

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Parkside Group Practice

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Tel: 02086802588

Date of Inspection: 25 February 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Parkside Group Practice
Registered Manager	Dr. Martin Johnson
Overview of the service	<p>The Parkside Group Practice provides a range of General Practitioner services to the local community, which includes medical consultation and treatment, diagnostic and screening procedures, family planning, maternity and midwifery and surgical procedures.</p> <p>The Practice consists of four senior partners, four salaried General Practitioners, four practice nurses, a health care assistant and a phlebotomist who work either full or part-time. There is also a practice manager who leads a team of fourteen non-clinical reception and clerical staff.</p>
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we spoke with the practice manager, the deputy manager, a senior partner and General Practitioner (GP), a practice nurse, and two receptionists.

We also spoke with ten patients who regularly used the service, including which included two members of the Patient Participation Group (PPG). They told us that overall they were happy with the standard of the service provided by the Practice and that they felt all the doctors, nurses and receptionists that worked there were 'very good'. All the patients we met said they would not hesitate to recommend Parkside Practice to anyone who lived locally. One patient told us "all the staff here are wonderful. I have already recommended the surgery to my friends". Another patient said "this is the first surgery I've been too where the doctors have never rushed me. All the GP's are marvellous here. I would highly recommend the surgery to anyone".

It was evident from records we examined, feedback we received from patients and staff, and practices we observed that care and treatment was planned and delivered in a way that was intended to ensure patient safety and welfare. We found patient's privacy and dignity was respected by staff and that patients views were always taken into account. We found consultations and treatment was provided in a hygienically clean and safe environment. The provider also had effective systems in place to regularly assess and monitor the quality of service that patients received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy and dignity were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's diversity, values and human rights were respected. Patients we spoke with all told us they felt the staff who worked at the Practice always treated them with the utmost kindness and respect. Most patients told us they found the receptionists at the Practice to be helpful. One patient said "when you do get through the receptionists you speak to are lovely. I can't fault any of them". The practice manager and reception staff told us they had access to "Language line", which was a telephone service that enabled them to communicate more effectively with patients and/or their representatives who were unable to speak or understand English. The practice manager told us they also had a portable hearing loop for use by patients with a hearing impairment and that some staff had received British Sign Language training. During our tour of this purpose built Practice we it had disabled access to all the consulting and treatment areas and had a wheelchair accessible passenger lift and toilet.

People who used the service were given appropriate information regarding their care or treatment. We looked at the Practices website and saw it was easy to access and provided contained lots of detailed information for patients about the services and facilities they provided. For example, how to make appointments, the availability of clinics, GP home visits, emergency contact numbers, requesting prescriptions, how to make a suggestion or complaint about the Practice, and how to join the Patient Participation Group (PPG). The practice manager showed us a copy of a Newsletter, which was published quarterly and was also available on the website. We saw the October 2013 edition of the Newsletter that included information about the Practices new electronic prescribing service and seasonal vaccinations that were available. We also saw useful information was available to patients about various health issues, such as smoking cessation, flu vaccinations, and blood testing.

People who use the service understood the care and treatment choices available to them. Most patients told us GP's and nurses they had seen or spoke to had been good at ensuring they were fully involved in making decisions about their care and treatment. One patient said "the GP's are all excellent here. They're all good at making sure you

understand what's wrong and what they can do to help".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure patients safety and welfare. Patients we spoke with all told us they had total confidence and trust in the GPs and nurses they saw or spoke to at the Practice. Most patients also told us GPs and nurses they had seen or spoke to had been very good at giving them enough time. One patient said "this is the first surgery I've been too where the doctors have never rushed me. All the patients we met said they would not hesitate to recommend Parkside Practice to anyone who lived locally. One patient told us "all the staff here are wonderful. I have already recommended the surgery to my friends". Another patient said "I would highly recommend the surgery to anyone".

Most patients told us that overall they would describe their experience of making an appointment to see a GP or nurse at the Practice as 'good'. One patient said "I think the appointment system is fairly good here. You can always get an appointment to see a doctor on the day you phone up". Another patient told us "if you can't come in on the day for whatever reason you can make a request for a GP to ring you back".

However, the provider may wish to note that we received rather mixed feedback from patients about the Practices phone system with six out of ten patients we spoke with informing us that it was not always easy to get through to someone at the Practice on the telephone. One patient said "the problem is the phone is often engaged". Another patient told us "it's often quite difficult getting through to the receptionists on the telephone. They need a queuing system". It was evident from discussions we had with the practice manager and members of the PPG that the Practice had been made aware of this issue. The practice manager showed us an action plan they had created, which stated the Practice had agreed to introduce a new automated telephone system.

Most patients felt that 'normally' they did to have to wait too long at the Practice to be seen by a GP or a nurse, which on average ranged between five and twenty minutes. One patient said "I've never waited more than twenty minutes to see my GP". Another patient said "waiting times have never been a problem here, which is amazing considering how busy they normally are". Two patients told us that they had waited for half hour on a few occasions, but this was always when they had booked an emergency appointment. All the

patients we met told us the practice always made it a priority to see children first. We discussed this with the practice manager who confirmed it was custom and practice for children's appointments to be prioritised by the GP's and nurses.

People's needs were assessed and care and treatment was planned and delivered in line with their individual health plan. We looked at electronic medical records for three patients. We saw they contained detailed information for GP's and nurses about how individual patient's health care needs should be met. This included information about each patient's health care problems, appointments they had attended, treatment options they had discussed and/or received, medication they were prescribed, and any referrals that had been made to other health and social care professionals. The practice manager told us arrangements were in place that ensured patient records were continually reviewed and updated so information they contained always remained current and relevant.

There were arrangements in place to deal with foreseeable emergencies. During our tour of the Practice we saw that medication for use in an emergency was securely kept in a locked medication cabinet in a consulting room. We also saw the practice had an Automatic External Defibrillator (AED) and three oxygen cylinders located throughout the building for use in an emergency. Staff files we examined contained documentary evidence indicating that all staff had received up to date training in Basic Life Support (BLS) and resuscitation techniques. Staff we spoke with confirmed they had completed this training, which they told us was refreshed at regular intervals. The practice manager showed us the green button that was clearly visible on all computer screens used at the Practice, which we were told was used to immediately alert all staff at the Practice in the event of an emergency occurring. All the staff we met demonstrated a good understanding of the system and told us it had worked extremely well when they had needed to use it in the past.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of harm, because the provider had taken reasonable steps to identify the possibility of harm and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The practice manager told us one of the partners was the Practices safeguarding lead. It was evident from discussions we had with the Practices safeguarding lead that they had a clear understanding of their safeguarding responsibilities and how the local authority's child protection and vulnerable adults safeguarding referral systems' worked.

During our inspection we saw copies of the Practices child protection, safeguarding vulnerable adult's and staff whistle blowing policies and procedures. We also saw the Practice had access to up to date information about the local authority's child protection and safeguarding vulnerable adult's teams contact details, as well as Pan London's multi-agency protocols for protecting children and vulnerable adults.

All the staff we spoke with about safeguarding demonstrated a good understanding of what constituted child and vulnerable adult abuse and neglect, and who they should notify within the Practice about any safeguarding concerns they might have. The three staff files we examined each contained a certificate of attendance that indicated these staff had received up to date protecting children training. The practice manager confirmed it was mandatory for all clinical and non-clinical staff to receive and continually update their protecting children knowledge and skills.

The practice manager and the safeguarding lead both told us they were aware that none of the Practices staff team had received any professionally recognised safeguarding vulnerable adults training. They told us arrangements had already been made for the safeguarding lead to attend safeguarding vulnerable adults training and then pass their knowledge onto the rest of the staff team. Progress made by the provider to achieve this stated aim will be reviewed at their next inspection.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment. People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People were cared for in a clean, hygienic environment.

We toured the Practice and saw it looked hygienically clean throughout. The practice manager told us they had a contract with an external cleaning company who were responsible for cleaning the Practice on a daily basis. We were shown a copy of the practices cleaning schedule, which set out in detail what should be cleaned, when and how. We spoke with a practice nurse who told us they had overall responsibility for overseeing the practices infection prevention and control arrangements. They showed us copies of the Practices infection prevention and control policies, which made it clear what staff, should be doing to prevent and manage the spread of infection. Staff told us the Practice also had a contract with an external company to sterilise all their reusable surgical equipment, which we saw were kept safe in a locked box in the treatment room where minor surgical procedures were carried out.

During our tour we saw clinical and non-clinical staff had access to personal protective equipment (PPE), such as disposal gloves and plastic aprons. We saw spill packs and observed the sharps bins and clinical waste bins were located in a safe place. We also noted information for staff about hand washing techniques and emergency procedures in case of sharps injuries were clearly displayed throughout the Practice. We saw hand washing gel was available in the consultancy and treatment rooms, as well as patient waiting rooms.

It was evident from training records we looked that staff had received infection control training. Staff we spoke with confirmed they had received this training, which was refreshed at regular intervals.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service and their representatives were asked for their views about the practice, which were acted upon. The practice manager told us there was an active 12 member strong Patient Participation Group (PPG) who they regularly met to discuss what the Practice did well and what they could do better. PPG members told us they felt involved in helping staff make the Parkside better for all patients. The PPG members told us the group met with the practice manager and other staff approximately once a quarter. The practice manager showed us an action plan which had been created after the last PPG meeting that stated what the Practice had done in response to issues raised by the PPG about lack of patient awareness regarding the NHS 111 service and the Practices opening times. The practice manager also told us they encouraged patients to participate in an annual satisfaction survey, the results of which was assessed and used to help the Practice make improvements.

The practice manager told us they had designated members of staff who were responsible for undertaking regular audits at the Practice. It was evident from quality assurance records we examined and comments we received from staff we spoke with that medication held by the Practice and the infection prevention and control arrangements were routinely checked by specific members of staff. This was confirmed by discussions we had with the practice nurse. We looked at a random sample of medication held by the practice and saw their use by dates had not expired. The practice manager showed us that they participated in the Quality Outcomes Framework (QOF), a voluntary incentive scheme which rewards GP practices for how well they care for patients. They also showed us the monitoring system they used to make sure the Practice met national and local targets in areas such as immunisation, alcohol screening, smear uptake and smoking cessation.

There was evidence that learning from incidents took place and that appropriate changes were implemented. Records of serious incidents and complaints we looked at had all been reviewed, which included an analysis of what had happened and improvements that could be made to prevent or minimise the risk of similar events reoccurring. The practice manager told us serious incidents and near misses were always discussed at significant events meetings, which were held quarterly at the Practice. Other staff told us accidents, incidents and complaints were often discussed at their weekly team meetings and training

mornings, which ensured everyone was aware what had happened and the improvements that were needed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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