# SurreyGP Limited

# SurreyGP

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection of SurreyGP on 7 December 2017 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

**Our findings were:**

**Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

**Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

**Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

**Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations

**Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

SurreyGP provides private GP services and vaccination services including travel services. Additionally it carries out private medical examinations for employment and occupational purposes and provides some facial aesthetic services.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At SurreyGP the aesthetic cosmetic treatments are exempt by law from CQC regulation. Therefore we were only able to inspect GP services but not the facial aesthetic services.

The Medical Director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

Fifty three people provided feedback about the service both face to face and via comment cards all of which was positive about the standard of care they received. The service was described as excellent, professional, helpful and caring.

**Our key findings were:**

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based research or guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice were proactive in seeking patient feedback and identifying and solving concerns.
- The culture of the service encouraged candour, openness and honesty.

There were areas where the provider could make improvements and should:

- Consider reviewing whether all patients should provide personal identification on registration with the practice.
- Review whether to install a hearing loop and consider providing access to an interpreter service.
- Review whether to provide a written business continuity plan and lone worker policy.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Are services safe?**
We found that this service was providing safe care in accordance with the relevant regulations.

The service had safe systems, processes and risk assessments in place to keep staff and patients safe. Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services. The service had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement. Medicines including those used in an emergency were managed safely within the practice. The practice had procedures to ensure the correct identification of children, accompanying adults, and adults attending for medicals. However not all adults were asked for proof of identity on registering with the practice.

**Are services effective?**
We found that this service was providing effective care in accordance with the relevant regulations.

The service provided care and treatment in line with current guidelines, and had systems in place to ensure that all staff had the skills and knowledge to deliver care and treatment. Information to plan and deliver care and treatment was available to appropriate staff. The service monitored performance.

**Are services caring?**
We found that this service was providing caring services in accordance with the relevant regulations.

The service treated patients courteously and ensured that their dignity was respected. The service involved patients fully in decisions about their care and provided all information, including costs, prior to the start of treatment.

**Are services responsive to people's needs?**
We found that this service was providing responsive care in accordance with the relevant regulations.

The service was responsive to patient needs. They proactively pursued patient feedback and identified and resolved concerns. There was an accessible complaints system and all forums for patient feedback were closely monitored and responded to. Appointments were accessible via the internet or telephone and met the needs of their patients. The practice were situated downstairs, but where possible made provision for patients with disabilities to be seen. They did not however have a hearing loop or easy access to a translation service.

**Are services well-led?**
We found that this service was providing well-led care in accordance with the relevant regulations.

The provider had a clear vision and strategy for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment. The service had a suite of policies and systems and processes in place to identify and manage risks and to support good governance. However they did not have a written business continuity plan or policy on lone working. The service actively engaged with staff and patients to support improvement and had a culture of learning.

# SurreyGP

**Detailed findings**

## Background to this inspection

SurreyGP is a private general medical practice service based in Guildford Surrey. The registered provider is SurreyGP Limited.

The address of the service is:

32-34 London Road

Guildford

Surrey

GU1 2AB

The service was run from a suite of rooms on the lower ground floor of the building which was leased by the provider.

The service provides a range of GP services including consultations, child and adult immunisations, cervical screening, travel vaccinations, ear syringing, well man and well women screening and advice, sexual health advice and testing, home visits, employment and occupational medicals and some facial aesthetic services.

The surgery times are 8.30am to 5.30pm Monday to Friday and 8am to 11am on two Saturdays per month. If care is required outside surgery hours an answerphone message directs patients to the NHS 111 service.

The service team consisted of a medical director assisted by a second GP, an operations manager, a practice manager and an assistant administrator.

The inspection on 7 December was led by a CQC inspector who was accompanied by a GP specialist advisor.

Information was gathered from the provider and reviewed before the inspection.

During our visit we:

- Spoke with a range of staff, including the medical director, operations director, practice manager and assistant administrator.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed documents relating to 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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

**Safety systems and processes**

The practice had clear systems to keep patients safe and safeguarded from abuse.

The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff in both digital and hard copies. They outlined clearly who to go to for further guidance.

The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. The practice policy was to check all staff through the Disclosure and Barring Service (DBS). (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). Staff were risk assessed whilst waiting for the results of the DBS check and their role modified so that they were not alone with patients until the result was known.

The practice saw children under the age of 18 and all were trained to an appropriate level for their role in both child and adult safeguarding. Clinical staff were both trained to level three child safeguarding and the medical director was the practice safeguarding lead. The practice received notifications of safeguarding issues relating to their patients and carried out six monthly safeguarding audits. Vulnerable patients both child and adults were flagged in the notes and staff were able to identify signs of possible abuse. Any patients living in a household with patients about whom there were safeguarding concerns also had their notes flagged.

The practice enquired who adults accompanying children were and if not a parent insisted on written consent from a parent before treatment was commenced. If children required vaccination, they asked to see their vaccination record book and adults requiring medicals needed to provide proof of identification. However not all adults were asked to provide personal identification on registration with the practice. The provision of identification would be helpful for example, in protecting vulnerable adults against self-abuse with prescription medicines.

Both clinical staff were up to date with their professional revalidations and the service checked annually to assure themselves that professional registrations were current.

All staff who acted as chaperones were trained for the role and had received a DBS check.

There was an effective system to manage infection prevention and control. The medical director was the infection control lead and all staff had received infection control training.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

The buildings management carried out six monthly fire risk assessments and regular fire drills. Legionella risk assessments were also carried out six monthly (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

**Risks to patients**

Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. 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. The defibrillator pads, battery and the oxygen were all in date and the oxygen cylinder was full. A first aid kit and accident book were available.

Both clinicians were current members of professional indemnity schemes.

**Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients. Records were written and managed in a way that kept patients safe. Records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The practice had systems for sharing information with

# Are services safe?

staff and other agencies to enable them to deliver safe care and treatment and referral letters included all of the necessary information. Urgent referrals were faxed, fax receipts scanned into the notes and a follow up phone call made to ensure the referral was received.

**Safe and appropriate use of medicines**

The practice had reliable systems for appropriate and safe handling of medicines. The systems for managing medicines, including supplied medicines, vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. Clinicians prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current local and national guidance. The practice had audited their antimicrobial prescribing for urine infections. There was evidence of actions taken to support good antimicrobial stewardship.

**Track record on safety**

The practice had a good safety record. There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA) and we saw an example where action had been taken on an alert involving a testing kit.

**Lessons learned and improvements made**

The practice learned and made improvements when things went wrong. There was a system for recording and acting on significant events and incidents. We saw that the practice had recorded 11 in the last year. Staff understood their duty to raise concerns and report incidents and near misses. The practice had a no blame culture and leaders and managers supported them when they did so. There were adequate systems for reviewing and investigating when things went wrong. Significant events were a standing agenda item at practice meetings. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example a recent emergency event had been dealt with at the time, but then reviewed as a significant event and adjustments made to their procedures and facilities as a result.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

**Effective needs assessment, care and treatment**

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Patients' needs were assessed and options for management of their condition discussed. We saw no evidence of discrimination when making care and treatment decisions and patients were advised what to do if their condition got worse and where to seek further help and support.

**Monitoring care and treatment**

The provider had initiated quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. The practice had carried out full cycle audits in response to national guidelines. For instance they audited their use of antibiotics for urinary tract infections and found that they could improve their practice. Changes in prescribing patterns were made and a second audit found that they were following best practice.

**Effective staffing**

The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example the GP who gave travel advice and administered vaccines had taken an update course on immunisation and travel health.

Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources. The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring. The medical director was responsible for the clinical supervision of clinical staff and was also currently on the NHS performers' list. All staff had received an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire safety awareness, basic life support and infection control. Staff had access to and made use of e-learning training modules, in-house training and external training.

**Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included medical records and investigation and test results. When information was received into the service it was reviewed by a GP and then scanned onto the patients records. Where patients had given consent the clinician wrote to the patients' NHS GP to inform them of treatment the patient had received. Referrals to secondary care were made in a timely manner and the patient was always given the option of a referral in to either private or NHS services.

**Supporting patients to live healthier lives**

The provider promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives.

**Consent to care and treatment**

The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians supported patients to make decisions. 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, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

**Kindness, respect and compassion**

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed and music was played in the waiting room to ensure that during consultations, conversations taking place could not be overheard.

Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Chaperones were available on request and as both GPs were female, they offered referral to a colleague at a nearby practice if a male doctor was requested.

Fifty three people provided feedback about the service both face to face and via comment cards all of which was positive about the standard of care they received. Patients said they felt the provider offered an excellent service and staff were professional, helpful, caring and treated them with dignity and respect.

**Involvement in decisions about care and treatment**

The service ensured that patients were provided with all the information, including costs, they required to make decisions about their treatment prior to treatment commencing. A 'cooling off' period was available following consultation, where patients could sit in the waiting room to consider the information and allow them time to make an informed decision whether or not to proceed with treatment.

**Privacy and Dignity**

The practice respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the practice complied with the Data Protection Act 1998. All confidential information was stored securely on computers. All patient information kept on hard copies was stored in locked cupboards.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

The provider should review whether to install a hearing loop and consider providing access to an interpreter service.

**Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice understood the needs of its population and tailored services in response to those needs. For example the practice was open on two Saturday mornings per month and appointments could be booked online. The facilities and premises were appropriate for the services delivered and the practice made reasonable adjustments when patients found it hard to access services. For example the practice installed an additional hand rail on the stairs at a level suitable for children in response to patient feedback. Also although the practice was situated on the lower ground floor, arrangements could be made to consult in a ground floor room in appropriate circumstances. There were accessible and baby change facilities available.

Staff encouraged patients who did not have a good understanding of English to ask someone who could speak English to accompany them to the consultation. However the practice did not have easy access to a translation service or to a hearing loop.

**Timely access to the service**

Patients were able to access care and treatment from the service within an acceptable timescale for their needs. Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately. Appointments could be made over the telephone, face to face or via the online booking service.

**Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. Information about how to make a complaint or raise concerns was available from the staff, in the practice leaflet and via the website. The complaint policy and procedures were in line with recognised guidance. One complaint was received in the last year and was satisfactorily handled in accordance with their policy.

As so few complaints were received the practice pro-actively looked for areas of concern in feedback both within the practice and in online reviews and forums. If they could they contacted the patient to enquire about the concern and where possible resolve it to the patient's satisfaction. The practice used these concerns as learning experiences.

# Are services well-led?

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

## Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

The provider should review whether to provide a written business continuity plan and lone worker policy.

**Leadership capacity and capability**

Leaders had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and addressed them. Leaders at all levels were visible and approachable.

**Vision and strategy**

The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities. Staff were aware of and understood the vision, values and strategy and their role in achieving them.

**Culture**

The culture of the service actively encouraged candour, openness and honesty. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour and promoted a no blame policy. Staff stated they felt respected, supported and valued. They told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals and had been appraised in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

**Governance arrangements**

There were clear responsibilities, roles and systems of accountability to support good governance and management. The structures, policies, processes and systems were clearly set out, understood and effective and the leadership assured themselves that they were operating as intended.

**Managing risks, issues and performance**

There were clear and effective processes for managing risks, issues and performance. There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Staff occasionally worked alone, however there was no policy on lone working. The management team had oversight of MHRA alerts, incidents, and complaints. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. The practice had trained staff for major incidents and although they did not have a specific written business continuity plan, there was a list of important phone numbers should there be a failure of infrastructure and management explained what they would do in various scenarios. The practice had noted a series of short power cuts occurring that although not lasting long enough to affect fridge temperatures were of concern. The practice investigated and installed a back-up system that both alerted the leadership to a power failure and would power the fridges from an uninterruptable power supply for at least two days should one occur.

**Appropriate and accurate information**

The practice acted on appropriate and accurate information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Practice management meetings were held monthly where issues such as safeguarding, significant events and complaints were discussed. Outcomes and learning from the meetings were cascaded to staff.

**Engagement with patients, the public, staff and external partners**

The practice involved patients, staff and external partners to support high-quality sustainable services. A full and diverse range of patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture. After their consultation patients were asked to complete a survey on a touch screen that uploaded directly to an independent service that published the survey results on the practice website. The practice had received over 400 reviews in the last nine months of which over 99% were positive. The practice monitored the results and proactively pursued any concerns to try to resolve them and improve services. A staff member had also suggested improvements

# Are services well-led?

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

to a system for storing prescriptions and documents for patients to pick up to improve efficiency and security which was adopted. The practice also produced a newsletter to help keep patients informed.

The service was transparent, collaborative and open with patients about performance.

**Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation. There was a focus on continuous learning and improvement at all levels within the practice. The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.