

Crouch Oak Family 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Crouch Oak Family Practice. Overall the practice is rated as Requires Improvement.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the day they were requested.
- The practice was well equipped to treat patients and meet their needs.
- There was a clear leadership structure.
- The practice proactively sought feedback from staff and patients, which it acted on.

We noted several areas of concern that were the responsibility of the landlord of the building - NHS Property Services. Our concerns included:-

- The building being in a poor state of decoration and repair – including noticeable holes in walls and there was a poor state of flooring
- No adequate heating control within the server room – risk of overheating and fire
- Lack of management plan for asbestos
- Lack of maintenance and update of clinical rooms – including rooms which were now too small for their purpose.

Summary of findings

- Outside storage for general waste not lockable or secure.
- Lack of legionella assessment and no management plan in place
- No evidence of a current gas safety certificate

Prior to our inspection the practice had conducted risk assessments (including health and safety, fire risk and infection control assessment) to highlight to NHS Property Services the areas that needed addressing.

However there were areas of practice where the provider must make improvements:

Importantly the provider must:

- Ensure that recruitment information is available for each person employed. This includes completing Disclosure and Barring Service (DBS) checks for those staff who need them, proof of identity and references
- Ensure the on-going development and implementation of the systems and processes in place

for effective governance including assessing, monitoring, and driving improvement in the quality and safety of the services provided as well as mitigating any risk.

- As there was a potential risk to patients the provider must ensure assessments for legionella and gas safety take place and are provided with a copy of certificates .

Additionally the provider should:

- Continue to communicate with the landlord of the building, NHS Property Services, in order to rectify some of the concerns raised by the provider and by CQC during the inspection. NHS Property Services to complete the necessary risk assessments and supply the necessary documentation in order to ascertain the safe running of the practice.

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 requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Emergency procedures were in place to respond to medical emergencies. The practice had policies and procedures in place to help with continued running of the service in the event of an emergency. The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained. However, recruitment files for staff members did not always contain the required information. We also found concerns relating to the maintenance of the building which were outside of the practice's control. The practice was in communication with the landlord NHS Property Service to achieve the required improvement necessary. However, the risk assessments commissioned by the provider had yet to be actioned by the landlord.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect. The waiting and reception areas were separate and the practice used practical ways of maintaining confidentiality, including the use of two automated booking in screens and asking patients if they wished to talk in a separate room.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. Patients told us they could get urgent appointments available the same day but sometimes had to wait to get routine appointments with the GP of their choice. The practice was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. The practice had recently employed a new practice manager to ensure that governance arrangements were up to date and compliant. The practice manager had found areas that needed to be reviewed and was in the process of completing these actions. However, we found these actions were in their infancy and needed the support of the practice partners in order to achieve the required results. For example, developing new personnel files to ensure they contained the required information, reviewing staffing levels and structure, reviewing and developing a new employee handbook and staff contracts, developing a new induction checklist, appraisal system and reviewing staff learning. We also found concerns relating to the maintenance of the building which were outside of the practice's control. However, the practice needed to ensure that continued communication with the landlord NHS Property Service was on-going to achieve the required improvement necessary. This also needed the support of the partners to achieve the required outcomes. The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a leadership structure in place and staff felt supported by the new practice manager. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group (PPG) who were actively trying to recruit under represented new members. For example, young people. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Requires improvement



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for providing safe, and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered continuity of care with a named GP. Elderly patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care. For example, dementia and end of life care. It was responsive to the needs of older people, and could offer daily visits to elderly housebound patients where necessary and rapid access appointments for those with enhanced needs. The practice looked after three care homes and provided a named GP who conducted weekly visits to ensure continuity of care. We saw evidence the practice was working to the Gold Standards Framework for those patients with end of life care needs. The practice participated in the Dementia Enhanced Service that facilitates diagnosis and support for patients with dementia.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for providing safe, and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had trained nurses in diabetes and asthma care. It also ran dedicated respiratory clinics and diabetes clinics; with more complex patients having access to the Community Diabetic Nurse. The practice could provide in-house

Requires improvement



Summary of findings

spirometry (this is a lung function test that can help diagnose various lung conditions, for example chronic obstructive pulmonary disease). The practice could also provide 24 hour BP monitoring for patients with conditions such as hypertension.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing safe, and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice held monthly meetings with health visitors to discuss vulnerable families. Immunisation rates were good for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. There was a practice policy to offer on the day urgent appointments for children. The practice had designated GPs who lead in sexual health and family planning, who could offer a wide range of services.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated as requires improvement for providing safe, and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice ran a late evening surgery from 6:30pm to 8pm on a Tuesday and a Saturday clinic from 9am to 12pm. The practice was proactive in offering online services. For example, on line booking of appointments and Electronic Prescribing. This enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required. There was a full range of health promotion and screening that reflected the needs for this age

Requires improvement



Summary of findings

group. GPs and nurses offered advice by telephone each day for those patients who had difficulty in attending the practice. Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for providing safe, and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered continuity of care with a named GP for this population group. It offered longer appointments and carried out annual health checks for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children and had a safeguarding team who worked closely with social services. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for providing safe, and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Patients with severe mental health needs had care plans and received annual physical health checks. The practice offered continuity of care with a named GP for this population group and had a GP who was the Mental Health Lead. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, and liaised closely with the Community Health Team in relation to the availability of counselling services. A consultant

Requires improvement



Summary of findings

psychiatrist visited the practice on a weekly basis which patients could be referred to, and the practice worked closely with the psychiatrist and the community pharmacist for advice on individual medicine regimes.

Summary of findings

What people who use the service say

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received nine comment cards which contained positive comments about the practice. We also spoke with eight patients on the day of the inspection including two members of the patient participation group.

Patients told us that they were respected, well cared for and treated with compassion. Patients described the GPs and nurses as caring, and told us that they were listened to. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They told us they always had enough time to discuss their medical concerns and felt confident in their treatment.

The national GP patient survey results published in July 2015 showed the practice was performing on a par or slightly below the local and national averages, with the exception of patients finding it easy to get through by phone.

- 48% found it easy to get through to this practice by phone compared with a CCG average of 74% and a national average of 63%.

- 77% found the receptionists at this practice helpful compared with a CCG average of 84% and a national average of 87%.
- 40% with a preferred GP usually got to see or speak to that GP, with a CCG average of 54% and a national average of 60%.
- 88% were able to get an appointment to see or speak to someone the last time they tried, with a CCG average of 85% and a national average of 85%.
- 85% of patients said the last appointment they got was convenient, with a CCG average of 90% and a national average of 92%.

The practice had conducted their own patient survey and had compared results from 2014 and 2015. Results showed there had been a slight increase in patient satisfaction. The practice had an action plan to address the concerns raised from the survey. For example, in 2015 32% of patients said they found it easy to speak to a doctor on the phone compared to 23% in 2014. The practice had an action plan to reconfigure the reception area so that staff could be dedicated to answering phones and reduce patient waiting time for calls to be answered. The practice was also in the process of trialling a system of allowing the reception team to add extra appointments to some doctors' appointment schedules where it was necessary that the patient needed a follow-up call with the same doctor.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that recruitment information is available for each person employed. This includes completing Disclosure and Barring Service (DBS) checks for those staff who need them, proof of identity and references
- Ensure the on-going development and implementation of the systems and processes in place for effective governance including assessing, monitoring, and driving improvement in the quality and safety of the services provided as well as mitigating any risk.

- As there was a potential risk to patients the provider must ensure assessments for legionella and gas safety take place and are provided with a copy of certificates.

Action the service **SHOULD** take to improve

- Continue to communicate with the landlord of the building, NHS Property Services, in order to rectify some of the concerns raised by the provider and by CQC during the inspection. NHS Property Services to complete the necessary risk assessments and supply the necessary documentation in order to ascertain the safe running of the practice.

Crouch Oak Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a second CQC Inspector.

Background to Crouch Oak Family Practice

Crouch Oak Family Practice offers personal medical services to the population of Addlestone. There are approximately 16,000 registered patients.

Crouch Oak Family Practice is run by five partner GPs. The practice is also supported by four salaried GPs, one GP Registrar, five part time practice nurses, three healthcare assistants, a team of administrative staff, a reception manager, an IT manager and a practice manager.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccinations and advice.

Services are provided from one location:

Crouch Oak Family Practice

45 Station Road, Addlestone, Surrey, KT15 2BH

Opening hours are Monday to Friday 8am to 6:30pm.

With extended opening on Tuesday from 6:30 - 8:00pm and appointment only on Saturday morning.

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients between 0 – 04, 35-39, 45-49 and 85+ years of age than the national and local CCG average. The practice population also shows a lower number of 10-29 and 60-69 year olds than the national and local CCG average. There are a higher number of patients with a long standing health condition and a health care problem in daily life. But a lower than average number of patients with caring responsibilities. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out this comprehensive inspection of the practice, on 6 October 2015, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The practice had not been inspected before and that was why we included them.

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS North West Surrey Clinical Commissioning group (CCG). We carried out an announced visit on 6 October

Detailed findings

2015. During our visit we spoke with a range of staff, including GPs, practice nurses, administration and reception staff, the reception manager and the practice manager.

We observed staff and patients interaction and talked with eight patients, including two members of the patient participation group. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed nine comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit.

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)

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care where appropriate. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The GPs held monthly meetings where complaint or significant events could be discussed. We looked at several significant events and saw that appropriate action was noted.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve procedures or safety in the practice.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding children and vulnerable adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff told us that safeguarding information was recorded on the patient notes, enabling clear identification of vulnerable adults and children amongst practice staff. For example, children on a Child Protection Plan were identified to staff using an automated message upon viewing of a record.
- A notice was displayed in the treatment rooms, advising patients that nurses would act as chaperones, if required. Not all clinical staff who acted as chaperones had been trained for the role but were aware of what the role entailed and could refer to the chaperone policy. Staff acting as chaperones had either received a disclosure and barring check (DBS) or we saw evidence of an application submitted. (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified the health and safety lead.
- The property was owned by NHS Property Services who were responsible for the management and up keep of the building. However, we found that not all risks to patients had been identified or managed by this service. Instead the practice manager had commissioned risk assessments to ensure that patients were not at risk. This included recent assessments for health and safety, fire and infection control reports. We saw evidence that regular fire drills were carried out.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. Practice nurses explained that all equipment was cleaned after use with patients and could explain how equipment was cleaned in line with guidance. We observed the premises to be clean and tidy. One of the partner GPs was the infection control clinical lead with the help of the practice manager and senior practice nurse. There was an infection control protocol in place and staff had received up to date training. We saw evidence of a recent infection control audit. An action plan had been produced to address any improvements identified as a result. Some of the concerns raised needed to be actioned by the landlord NHS Property Services but at the time of the inspection the landlord had not responded to the concerns raised.

Are services safe?

- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The nurses administered vaccinations using directions that had been produced in line with legal requirements and national guidance.

However, we saw that not all recruitment checks were carried out and the files we reviewed showed that there were gaps in staff files to show that the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, records of the interview process, and the appropriate checks through the Disclosure and Barring Service (DBS). The practice manager had recognised these issues prior to our inspection. They were able to show us a comprehensive system of how files were being reviewed and gaps identified were being rectified. We also saw that the practice manager had re-designed the staff files and was in the process of implementing the new system.

Arrangements were in place for planning and monitoring the number of staff and mix of staff roles needed to meet

patients' needs. The practice manager was able to show us proposals for a new staffing structure and additional staff required. For example, the practice had been without a nurse manager and we saw that a new member of staff had been recruited and was due to start the role shortly. Staff told us there was a rota system in place for all the different staffing groups.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 88% or 792 points out of the total of 900 points for 2013 /14.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013 /14 showed:

- Performance for diabetes related indicators were on a par with the clinical commissioning group (CCG) and national average. For example, the practice QOF score was 92% with the CCG average at 88% and England average at 90%.
 - Performance for secondary prevention of coronary heart disease related indicators were at 94% which were similar to the CCG average of 91% and the national average of 93%
 - Performance for dementia related indicators were slightly lower at 88% and the CCG average being 94% and national average being 93%
 - The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months were on par with the national average of 88%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We

reviewed seven clinical audits which had been completed in the last two years. We noted several audits where improvements had been implemented. There were also several audits that had been repeated to ensure continued improvement. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice had completed an audit to see if women with diabetes were given pre-conception counselling. The practice had developed a leaflet that could be given to patients as a result of the audit.

Effective staffing

We reviewed staff files and found gaps in the induction checklist and staff appraisal records. The practice manager had recognised these issues prior to our inspection. All of the staff we spoke with told us they had received an appraisal in the last year. We saw that the practice manager had re-designed the staff files and was in the process of implementing the new induction process.

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

- New members of staff shadowed other staff members and had a buddy that they could refer to for any questions. New staff underwent a probationary period in which their competencies were reviewed.
- We saw that staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included access to the use of e-learning training modules. Records seen showed that staff had received mandatory training in safeguarding vulnerable adults and children, fire awareness, basic life support, infection control and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services. The GPs completed their own referral letters and told us that they could organise the referral with the patient while at the initial consultation if required.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that palliative care meetings with district nurses and community matrons took place monthly. These meetings were used to discuss patients with complex and palliative care needs and ensured that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The practice had guidance available to staff on the Mental Capacity Act 2005, Assessing Capacity, Best Interests and Consent. This included detailed key considerations as well as the different ways in which consent could be obtained. The practice ensured it meet its responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the

last 12 months of their lives, those with learning disabilities, poor mental health or long-term conditions. Patients were then supported by the practice as well as signposted to external services. The practice nurses could support patients with reviews for diabetes or asthma and could conduct cervical smears, blood test and vaccinations. We saw evidence that the nurses had been trained to take on these duties.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average at 83% and National average of 82%. There was a policy to follow up patients who did not attend for their cervical screening test by telephone call or letter.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. Although we noted that for children under 2 years of age some vaccinations were below average. For example, childhood immunisation rates for the MMR vaccinations given to under two year olds was at 32% with the national average being 82%.

Flu vaccination rates for the over 65s were 71% and at risk groups 54% These were comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception desk and waiting area were separate which helped with patient confidentiality. Reception staff informed us that it was policy not to discuss patients at the desk and to ensure that paperwork was not left on display. We noted that the practice had installed two electronic booking in systems to help with confidentiality.

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

- 85% said the GP was good at listening to them which was below the CCG average of 89% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 81% said the last GP they spoke to was good at treating them with care and concern which was on a par with the CCG average of 84% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

We received nine patient CQC comment cards. All were positive about the service experienced. Patients said they felt the practice offered a good service and GPs and nurses were caring and treated them with dignity and respect. We also spoke with eight patients on the day of our inspection. They also told us they were satisfied with the care provided

by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received aligned with these views.

Results from the national GP patient survey we reviewed showed patients answered positively when asked to respond to questions about their involvement in planning and making decisions about their care and treatment. Results were slightly below or in line with local and national averages. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

The practice participated in the avoidance of unplanned hospital admissions scheme. There were regular meetings to discuss patients on the scheme and care plans were regularly reviewed with the patients. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.

Staff told us that most patients had a first language of English but translation services were available for patients who did not.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer, and there was a practice register of all people who were carers. Carers were being supported, for example, referrals to local support services for carers.

We also looked at care provided for patients diagnosed with depression. We noted that the practice's QOF

performance showed that 80% of patients with a new diagnosis of depression had a review not later than the target of 35 days after diagnosis. This was higher than the England practice average of 78%.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice opened from 8am until 6:30pm and had extended opening on a Tuesday evening and Saturday morning. Patients could also book appointments via telephone, in person or on line
- GPs often visited patients at home late in the evening outside of practice opening hours if required.
- Staff were aware of appointments which needed extended time. For example, patients with a learning disability or reviews of certain long term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- The practice was accessible for patients with services located on the ground floor.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. With extended opening on a Tuesday from 6:30-8pm and pre-bookable appointments from 9am to 12pm on Saturday mornings. Appointments could be booked via telephone, on-line or in person. Patients could also request urgent appointments, telephone consultations or home visits when appropriate. During our observation of patient bookings at the reception desk, we noted that appointments were offered to book within a week unless the patient requested a named GP. A nurse appointment was available the next day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was either on a par or slightly below average when compared to local and national averages. Results from the GP patient survey indicated that:-

- 67% of patients were satisfied with the practice's opening hours which was on a par with the CCG average of 69% and national average of 76%.

- 48% of patients said they could get through easily to the surgery by phone compared to the CCG average of 64% and national average of 73%.
- 88% of patients said they were able to get an appointment to see or speak to someone the last time they tried which was above the CCG average of 85% and national average of 85%.
- 85% of patients said the last appointment they got was convenient with the CCG average being 90% and the national average being 92%
- 64% of patients said they usually waited 15 minutes or less after their appointment time which was on a par with the CCG average of 66% and national average of 65%.

The practice had conducted their own patient survey and had compared results from 2014 and 2015. Results showed there had been a slight increase in patient satisfaction. The practice had an action plan to address the concerns raised from the survey. For example, to reconfigure the reception area so that staff could be dedicated to answering phones and reduce patient waiting time for calls to be answered.

Information was available to patients about appointments on the practice website and leaflet. This included how to arrange urgent appointments and home visits and how to book appointments through the website or automated service. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled complaints in the practice as well as two dedicated GPs who dealt with any clinical complaints.

We saw that information was available to help patients understand the complaints system on the practice's website and on a noticeboard in the patient waiting area. A Friends and Family Test suggestion box was also available which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with told us that they had ever made a complaint and in addition, the PPG members told us they felt the practice took complaints seriously.

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

We looked a selection of complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and

dealt with in a timely way. Complaints were a standing agenda item on the partners monthly meetings and we saw evidence that lessons learned from individual complaints had been acted on.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the aims and objectives values in their statement of purpose. The statement of purpose included:-

- To manage patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including provision of relevant health promotion advice and referral as appropriate, reflecting patient choice wherever possible using best practice and evidence based treatments.
- To manage patients suffering with chronic diseases to optimise their quality of life and longevity; to involve them in decisions regarding their care and to promote improvement in lifestyle choices.
- To provide a competent workforce, with appropriate skills and training, properly equipped to carry out their duties.

The practice had recognised concerns raised in relation to the maintenance of the building and the continued population growth with new residential developments in the Addlestone area. The building was owned by NHS Property Services and the provider had been unable to maintain or develop the practice as required. The practice manager was able to show us a development proposal for government grant money for the updating and redevelopment of the practice. We saw this included the reconfiguration of clinical rooms to make them more fit for purpose and the re-design of reception area to improve patient confidentiality.

Governance arrangements

The governance arrangements did not always operate effectively although some of the concerns found were outside of the providers remit. The practice manager had requested a number of documents from NHS Property Services to be available to CQC for our inspection. However, the practice manager had not received any of the required information. For example, a legionella's risk assessment, maintenance schedules or servicing records. We saw evidence that the practice had carried out their own building health and safety risk assessments. We saw that these assessments had specified actions for NHS Property

Services to complete where risks had been identified. We were informed that some of these risks had been identified for some time and that actions required were yet to be implemented. Some of the concerns requiring action included:-

- The building being in a poor state of decoration and repair – including noticeable holes in walls and there was a poor state of flooring
- No planned preventive maintenance (PPM) schedule in place
- A lack of legionella assessment and no management plan in place
- The requirement for adequate heating control within the server room due to risks of overheating and potential fire hazard
- A management plan for asbestos
- Evidence of a current gas safety certificate
- Outside storage for general waste not being lockable or secure.
- Actions required from a fire risk assessment

We saw evidence that the new practice manager was ensuring that structures and procedures were in place which supported the delivery of good quality care. But some of these were in its infancy and needed to be further supported by the partners of the practice in order to be achieved.

For example:-

- Reviewing and developing new personnel files to ensure that required information in relation to staff recruitment is present in all files
- Reviewing the staffing levels and staff structure to identify gaps in working requirements and the employment of new additional staff
- Reviewing and developing a new employee handbook and reviewing new contracts for all staff
- Reviewing and developing new induction checklists and the appraisal system
- Reviewing training requirements for staff and the implementation of new e-learning modules.

Staff we spoke with were aware of their own roles and responsibilities and those of other staff. For example, who to speak to for safeguarding concerns and who the clinical leads were for diabetes or asthma. Staff had access to policies and procedures which were available to all staff on the practice's computer system. Some policies were also

Are services well-led?

Requires improvement 

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

available as hard copy within the treatment rooms. There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements and a comprehensive understanding of the performance of the practice.

The practice ran monthly meetings. These included partner meetings, practice meeting, governance meetings, training meetings and administration staff meetings. We were able to review the minutes of these meetings and staff told us the minutes to these meetings were available for them to read if they had been unable to attend.

Leadership, openness and transparency

Staff told us that the partners were usually approachable and visible within the practice. They told us that if they had any concerns they could approach any of the partners and felt confident in doing so. However, we also received some comments from staff that they felt that the partners did not regularly engage with them outside meetings. Another concern was that sometimes reception staff were not aware when GPs left the building in the evening. This meant they could not effectively direct patient queries, book urgent appointments or be able to account for all staff should there be an emergency evacuation.

The new practice manager had started a monthly meeting for administration staff so that any concerns, suggestions or comments could be taken from this meeting and if necessary raised at the practice meeting. Staff told us that they felt they had the opportunity to raise any issues through this meeting or through speaking with the practice manager and felt encouraged in doing so.

Staff told us that there had been a period of change with key members of staff leaving. They told us that they had confidence in the new partners and practice manager and now felt involved in discussions about how to run and develop the practice. They told us that they felt respected, valued and supported, by their team members.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met

on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had suggested notices in the corridors to indicate the room direction for specific doctors. We noted that doctors names and the direction of their rooms were situated in the corridors to help patients to find their doctors rooms more easily. We also saw evidence that the practice had listened to patients from the patient survey that been completed in 2015. We noted that one of the comments had been in relation to the child immunisation clinics and there being no appointment system. The practice had acknowledged this comment and had changed the baby immunisation clinic from "walk-in" to pre-booked appointments only. The members of the PPG were aware of this change and we noted signs in the waiting area to inform patients.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. For example, staff had recently been consulted over the new uniforms and management had listened to ideas discussed. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management through the new meeting structure or discussions with the practice manager but had felt in the past this may not have been acted upon or outcomes discussed with them.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice. Staff we spoke with told us they would have no concerns in using the policy to protect patients if they thought it necessary.

Innovation

The practice team was forward thinking and looked at creative ways to improve outcomes for patients in the area. For example:

- The practice had links to a research unit which was run by two of the practices partner GP's. GPs were able to discuss new treatments and recommend to patients the facility if it could be of benefit to them.
- Developing a Polypharmacy model in conjunction with the Community Pharmacist which will improve the care of many elderly patients and identify those who need closer clinician follow-up (Polypharmacy is the use of four or more medicines by a patient, generally adults aged over 65 years)

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Family planning services Maternity and midwifery services Personal care Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered provider did not always have tested or completed systems or processes in place for effective governance including assessing, monitoring, and driving improvement in the quality and safety of the services provided as well as mitigating any risk. For example:-</p> <ul style="list-style-type: none">• Ensuring that required information in relation to staff recruitment is present in all files• Reviewing staffing levels and staff structure to identify gaps in working requirements and the employment of new additional staff• Reviewing and developing a new employee handbook and reviewing new contracts for all staff• Reviewing and developing new induction checklists and appraisal systems• Reviewing training requirements for staff and implementing new e-learning modules. <p>This was in breach of Regulation 17 (1),(2)(a),(b),(d),(f)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>We found that the registered provider had not ensured that persons employed for the purposes of carrying on a regulated activity were of good character. We found that the registered provider had not ensured that information specified in Schedule 3 was available in relation to each person employed.</p> <p>This was in breach of Regulation 19 (1) (a) (3) (a)</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

We found that the registered provider had not ensured that the landlord had provided a current gas safety certificate and so could not be assured there was no risk to patients. The registered provider had not ensured that the landlord had conducted a legionella risk assessment and so could not be assured there was no risk to patients.

This was in breach of Regulation 17 (1)(2) (d) (h)