

Village Surgery

Quality Report

The Village Surgery
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services 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 The Village Surgery on 25 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events; however, in some cases records of significant events should be more detailed.
- Risks to patients were assessed and well managed with the exception of those relating to staffing.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. A system was in place to distribute updated guidance and safety alerts to staff; however, not all staff were included in this and no record was kept of the action taken following alerts.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on; however, they had not analysed the results of externally collected patient feedback such as the NHS GP Patient Survey and comments on the NHS Choices website.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvement are:

- Take action to analyse the results of the national patient survey to establish the reason for the lower than average scores, and address areas for improvement.
- Ensure that the system for distributing safety updates includes all staff, and that a record is made of the action taken as a result of these alerts.

In addition, they should address the following areas:

- Ensure that the newly revised recruitment procedure is implemented, and that the risks associated with the buddy arrangement with neighbouring practices to provide GP cover have been identified and mitigated.
- Take action to reduce their exception reporting rate in areas where it is higher than the local and national average.

- Take action to increase the uptake of cervical screening amongst their patients.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Advertise the availability of translation services and chaperones for patients.
- Ensure that longer appointments are routinely provided to patients who would benefit from them.
- Ensure that records of significant events record full details of the event and action taken.
- Monitor the receipt and use of prescription printer sheets.

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 good for providing safe services.

Good



- There was a system in place for reporting and recording significant events; however, in some cases the record lacked detail about the actions taken by the practice following a significant event.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, with the exception of those relating to pre-employment checks for staff; with regards to the recruitment of staff, this was addressed immediately following the inspection. The practice's buddy arrangement with neighbouring practices for providing GP cover required review to ensure that the practice could be satisfied that those GPs seeing their patients under this arrangement were appropriately trained, had up to date indemnity cover and did not pose a risk to vulnerable patients.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice below average for several aspects of care. The practice was unaware of the results of the survey, but had conducted their own survey and reviewed the results of the Friends and Family Test, both of which showed that patients who responded were satisfied with the service provided.
- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they provided minor surgery in-house to avoid patients having to attend hospital for procedures such as the removal of cysts and for cryotherapy.
- The practice had a large number of patients who spoke Arabic or Korean, and was responsive to the needs of these patients by providing information in these languages; they had doctors who could conduct consultations in Arabic, and would make use of translators for speakers of Korean and other languages.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised; the practice had not received any formal written complaints in the past year, but had received two verbal complaints, which had been thoroughly documented. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Requires improvement



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care; however, in some areas this was not effective, for example, the process in place to distribute medicines and safety alerts did not include all relevant staff.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice conducted patient surveys and acted on the results; however, they were not aware of the results of the National GP Patient Survey and therefore had not taken action to address areas where their results were below average. The patient participation group was active and the practice engaged with them and valued their views.
- There was a focus on continuous learning and improvement at all levels.

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 good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice routinely reviewed patients in this age group who had long-term conditions and had a lower rate of unplanned admission to hospital (9%), compared to the CCG average of 10% and national average of 15%.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- GPs and nurses at the practice worked together to manage the care of patients with chronic disease and patients at risk of hospital admission were identified as a priority.
- Overall, performance for diabetes related indicators was better than the CCG and national average. The practice achieved 100% of the total QOF points available, compared with an average of 92% locally and 89% nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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.
- Cervical screening had been carried-out for 81% of women registered at the practice aged 25-64, which was comparable to the CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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 offered appointment in the evening for patient who were at work during the day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees and those with a learning disability.
- The practice had several patients who were Arabic-speaking refugees or asylum seekers and had registered these patients despite them living outside of their usual catchment area, as they recognised that they were best placed locally to meet the needs of these patients.
- The practice offered longer care planning appointments for patients with a learning disability; however, they did not routinely provide these patients with longer appointments for general consultations. They had 13 patients with learning disabilities and eight of these had received a care review in the past 12 months (62%).
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice had 10 patients diagnosed with dementia and all of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%.
- The practice had 34 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 97% of these patients, compared to a CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages in some areas. Three hundred and fifty four survey forms were distributed and 98 were returned. This represented approximately 2% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 78%.

We discussed these results with the practice, and they told us they had been unaware that the most recent survey result had been published, as they had previously been notified when updated results were published;

however, they had sought feedback from their patients via a Patient Participation Group patient survey, and the Friends and Family Test (FFT), and had reviewed the complaints they had received; all of this information suggested that their patients were happy with the service they received. FFT results for the same period as the national GP patient survey showed that of the 72 patients that responded to the survey, 76% said they were extremely likely or likely to recommend the practice to a friend or relative; 13% of respondents said they were neither likely or unlikely to recommend the practice, 3% said they were unlikely or extremely unlikely, and 7% responded "don't know".

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Patients commented that all staff at the practice were kind and caring and that they took time to understand their needs and explain treatment options.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Village Surgery

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, and an Expert by Experience. Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and an Expert by Experience.

Background to Village Surgery

The Village Surgery provides primary medical services in New Malden to approximately 4,800 patients and is one of 23 practices in Kingston Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 12%; and for older people the practice value is 14%, which is higher than the CCG average of 13%. The practice age range of the practice's patients largely follow the same pattern as the local average. Of patients registered with the practice, the largest group by ethnicity are white (67%), followed by Asian (23%), mixed (4%), black (3%) and other non-white ethnic groups (3%).

The practice operates from a two-storey converted shop on New Malden high street. The practice is located near to public transport links and parking is available in the surrounding streets. The reception desk, waiting area, consultation rooms, practice manager's office, and an administrative room are situated on the ground floor.

Further administrative rooms are situated on the first floor. The practice has three doctors' consultation rooms and one treatment room which is also used as a nurse consultation room.

There are two full time male GPs who are partners; in addition, one part time female salaried GP is employed by the practice. In total 20 GP sessions are available per week. The practice also employs two part time female nurses. The clinical team are supported by a practice manager, a deputy practice manager, seven receptionists, a secretary, a prescribing clerk, and a part time IT specialist.

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

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8.30am to 12.30am on Monday, Tuesday and Friday mornings, and until 12pm on Wednesdays and Thursdays; afternoon appointments are from 3pm until 6pm. Extended hours surgeries are offered between 6:30pm and 7:30pm on Wednesdays and Thursdays.

When the practice is closed patients are directed to contact the local out of hours service.

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

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 October 2016. During our visit we:

- Spoke with a range of staff including GPs, a nurse, the practice manager, the deputy practice manager, the IT specialist, and a receptionist and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked 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 whose circumstances may make them vulnerable
- 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 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 effective system in place for reporting and recording significant events.

- 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment); however, we noted that the completed incident forms did not always contain sufficient detail about the action the practice had taken following the incident.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where the incorrect patient's details had been added to a sample, the practice had identified the need for staff to undertake further training on the use of the system for ordering tests.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and administrative staff were trained to level 1 or 2.

- Notices in consultation rooms advised patients that chaperones were available if required, but these were only written in English, and there no notice in the waiting room about requesting a chaperone. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use; there was a log kept of prescription pads but this did not include stocks of prescription printer sheets. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Are services safe?

- We reviewed five personnel files and found that in most cases appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. At the time of the inspection the practice's recruitment policy was unclear about when they would conduct Disclosure and Barring Service (DBS) checks; however, we saw evidence that immediately after the inspection the practice updated their policy to make this clear. In the case of one member of clinical staff, we noted that the practice had identified the need for a DBS check to be conducted for their role, and had accepted a DBS certificate which had been undertaken at the staff member's previous employment 15 months prior to the individual's appointment at the surgery. We were told that an informal risk assessment of this decision had been conducted; however, this had not been documented, and the practice had taken no action to assure themselves that the individual concerned had not been subject to a criminal conviction in the intervening period. The practice has a buddy arrangement with neighbouring practices for providing GP cover required; this required review to ensure that the practice could be satisfied that those GPs seeing their patients under this arrangement were appropriately trained, had up to date indemnity cover and did not pose a risk to vulnerable patients.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked

to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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. A first aid kit and accident book were 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 stored securely.
- 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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had a system in place to distribute safety updates from the Medicines and Healthcare Products Regulations Authority (MHRA), but this was not effective, as it did not include all staff and there was no log kept of the action taken on safety alerts. Nursing staff were able to demonstrate that they independently kept up to date with safety alerts and could provide examples of acting on them. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. Their exception reporting rate was comparable to local and national averages at 9% (CCG average 10% and national average 9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were better than the CCG and national averages. The practice achieved 100% of the total QOF points available, compared with an average of 92% locally and 89% nationally; however, their exception reporting rate for the percentage of patients newly diagnosed with diabetes who were referred to a structured educational programme was 87%, compared to a CCG average of

24% and national average of 27%; this had improved in 2015/16 where the practice excepted 57% of patients from this indicator, compared to a CCG average of 21% and national average of 23%.

- The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 87%, which was comparable to the CCG average of 80% and national average of 78%.
- The proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 88%, compared to a CCG average of 80% and national average of 78%.
- The proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 95% (CCG and national average 88%).
- The practice had 10 patients diagnosed with dementia and 100% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%; however, the practice had excepted two of these patients (20%), compared to a local and national exception rate of 8%.
- The practice had 34 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 97% of these patients, compared to a CCG average of 92% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years, both of these were completed audits where the improvements made were implemented and monitored. In addition to these audits, the practice had also conducted several focussed searches of patients to identify those in need of additional care; for example, they had searched their system to identify patients who may be in the early stages of dementia.
- Findings were used by the practice to improve services. For example, the practice had conducted an audit of patients with asthma to check that these patients were being regularly monitored and that their asthma symptoms were being adequately treated, in line with national guidance. The re-audit found that the practice's performance had improved; for example, when the first audit was completed, 81% of patients with asthma had received an annual review in the preceding 12 months. This had increased to 94% by the time of the second

Are services effective?

(for example, treatment is effective)

audit. Seventy percent of patients with asthma had received an inhaler technique assessment in the preceding year at the time of the first audit, and this had risen to 88% by the time of the second audit.

- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice 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 practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the infection control lead nurse had received advanced infection prevention and control training, and the repeat prescribing clerk had attended a repeat prescribing course.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. 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 and discussion at practice meetings.
- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house 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 and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Frequent discussions took place with other health care professionals, such as health visitors and district nurses on a weekly basis when they visited the practice, and the practice had more formal, minuted meetings with these individuals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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, 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%; however, their exception reporting rate was 17%, which was higher than the CCG average of 9% and national average of 6%. The practice explained that this was likely to be due to their

Are services effective?

(for example, treatment is effective)

patient demographic, many of whom became sexually active at a later stage than the national average, and therefore often did not require testing at the age that they first became eligible. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by having information in Arabic and Korean and by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; however, their uptake was below average at 55% for breast cancer screening (compared to a CCG average of 67% and national average of 72%) and 43% for bowel cancer screening (compared to a CCG average of

55% and national average of 58%). The practice explained that some of their patients had difficulty in reading the letters inviting them to attend for screening or submit a sample, as they were only sent in English (these are sent out centrally by the NHS Breast Screening Programme).

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 96% and five year olds from 75% to 96%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 45 patient Care Quality Commission comment cards we received were positive about the care received; however, two patients commented that it could sometimes be difficult to get an appointment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). 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.

Results from the national GP patient survey showed that the majority of patients felt they were treated with compassion, dignity and respect; however, the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 88%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.

- 75% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 90%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice was not aware of the results of the most recent GP Patient Survey, as they explained that they had previously been notified when updated results were published, but had not received notification this time. Results of the Friends and Family Test and the practice's own patient survey did not align with the results of the GP Patient Survey, as these showed that the majority of patients were satisfied with the care they received from the practice and would recommend it to friends and family members.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients mostly responded positively to questions about their involvement in planning and making decisions about their care and treatment; however, results were below local and national averages. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 86%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. When patients who spoke no English attended, the

Are services caring?

practice had a card with “point to your language” written in several different languages, to allow the patient to identify which language they spoke so that the appropriate translator could be arranged. The practice showed us evidence that they frequently used translators for consultations with Korean patients; however, there was no information displayed in the waiting area to make patients aware that this service was available.

- An information leaflet about the services provided by the practice was available in both Arabic and Korean, and we saw evidence that the practice provided patients with information in other languages, such as leaflets about diabetes and cervical screening.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers (approximately 0.5% of the practice list). The practice carried-out annual reviews for carers and produced a care plan as part of this process. They also provided them with information about how to contact the local carer support organisation. Written information was available to direct carers to the various avenues of support available to them.

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. If required; the practice also referred patients to Kingston Bereavement Service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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. For example, they provided minor surgery in-house to avoid patients having to attend hospital for procedures such as the removal of cysts and for cryotherapy.

- The practice offered a 'Commuter's Clinic' on a Wednesday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer care planning appointments available for patients with a learning disability; however, these patients were not automatically offered a longer appointment for routine consultations.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- All consultation rooms were on the ground floor, and patient toilet facilities were wheelchair accessible.
- The practice had a large number of patients who spoke Arabic or Korean, and was responsive to the needs of these patients by providing information in these languages; they had doctors who could conduct consultations in Arabic, and would make use of translators for speakers of Korean and other languages.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 8.30am to 12.30am on Monday, Tuesday and Friday mornings, and until 12pm on Wednesdays and Thursdays; afternoon appointments were from 3pm until 6pm. Extended hours surgeries were offered between 6:30pm and 7:30pm on Wednesdays and

Thursdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Requests for home visits were recorded by receptionists and immediately brought to the attention of the duty doctor, who would contact the patient to assess the urgency of their need, and would then visit them if necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective 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 all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice's website; and there were posters displayed in the waiting area and a leaflet available.

The practice had received two complaints in the past 12 months, both of which were verbal complaints, which were responded to verbally, with a written record kept internally.

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

We looked at both complaints and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints; for example, the practice had received a complaint from a patient who felt

that the costs associated with travel vaccinations had not been adequately explained, and as a result the practice displayed posters showing the fees in the waiting area and outside the door to the nurse's room.

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 vision to deliver high quality care and promote good outcomes for patients.

- Staff knew and understood the values and ethos of the practice.
- The practice had identified that the rapid increase of new housing in the local area would result in an increase of their patient list, and had therefore secured finance for their premises to be extended to provide an additional consultation room.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Processes were in place to distribute safety and medicines alerts to clinical staff; however, these were not effective, as they did not include all staff, and there was no overview or record kept of the action taken in response to these alerts.
- An understanding of the performance of the practice was maintained; however, partners did not regularly monitor the outcome of the national GP patient survey or comments left on the NHS Choices website, and so were unaware that some patient satisfaction were below average.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however, risks associated with the recruitment of staff required review to ensure that they were effectively mitigated.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. A book was kept at reception for staff to note any issues that they wanted to raise at team meetings.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly; however, the agenda for these meetings was set by the practice and the minutes were taken by a member of practice staff. Members of the PPG explained that they helped the practice to carry-out surveys by

Are services well-led?

Requires improvement 

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

handing these out to patients in the waiting area. The results of surveys were then analysed by a member of the PPG and then presented to the rest of the group by the practice once they had been collated. The PPG had made suggestions about additional information that could be displayed in the waiting area, which the practice put in place.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the lead nurse for infection control explained that following her recommendation,

the practice had changed to exclusively using single-use disposable equipment and instruments. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had plans for the future relating to the extension of the premises, which would enable them to provide a wider range of services to patients and further access to a female GP.
- They were aware of the limitations of being a small practice, and had joined with four other local small practices to form a group who met regularly to share ideas, information, learning and good practice.

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
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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 provider did not in all cases have systems and processes in place to ensure that they could assess, monitor and mitigate the risks relating to the health , safety and welfare of service users. They had also failed to act on feedback on the services provided.</p> <p>In particular, they had failed to ensure that an effective process was in place to ensure that safety and medicines alerts were distributed to all staff and acted on.</p> <p>They had also failed to analyse the results of the national GP patient survey and to act on areas where their performance was below average.</p> <p>They had failed to assess and mitigate the risks of employing staff without a completed Disclosure and Barring Service check and using staff from a buddy practice to see their patients.</p> <p>This was in breach of regulation 17(1)(2)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>