looked at eight staff files and found that all had appropriate pre-employment checks such as proof of identity, proof of address, criminal record checks, two references, past employment history, and evidence of qualifications.

Monitoring Safety & Responding to Risk

The practice manager we spoke with explained the systems that were in place to ensure the safety and welfare of staff and patients. Risk assessments of the premises including on asbestosis, water supply, and fire had been undertaken. The fire alarms were tested monthly. Regular maintenance of equipment was undertaken and records showing annual testing of equipment were available. The reception area could only be accessed via lockable doors and glass screens had been put up in front of the reception desks to minimise potential risks of physical violence towards staff.

Paper-based patient records were kept in lockable cupboards behind the reception area. However, not all of the cupboards were lockable and as the reception area was shared with another practice based in the same premises there was a potential risk that unauthorised staff could access the patient records.

The practice manager showed us the register they maintained to log the various risks to the practice. There was evidence of some action having been undertaken, such as appointing extra staff to undertake scanning of clinical notes and letters, and advertising and interviewing additional staff for the role of practice nurses. We saw meeting minutes where some concerns were raised around safe delivery of care. However, there was lack of regular formal discussions to manage the risks. Also, no records were available for us that showed that such risks had been suitably analysed and further actions planned to mitigate the risks.

Arrangements to deal with emergencies and major incidents

There were arrangements in place to deal with on-site medical emergencies. All staff received training in basic life support. Emergency medicines and equipment such as oxygen, masks, suction machine, pulse oximeter and a defibrillator were available and these were checked regularly to ensure they were fit for use at all times.

A business continuity plan was available and the practice manager told us of the contingency steps they had undertaken in the past when, for example, there had been disruption to the premises' central heating and telephone lines. They told us of the arrangements they had with a neighbouring practice and a local hospital to ensure patient care could be undertaken with minimal disruption in the event of such incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The senior partner gave examples where National Institute for Health and Care Excellence (NICE) guidelines had been reviewed and shared amongst staff. These included for example the guidance around prescription of statins and anti-hypertensive drugs and that these were shared electronically. However, there were no formal systems in place where alerts and guidance updates were discussed amongst clinical staff to ensure information was cascaded suitably and adapted accordingly. There were also no internal arrangements in place that professionals attending external courses fed back and shared best practice amongst staff.

Management, monitoring and improving outcomes for people

Woodside is a training practice and provides medical student and GP trainee placements. The practice shared with us two audits and presentations undertaken by medical students placed at the practice. These included audits looking at management of vitamin D deficiency in the practice's patients and management of patients on long-term corticosteroids to prevent osteoporosis. The principal GP told us that these were presented at clinical meetings and discussed. However, we did not find evidence to suggest that recommendations of the audit findings had been implemented or there had been widespread learning, and the audit cycle completed to identify changes in patient outcomes. No other audits were shared with us and there was no audit programme with regular planned audits being undertaken to assess and improve various aspects of care delivery.

The performance of the practice as regards to delivery of certain services under Enhanced Service (ES) was currently not being suitably monitored. The new Enhanced Service for 2014-2015 which is aimed at reducing avoidable unplanned emergency admissions to hospitals requires patient care plans to be in place for all patients initially added to the unplanned admissions register by end of September 2014. We reviewed the details of patients on the unplanned admissions register and found that of the 245 patients that should have had a care plan by September 2014 only 58 had been completed.

Similarly, the learning disabilities health check scheme ES is designed to encourage practices to identify patients aged 18 or over with the most complex needs and offer them an annual health check. We found that of the 64 patients on the practice list only three had been given an annual health check in the current financial year. We did not find evidence to demonstrate whether the other patients on the list had been invited for a health check.

One of the GPs told us that there was a good interest in the best practice management of Diabetes mellitus, with several doctors having a Warwick Medical School certificate in Diabetes management. They also had access to support in the community where patients could be referred.

Patients could order repeat prescriptions online. The practice had a policy of undertaking medication reviews regularly and the senior partner told us of the safeguards they had in place to ensure that patients on certain medications such as opiates or those with mental health conditions had their medicines reviewed. However we found medications were not being reviewed regularly which meant that potentially treatment goals were not being met and side-effects not avoided. Staff we spoke with told us that patients were being seen, but regular reviews of the medications they were on were not being undertaken. Minutes of the partners' meeting of 3 September 2014 showed that concerns were raised regarding the lack of medication reviews. However we did not find evidence from the meeting minutes regarding any action being planned or undertaken to ensure medication reviews took place.

Effective staffing

The surgery was a GP training practice, with an approved GP trainer, and had three partners and five

Effective needs assessment

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Are services effective?

(for example, treatment is effective)

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The performance of the practice as regards to delivery of certain services under Enhanced Service (ES) was currently not being suitably monitored. GPs are contracted to provide core (essential and additional) services to their patients. The extra services they can provide on top of these are called Enhanced Services. The new Enhanced Service for 2014-2015 which is aimed at reducing avoidable unplanned emergency admissions to hospitals requires patient care plans to be in place for all patients initially added to the unplanned admissions register by end of September 2014. We reviewed the details of patients on the unplanned admissions register and found that of the 245 patients that should have had a care plan by September 2014 only 58 had been completed.

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Effective staffing

The surgery was a GP training practice, with an approved GP trainer, and had three partners and five salaried GPs (5 male and 3 female). There was one practice nurse and one whole time equivalent health care assistant. The practice also had a practice manager, an assistant practice manager, a reception manager and a reception team of 10 staff along with administrative staff. The surgery operated from a single location and had a list of just under 13,000 patients. The practice had merged with another practice in April 2014 and staff we spoke with felt that the merger had not been well planned and managed and they had very little opportunities for contributing in the process. We were told that currently the practice was understaffed as there had been a turnover of staff during the recent past including GPs and practice nurses leaving with now only one practice nurse available. Staff told us they were actively trying to recruit and add an extra 12 sessions for GPs. We were told that two people had been recently interviewed for the post of practice nurse; however they had not taken up the offer. This had however, meant that there was only one full time nurse available for services such as travel

Are services effective?

(for example, treatment is effective)

vaccination and advice, and dressings and suture removal. Staff told us that this had meant that patients requiring, for example travel vaccine at a short notice were referred to the local health care centre.

The practice nurse told us that the practice manager had encouraged and supported them in identifying training needs and in being able to attend external training courses. There were personal development plans in place for staff. The nurse and all non-clinical staff, apart from the practice manager, had received an annual appraisal. The practice manager told us they had not had an appraisal in the last two years. Salaried GPs received an in-house job plan review on a yearly basis. One GP partner had undergone their revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

The practice had set up clinical meetings (8:00am meetings) to discuss clinical and service delivery issues. However we were told these were not formal and it had been difficult to get all GPs to attend. Staff told us that there were no set practice meetings which could be attended by all staff and they felt there were no opportunities for them to have formal discussions around various issues facing the practice or their welfare.

Working with colleagues and other services

There were monthly planned multi-disciplinary team meetings to include health visitors, the community matron, social services and district nurses. However, we were told these meetings had often got cancelled. The senior partner told us that due to unprecedented pressures they were facing it had sometimes not been possible to ensure these meetings took place regularly. However, we were told they were trying to make improvements and a multi-disciplinary meeting had been undertaken in the last month and had included staff from a local hospice to discuss care of patients receiving palliative care.

Information Sharing

We had met the Croydon CCG prior to our inspection visit to share information. The CCG told us that the practice regularly attended the network meetings and was keen to learn from peers.

Blood results, X ray results, letters from hospital and discharge summaries, were received either electronically or where paper based were scanned and uploaded on to the computer system. Actions were being taken in a timely manner and we did not find any letters or results pending for action apart from a few for which the respective doctor was waiting for further information before completing the action. The referral process, for example for ultrasound and X-rays were completed electronically and some letters were dictated and hand written for the secretaries to action. Minor surgical procedures were undertaken by one of the GPs and samples like cysts, skin lesions and cervical polyps were sent suitably for histological examination.

Consent to care and treatment

GPs and clinical staff we spoke with were aware of the requirements of the Mental Capacity Act (2005), Gillick competency and their responsibilities with regards to obtaining and recording consent. Staff told us that consent was recorded on patient notes and if there were any issues they were discussed with a carer or parent. One of the partners was the designated lead for dementia, learning disabilities and mental health.

Health Promotion & Prevention

There was a range of information available to patients in the waiting areas which included leaflets and posters providing information on the various services, flu vaccinations and smoking cessation. New patient checks were undertaken by health care assistants. We found that 70% of patients aged 15 years and above had a smoking status recorded in their records and the practice figures showed an 85% uptake for cervical smears. In the absence of a nurse a GP carried out the 8-week immunisation of babies. The principal GP told us that they were undertaking special sessions on weekends for the flu vaccinations and child immunisations. The GPs told us that could refer patients with obesity to exercise programmes. Data shared with us by the practice showed that they were achieving about 90% coverage for the course of the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, acellular pertussis (whooping cough), poliomyelitis and Hemophilus influenzae type b). The practice was also achieving over 90% for meningitis C immunization and doing well with Rotavirus.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and a survey of 238 patients undertaken by the practice's Patient Participation Group. 73% of the respondents were either fairly or very satisfied with the opening hours of the practice and 79% of patients would recommend the surgery to someone who had just moved to the local area. The national patient survey results showed that 85% of the respondents had confidence and trust in the last GP they saw or spoke to (Croydon (regional) average: 90%) and 84% said the last GP they saw or spoke to was good at listening to them (Croydon (regional) average: 85%). Other patient experience results showed that 72% of respondents said the last GP they saw or spoke to was good at treating them with care and concern.

We also spoke with eight patients on the day of our visit. They stated that the GPs were caring, and that they were treated with dignity and respect. Their only concerns were the difficulties in getting through to the practice on the phone.

The survey undertaken by the PPG showed that the patients felt that the last time they saw a doctor they were 'very good' or 'good' at the following categories: 'giving you enough time, asking about your symptoms, listening, explaining tests and treatments, involving you in decisions about your care, treating you with care and concern and taking your problems seriously'.

Patients were requested to complete CQC comment cards to provide us with feedback on the practice. We received nine completed cards. The common theme from the comment cards was the difficulty in getting through on the phones. Three cards commented that the reception staff and GPs were polite, friendly and helpful.

The practice phones were located and managed at the reception desk. In our observations we noted that the glass partition at the desk helped keep patient information private. A hearing loop was also provided at the reception desks to help patients using hearing aids to communicate easily.

The national patients' survey results showed that 54% of respondents were satisfied with the level of privacy when speaking to the receptionists at the surgery. However, in response to the question of confidentiality maintained at the desk, the majority of the patients in the PPG patient survey had felt that other patients could overhear what they said to receptionists in the waiting area. We discussed this with the practice manager who said this probably was due to a large number of patients waiting in the mornings near the desk and they could look at requesting waiting patients to stand behind a designated area.

There was information on the practice's website and on the premises stating the practice's zero tolerance for abusive behaviour.

A notice setting out chaperoning arrangements was displayed in the waiting area and in the treatment rooms. GP and nurse consultations were undertaken in consulting rooms, which ensured privacy for patients. Staff we spoke with were aware of the need to be respectful of patients' right to privacy and dignity.

Care planning and involvement in decisions about care and treatment

Patients who attended the practice were provided with suitable information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms. The practice's website was up-to-date and provided a wealth of information ranging from the various services, clinic times, newsletters and the various activities being undertaken by the practice. Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The practice website offered patients information as to what to do at the time of bereavement and also gave links to external sites such as those of funeral directors. The practice manager told us that staff could also signpost patients to support and counselling facilities in the community following a death.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice to be involved with their Patient Participation Group (PPG). We spoke with two members of the PPG who said they were very happy with the efforts the practice had taken to involve patients in their care. There were regular meetings and they were actively involved in undertaking patient surveys. They told us that the PPG met regularly and was attended by the practice manager and one of the GPs. They felt that their concerns were listened to by the practice management and where possible suggestions were implemented. We noted that local consultants were invited to give talks such as on back pain, cancers, dementia and Alzheimer's disease. The Croydon Clinical Commissioning Group pharmacist was also invited to give a talk on medicine management and waste. These talks were open to the local community as well. Patients we spoke with had found these very useful. The group also undertook other activities such as producing quarterly newsletters and, holding a coffee morning to raise money for cancer support. The surgery was one of the four practices in the borough (out of 61 practices) who had met all the components of the patient participation directed enhanced service (DES). PPG survey report and results, meeting dates, agenda and minutes and the newsletters were available on the practice's website.

The practice analysed and shared its results following the PPG patient surveys and set out action plans. Areas like staff training in communication, telephone access, cleanliness, promoting use of online booking and electronic prescribing were some of the areas identified as requiring improvement and action plans. We noted that though some plans had been actioned, some of the issues like the poor telephone access had no time-bound action plan for address.

The practice had multi-disciplinary meetings with external professionals, such as from the local hospice and the community to discuss the care of patients with palliative care needs. However, we were told these meetings often got cancelled. The Croydon CCG told us that the practice regularly attended the network meetings and were keen to learn from peers.

However, we found lack of a system to address the needs of the practice population. One of the partners was the lead

for risk stratification, but the risk stratification was not undertaken effectively and shared appropriately amongst all clinical staff. [GPs are required to regularly risk profile their patients to help identify a range of at-risk patients who have complex needs and might need extra support.]

We found that the work associated with the delivery of the unplanned admissions Directed Enhanced Service (DES) was not planned appropriately. Staff told us that there had not been any effective discussions around the process and its planning and delivery. Moreover, we found that of the 245 patients on the unplanned admissions register that should have had a care plan by September 2014, only 58 had been completed. [GPs are contracted to provide core (essential and additional) services to their patients. The extra services they can provide on top of these are called Enhanced Services. One of the types of enhanced service is Directed Enhanced Service (DES) where it must be ensured that a particular service is provided for the population.]

Tackling inequity and promoting equality

The premises and services had been adapted to meet the needs of patients with disabilities. The premises and toilets were wheel chair accessible, there were hearing loops available on the reception desk and staff told us they could arrange for interpreters for patients for whom English was not their first language. However, staff were not up-to-date with equality and diversity training, which had last been undertaken in 2010. We were told there were no asylum seekers or homeless people on the practice's list.

We were told that 30-minutes appointments could be scheduled for patients with learning disabilities. Nevertheless we found that of the 64 patients with learning disabilities on the practice list only three had been given an annual health check in the current financial year. (The learning disabilities health check scheme Enhanced Service is designed to encourage practices to identify patients aged 18 or over with the most complex needs and offer them an annual health check.)

Access to the service

The practice had a PMS contract and provided a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services, minor surgery and substance misuse management. The surgery was also a registered yellow fever vaccination centre.

Are services responsive to people's needs?

(for example, to feedback?)

The practice was open five days a week from 8:00am. to 6:30pm. In addition, the practice offered extended opening hours from 7:30am to 8:00am and 6:30pm - 8:00pm every Wednesday. The staff told us that they could however, access interpreter services for patients whom English was not the main language.

The practice maintained an up-to-date and user-friendly website with a wealth of information for patients including on services provided, home visits, health promotion, joining the PPG, PPG minutes, meeting agendas, booking appointments and ordering repeat prescriptions.

Appointments could be booked by phone, online and in person. There was a daily 'on-call' doctor system for patients with urgent needs. The practice also offered the facility of telephone consultations where the receptionist would ask for a brief description of the reason for the call and the GP would phone the patient back the same day.

However, all the patients we spoke with and seven of the nine comment cards we received commented on the difficulties they had in accessing the practice by phone. We were told by patients that they had to wait sometimes for 20-25 minutes on the phone to get an answer. Many patients had resorted to turning up at the practice at 8:00am to book an appointment. This, we were told, led to long queues at the reception desk resulting in patients having an appointment not being able to let the reception staff know that they had arrived for their appointment. The practice was aware of the issues with the telephone lines and said they had raised them repeatedly and had a meeting set up in the coming month with the University Hospital (CUH) who were the owner of the premises and the telephone lines.

Action plans following patient surveys had identified this issue and had an action plan in terms of liaising with the trust and also in looking into purchasing their telephone system, though no timescale had been set for the action to be completed. The PPG survey showed that 25% of the respondents (59 patients) had found it difficult to get through to the practice on the phone. We noticed that telephone access and appointments issue had been identified in the 2013 as well as in the 2014/2015 PPG patient survey action plans, but definitive deadlines had not been set as to by when they would be completed.

The 2013/14 GP survey results (latest results published in July 2014) showed that only 45% of respondents found it easy to get through to the surgery by phone and only 53% of respondents described their experience of making an appointment as good.

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

Patients told us they could see a doctor on the same day for urgent needs. However, there was nearly a two-week waiting time for routine appointments. We checked the patient booking-in system on the day of our inspection (6 October) and found that the earliest available routine appointment was for the 21 October.

We also spoke with the managers of two care homes whose residents receive care from the practice GPs. We were told that overall they were satisfied with the care their residents received. However, they felt that the access could be improved in terms of contacting the practice over the phone and in arranging a visit for their residents. Similarly, they felt that documents such as blood forms were not always sent out to them promptly which meant that their residents often had to wait for their blood tests to be undertaken quickly.

The patient access areas of the practice such as the reception, consultation and treatment rooms and the toilets were situated on the ground floor of the building. The waiting area was large enough to accommodate patients with wheelchairs and prams. There was off-street parking available and there was a ramp access to the practice from the street. There were two parking bays reserved for patients with disabilities.

Listening and learning from concerns & complaints

The practice had some arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the assistant practice manager was the designated staff member who managed the complaints. We noted 44 complaints had been made to the practice since April 2014. 24 patients had received a reply, though this was not in line with recognised NHS complaints guidance. The complainants were not informed of the next steps, such as contacting the Ombudsman, should they remain dissatisfied with the practice's response. The other complainants had received only verbal responses and were

Are services responsive to people's needs? (for example, to feedback?)

waiting for a meeting with the practice to discuss the complaints further. The practice had not managed to arrange meetings with some complainants from over a month ago. Two complaints that had been made via the NHSE had received a response, though only one had been addressed by way of a letter back to the patient.

Some complaints were not fully addressed and had handwritten notes on them from GPs stating the complaints had been resolved.

The practice did not appear to have a system in place for analysing and learning from complaints received in the practice. There were no formal meetings attended by clinical and non-clinical staff to discuss the complaints, ensure they were handled appropriately, analysed and lessons learned.

Are services well-led?

Inadequate 

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

Our findings

Vision and Strategy

The surgery had a practice charter and a statement of purpose which laid out patients' responsibilities as well as their rights. Going forward, however we did not find a shared vision or a strategic direction or a buy-in from all clinical and non-clinical staff. Staff we spoke with were not aware of the vision apart from day to day delivery of care. A business continuity plan was in place. However, staff we spoke with said there was lack of clarity around further development for the practice and the challenges and opportunities facing the surgery. We were told some opportunities for developing staff and acquiring new contracts had been lost. The practice had merged with another practice in April 2014 and staff felt that the merger had not been well managed and they had very little opportunities for contribution. Staff morale was low and they told us that they felt undervalued.

Governance Arrangements

Staff were aware of lines of accountability and who to report to, and the non-clinical staff told us that they received a lot of support from the practice manager. Appropriate policies and procedures, including human resources policies were in place, though they were not always followed and there was lack of effective monitoring of certain DESs.

Meeting minutes showed that future demands, staff requirements and vacancies were not foreseen and staff rotas were not planned well in advance. Meeting minutes showed locum requests being discussed and approved, though we were told the practice was ending up making very late external enquiries and requests for locums, which often led to them not getting locums for the job vacancies.

There was evidence of partners' meeting and daily clinical meetings. However, meeting minutes showed lack of a structured and meaningful discussion to resolve the issues

in a time-bound, effective manner. A high number of complaints were being made. However, we did not see a process of analysis and learning from complaints to address the underlying issues.

Leadership, openness and transparency

The practice was led by three partners and a practice manager. Discussions with staff and meeting minutes revealed lack of effective, inclusive clinical leadership. We noted concerns being raised by staff regarding various aspects of care delivery, but a lack of suitable engagement and discussion to ensure systems were in place to manage the issues. The culture and meetings were described to us as "dysfunctional", with lack of clear support to promote openness and transparency. Non-clinical staff we spoke with said they did not feel confident their concerns would be heard and acted upon by senior clinical staff.

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

We found the practice to be involved with their Patient Participation Group (PPG). We spoke with two members of the PPG who said they were very happy with the efforts the practice had taken to involve patients in their care. There were regular meetings and they were actively involved in undertaking patient surveys. They told us that the PPG met regularly and was attended by the practice manager and one of the GPs.

Management lead through learning & improvement

We found limited evidence of learning and sharing of information to help improve care delivery. We found lack of an effective discussion around incidents and significant events with no learning and actions being taken to prevent similar incidents happening in the future. Similarly, the practice did not appear to have a system in place for analysing and learning from complaints received in the practice. There were no formal meetings attended by clinical and non-clinical staff to discuss the complaints, ensure they were handled appropriately, analysed and lessons learned.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person had not always taken proper steps to ensure that people were protected against the risks of unsafe or inappropriate care by the planning and delivering of care that ensured their safety and welfare. Regulation 9 (1)(b)(i)(ii) The provider did not have systems in place to ensure regular medication reviews of people requiring repeat prescriptions.
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person did not have an effective system in place to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. Regulation 10 (1) (a) (b) The provider did not ensure significant events were recorded appropriately and, reviewed and discussed regularly. There was no learning from incidents was identified and shared with all practice staff. The provider was not adequately monitoring and reviewing the patient appointment system.
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

Compliance actions

The registered person did not have an effective system in place for responding appropriately to complaints made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity.
Regulation 19 (1) (2)

The provider's complaints procedure did not highlight patients' rights in the NHS Constitution and the stages of the NHS complaints process including referral to the Ombudsman. The provider was not reviewing the complaints to ensure learning was identified and issues addressed.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

People were not always protected against the risks of unsafe or inappropriate care because not all paper-based patient records were stored securely.
Regulation 20 (1), (2)(a)

The provider did not ensure that all paper based patient records were stored securely.