

Dr Layth Delaimy

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

Good 

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?

Good 

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 Dr Layth Delaimy on 12 January 2016. The practice was rated as requires improvement for providing safe, effective, responsive, well-led services and good for providing caring services. The overall rating for the practice was requires improvement. The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Dr Layth Delaimy on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 25 January 2017. Overall the practice is now rated as good, with the area of safe still requiring improvement.

Our key findings were as follows:

- Patients said they found it easy to make an appointment with a GP of their choice and urgent appointments were available the same day.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Risks to patients were assessed and managed, with the exception of infection control, medicines management, lone working and recruitment checks.
- 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.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

The practice demonstrated how they had worked with the North West Surrey clinical commissioning group (CCG) and the South East Coast Ambulance Service to provide a solution to automating shared care records for patients. The practice developed the IT solution and piloted this in house before it was rolled out to the CCG. The information that was shared assisted the ambulance

Summary of findings

service to improve quality and efficiency of care for patients. We saw evidence that showed this system had reduced the number of patients that required ambulance transport to hospital for treatment by 30% across the CCG. This system has now been adopted by other CCGs in the area covered by the South East Coast Ambulance Service.

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

Importantly, the provider must:

- Ensure an infection control audit is carried out by a suitably qualified person and address all risks identified, including those noted in this report.
- Ensure that vaccines are stored safely in accordance with manufacturer's instructions, including monitoring and recording minimum and maximum temperatures of refrigerators and that staff monitoring the temperatures have been given sufficient training to perform this role.

- Carry out a risk assessment for lone working and address any risks identified.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

The provider should:

- Continue to review processes to ensure patients with long term conditions receive the best care.
- Continue to regularly review policies and protocols to ensure that they are practice specific and reflect current practice.
- Ensure that signs are clearly displayed advising patients that chaperones are available.
- Record informal and verbal complaints.

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.

Following our previous inspection in January 2016 the practice had made significant improvements in areas relating to significant events and the assessment and management of risks to patients.

At the inspection on 25 January 2017, we found:

- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Two of the emergency medicines we would expect to see were not available on site, however, when this was brought to the attention of the practice they took action to rectify this.
- Risks to patients were assessed and managed, with the exception of infection control, lone working, recruitment checks and medicines management.
- All appropriate building safety checks and risk assessments had been completed and there were clear action plans in place to implement mitigating actions that were identified.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Following our previous inspection in January 2016 the practice had made improvements in areas relating to quality improvement, training and communication.

At the inspection on 25 January 2017, we found:

- Data from the Quality and Outcomes Framework 2015/2016 showed patient outcomes were comparable with the local and national averages. Exception reporting was higher than the local and national averages.
- We saw evidence of a commitment to quality improvement programmes including multiple cycle audits

Good



Summary of findings

- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. This included adult and child safeguarding, Mental Capacity Act 2005 and fire safety.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.

Are services caring?

The practice is rated as good for providing caring services.

In addition, at the inspection on 25 January 2017, we found:

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 86% and the national average of 85% and 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 80%.
- 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 up to date.
- We saw staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Following our previous inspection in January 2016 the practice had made improvements in areas relating to facilities available to mothers and babies and patients with disabilities.

At the inspection on 25 January 2017, we found:

- The practice had improved facilities provided for patients with disabilities and for mothers with babies.
- The practice had identified a need to automate the sharing of patient information appropriately with the ambulance service. The principal GP developed the IT solution which was run as a pilot in the practice before being implemented across the clinical commissioning group.

Good



Summary of findings

- 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 did not offer extended hours GP appointments.
- The practice offered phlebotomy appointments on Saturday mornings.
- Learning from significant events was shared with staff and other stakeholders.
- The practice offered acupuncture to treat some pain related conditions; for example migraines.
- The practice offered a family planning service to patients from local practices that did not have the expertise in house.

Are services well-led?

The practice is rated as good for being well-led.

Following our previous inspection in January 2016 the practice had made significant improvements in areas relating to the leadership, culture and governance arrangements within the practice.

In addition, at the inspection on 25 January 2017, we found:

- 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 this.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was now a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- Staff had received regular performance reviews.

In November 2016 the practice was issued with a Care Quality Commission (CQC) report which highlighted three regulatory breaches relating to safe care and treatment, good governance and fit and proper persons employed. We found all the actions had been completed at the inspection on 25 January 2017. The practice had responded positively to the report compiled by CQC, where action was required, for example, they had completed effective risk assessments.

Good



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

Our inspection in January 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of older people.

At the inspection in January 2017 we saw significant improvement and the practice is now rated as good overall. The practice is rated as good for the care of older people.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered electronic prescribing which enabled patients to collect their prescriptions from the pharmacists of their choice which was more convenient for the patients.

Good



People with long term conditions

Our inspection in January 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of people with long-term conditions.

At the inspection in January 2017 we saw significant improvement and the practice is now rated as good overall. The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and the health care assistant was receiving training to increase the scope of the role to support the monitoring of long term conditions.
- Patients at risk of hospital admission were identified as a priority.
- The practice was performing in line with the local and national averages for QOF clinical indicators. However exception reporting was still higher than clinical commissioning group (CCG) and national averages.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and patients were invited to attend the practice for a structured annual review to check that their health and care needs were being met.
- Staff told us that when patients were diagnosed with a serious or long term condition after the consultation with the GP they were sent a letter outlining their condition along with possible actions or treatments.

Families, children and young people

Our inspection in January 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of families, children and young people.

At the inspection in January 2017 we saw significant improvement and the practice is now rated as good overall. The practice is now 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 for the standard childhood immunisations were mixed. For example; the national expected standard of 90% coverage was only reached in one out of four indicators for two year olds, but the percentage of five year olds receiving measles, mumps and rubella (MMR) vaccines was comparable with local and national averages.
- 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.
- 67% of eligible female patients' notes recorded that a cervical screening test had been performed in the preceding five years which was lower than the clinical commissioning group (CCG) average of 80% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies, with baby change facilities provided and private rooms made available for breast feeding.
- We saw positive examples of joint working with midwives and health visitors.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



Our inspection in January 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of working age people.

At the inspection in January 2017 we saw significant improvement and the practice is now rated as good overall. The practice is rated as good for the care of working age people.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered electronic prescribing which enabled patients to collect their prescriptions from the pharmacists of their choice which could be close to their place of work.
- The practice did not offer extended hours GP appointments but did offer a Saturday morning phlebotomy clinic for patients who found it difficult to attend during normal surgery hours.

People whose circumstances may make them vulnerable

Good



Our inspection in January 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of people whose circumstances may make them vulnerable.

At the inspection in January 2017 we saw significant improvement and the practice is now rated as good overall. The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice provided GP services to the residents of a nearby hostel for homeless people.
- The practice ran a transport fund scheme which could be used in exceptional circumstances to provide transport for vulnerable patients to attend the practice safely.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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)

Our inspection in January 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

At the inspection in January 2017 we saw significant improvement and the practice is now rated as good overall. The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients with dementia, and in appropriate cases this was shared with other local services such as the ambulance service.
- Clinical staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and had completed training regarding the Mental Capacity Act 2005.
- All staff we spoke with demonstrated a clear understanding of patient consent.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice promoted the use of patient experts and put patients in touch with other patients experiencing the same disease or illness after gaining mutual consent.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice performance was similar to the results available at our inspection in January 2016. The results were still lower than local and national averages in some areas. Of the 286 survey forms that were distributed, 110 were returned. This represented approximately 4% of the practice's patient list.

- 59% (previously 65%) of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 80%.
- 65% (previously 63%) of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 67% and the national average of 73%.
- 66% (previously 64%) of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 76%.

- 67% (previously 70%) of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. One of the cards was completed by a community medical professional who worked with the practice who was very positive about the care the practice provided. Patients said that they thought the staff and GPs were caring, respectful, helpful and polite.

We spoke with two patients during the inspection including one member of the patient participation group. The patients we spoke to told us that the staff and GPs were always kind, helpful and professional and they felt that they went the extra mile to help them.

Dr Layth Delaimy

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a CQC inspection manager, a second CQC inspector and a GP specialist adviser.

Background to Dr Layth Delaimy

Dr Layth Delaimy (also known as Ashley Medical Practice) is located in Walton-on-Thames in a converted residential property, with all patient areas on the ground floor, and is a training practice. (A training practice has GP trainees who are qualified doctors completing a specialisation in general practice).

At the time of our inspection there were approximately 3,100 patients on the practice list. Statistics show very little income deprivation among the registered population. The registered population is lower than average for 15-29 and 50-84 year olds, and higher than average for those aged from birth to nine years old and 30-49 year olds.

The practice is owned by a single GP who works with one salaried GP (both male). The GPs are supported by one nurse, a health care assistant, a business manager and three administrative staff. There are often GP trainees attached to the practice; at the time of our inspection one GP trainee (male) was attached to the practice. At the time of our visit the practice was recruiting for a practice manager and the responsibilities were shared between the principal GP and business manager.

The practice is open between 8.30am and 6pm Monday to Friday. A phlebotomy clinic is offered on Saturday

mornings. When the practice is closed patients are advised, through the practice website, patient leaflet and recorded telephone message, to contact NHS 111 where they can be redirected to the most appropriate external out of hours service.

The practice has a General Medical Services (GMS) contract with NHS England (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice offers enhanced services for example; childhood immunisations and unplanned admission schemes.

Services are provided from the following location:-

1a Crutchfield Lane

Walton-on-Thames

Surrey

KT12 2QY

When we visited the practice on 25 January 2017 we noted that the practice was not displaying the CQC rating from our inspection in January 2016. This is a legal requirement and when we brought it to the attention of the principal GP he took immediate action and the rating is now displayed prominently in the practice and on the practice website.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Layth Delaimy on 12 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services.

Detailed findings

The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Dr Layth Delaimy on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Dr Layth Delaimy on 25 January 2017 to ensure that they were now meeting the regulations

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. This included information from North West Surrey Clinical Commissioning Group (CCG) and NHS England.

Following the January 2016 inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

Before visiting on 25 January 2017 the practice confirmed they had taken the actions detailed in their action plan.

We carried out an announced visit on 25 January 2017.

During our visit we:

- Spoke with a range of staff (including two GPs, one health care assistant, the business manager and two administration/reception staff) and spoke with two patients who used the service.
- Observed how patients were being cared for in the reception area.

- 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.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 12 January 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of; recruitment checks, Disclosure and Barring Service (DBS) checks or risk assessments, infection control and training were not adequate. (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).

We found that some arrangements had significantly improved when we undertook a follow up inspection of the service on 25 January 2017; however there were still some areas which still required further improvement including infection control, medicines management and recruitment checks. The practice is still rated as requires improvement for providing safe services.

Safe track record and learning

At both our inspections in January 2016 and January 2017 we found that all significant events were recorded, investigated thoroughly or learning shared with appropriate members of staff in order to support improvement. During our inspection in January 2017 we also saw evidence of learning from significant events being shared with external stakeholders. For example there had been a prescribing error in the practice which was discussed with all staff involved and the anonymised significant event analysis and learning points were sent to the clinical commissioning group to highlight the potential risk.

Overview of safety systems and process

At our inspection in January 2016 we found that not all clinical staff could demonstrate a good understanding of the Mental Capacity Act 2005 (MCA), not all staff who acted as chaperones 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) and no risk assessment had been completed to determine a check was not required, there were concerns about infection control and infection control training and not all appropriate recruitment checks had been undertaken prior to employment.

At our inspection in January 2017 we found that training appropriate to job roles had been completed. For example; we saw evidence that all clinical staff had completed MCA training and all clinical staff we spoke with demonstrated a good understanding.

We also found that the practice protocol for chaperones had been reviewed and amended. Now only clinical staff acted as chaperones and they had all received a DBS check. Chaperones were offered at the time of booking and during the consultation prior to any intimate examination being performed. However, there were no signs in the practice to inform patients that chaperones were available. Since the inspection the practice has provided evidence that there is now a sign in the waiting area advising patients that chaperones are available.

We observed the practice to be clean and tidy but noted that there were still some outstanding concerns with infection control, including no lever operated taps in the clinical rooms where minor surgery was done, not all sharps safes were labelled appropriately, there was no formal monitoring of daily cleaning, there was damage to the lino floor in the patient toilet and no sanitary bin was provided. We saw evidence that all staff had completed infection control training appropriate to their job role.

At our inspection in January 2017 we noted that the maximum and minimum temperatures of the vaccine fridge had not been monitored or recorded since December 2016. We also noted that the temperatures had been recorded incorrectly, for example three degrees had been recorded as 0.3 degrees. This meant that the recorded temperatures were outside the range of temperatures stated by the manufacturer for safe storage but the practice protocol for out of range temperatures had not been used. This meant that staff were incorrectly recording the temperatures and were not aware of the need to highlight this as a potential problem. We also observed one box of needles that were past their expiry date. When we brought this to the attention of the practice they were immediately disposed of.

We reviewed three personnel files and found that in two files all appropriate recruitment checks had been completed prior to employment. The third file did not have any references, employment history or contract.

Are services safe?

We noted that the practice was not following its own policy and procedure for lone working which put staff and patients at risk. The practice also told us that a risk assessment for lone working had not been carried out.

Monitoring risks to patients

When we inspected in January 2016 we found that the practice did not have all necessary risk assessments in place. Mitigating actions from those risk assessments which had been carried out had not all been completed and there was no clear action plan to complete these.

At our inspection in January 2017 we saw that all necessary risk assessments had been completed. There were clear plans in place and a member of staff who was responsible for ensuring all mitigating actions were completed within the recommended timescales.

Arrangements to deal with emergencies and major incidents

When we inspected in January 2016 we found that the practice did not have all the emergency medicines on site that are expected to be available due to the type of procedures that were carried out on site. This was based on current practice modified from a Drugs and Therapeutics Bulletin in 2005.

At our inspection in January 2017 all the medicines we checked were in date and fit for use. Best practice for practices that fit intrauterine contraceptive devices (IUCDs) is to have an emergency medicine on site to treat bradycardia which is a rare but potentially serious side effect. The implication of this was that a patient having an IUCD fitted could be put at risk by the lack of emergency medicine. We brought this to the attention of the principal GP and he took immediate action, ordered this medicine and ensured that no IUCDs would be fitted until the appropriate emergency medicine was available on site. It was also brought to the practice's attention that it is best practice to have medicine on site that can be used to treat suspected bacterial meningitis; no such medicine was on site at the time of our inspection. Since the inspection the practice have confirmed that both these medicines are now available on site.

We also noted that the defibrillator pads were past their expiry date. When we brought this to the attention of the practice they took immediate action and we saw evidence of the order placed for new pads. On the day of inspection the practice adapted the monitoring and reminder systems that they were using to ensure that this does not occur in future.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 12 January 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits, care of patients with long term conditions, staff training and uptake for national screening programmes were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 25 January 2017. The provider is now rated as good for providing effective services.

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.

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). At our inspection in January 2016 the most recent published results were 62% for 2014/2015 and the practice was below the national average for a number of QOF clinical targets. The practice told us that they had a new clinical computer system installed during 2014/2015 which led to the low QOF results. In January 2017 the most recently published results were 94% of the total number of points for 2015/2016 and the practice was comparable to other practices for all QOF clinical targets.

At our January 2016 inspection we noted that clinical exception reporting was lower than national average (practice 4%, 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). The most recently published QOF results show that exception reporting for the clinical indicators has increased to 28% which was higher than the clinical commissioning group (CCG) average of 10% and the national average of 10%. The small numbers of patients

involved meant patient that were exception reported had a larger effect on the exception reporting rate than if there had been higher numbers of patients. For example; there were nine patients diagnosed with dementia, of these eight had their care plan reviewed face to face within the last twelve months. One patient had been exception reported which was an exception reporting rate of 11% compared to the CCG average of 5% and the national average of 7%. The practice showed us evidence that they had attempted to contact patients on a number of occasions before applying exceptions to them. The practice had also introduced a new system for recalling patients by telephone rather than letter to try and increase the number of patients attending for long term condition reviews.

At our inspection in January 2016 we saw limited evidence of clinical audits in the previous year. In January 2017 we saw evidence of a commitment to quality improvement programmes including multiple cycle audits specifically we saw audits related to cervical cytology and intra uterine contraceptive devices.

Effective staffing

At the January 2016 inspection we found that not all staff had received training appropriate to their job role, for example, Mental Capacity Act 2005 for clinical staff and infection control for non-clinical staff. Staff had access to and made use of e-learning training modules and in-house training.

When we inspected in January 2017 we spoke with staff and looked at the training records of all staff and GPs working in the practice. We found that all training had been completed in accordance with practice policy. We noted that some staff had only completed theoretical basic life support training but the practice told us that they had practical training scheduled in February for all staff. We noted that some staff who had recently started monitoring temperatures of the vaccine fridge and emergency equipment did not fully understand why they were recording the data. On the day of inspection we saw that they were provided further training and a senior member of staff was assigned to monitor that they were being recorded appropriately. On the day of inspection the practice also amended their recording and reminder system to reduce the likelihood of errors occurring in the future. We saw evidence that staff were completing training to increase the scope of their role, for example the health

Are services effective?

(for example, treatment is effective)

care assistant had recently completed training in spirometry (a test used to diagnose and monitor some serious lung conditions) to support long term condition monitoring.

Coordinating patient care and information sharing

At our inspection in January 2016 the practice did not provide evidence of multi-disciplinary meetings or care plans. When we inspected in January 2017 we saw evidence of care plans being routinely used and reviewed and the practice told us that due to the low numbers of patients involved as they were a small practice they did not have multi-disciplinary meetings. The practice told us they spoke to all relevant health and social care providers on a case by case basis to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence to support this.

Consent to care and treatment

During our inspection in January 2016 we found that not all clinical staff we spoke with demonstrated a good understanding of the relevant consent and decision-making requirements of legislation and guidance.

At our inspection in January 2017 we looked at training records and saw evidence that all appropriate staff had completed training regarding the Mental Capacity Act 2005. We also spoke with clinical staff who all demonstrated they understood the requirements of the act.

Supporting patients to live healthier lives

During our inspection in January 2016 we noted that the practice's uptake for the cervical screening programme was 63%, which was worse than the national average of 82% and childhood immunisation rates for the vaccines given were mixed but generally lower than clinical commissioning group (CCG) averages.

When we inspected in January 2017 we found the practice's uptake for the cervical screening programme was 67% which was still lower than the national average of 81% and the CCG average 80%. The results were also lower than national averages for breast cancer screening (practice 62%, national average 72%) and bowel cancer screening (practice 50%, national average 58%). The practice did show us evidence that they were trying to increase uptake of national screening programmes and one of the patients we spoke with told us that the practice did invite them or encourage them to participate in national screening programmes. Since our last inspection the practice had changed the way that it encouraged patients to attend for cervical screening to include telephone and written invitations, but it was too early to see what effect this will have on uptake figures.

At our inspection in January 2017 we found that childhood immunisation rates for the vaccines given were still mixed compared to CCG and national averages. For children up to two years old the practice only achieved the 90% target in one out of the four indicators but in five year old children the results were comparable to CCG and national averages. For example, 86% of five year olds received measles, mumps and rubella dose one which was comparable to the CCG average of 88% and the national average of 94%.

Are services caring?

Our findings

At our previous inspection on 12 January 2016, we rated the practice as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspections in January 2016 and January 2017 we observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

At our inspection in January 2017 we noted that patients in the waiting area were able to hear conversations in reception although staff were aware of this and their responsibility to maintain patient confidentiality.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. One of the cards was completed by a community medical professional who worked with the practice who was very positive about the care the practice provided. Patients said that they thought the GPs and staff were caring, respectful, helpful and polite.

We spoke with two patients during the inspection including one member of the patient participation group. The patients we spoke to told us that the staff and GPs were always kind, helpful and professional and they felt that they went the extra mile to help them.

The national GP patient survey results published in July 2016 showed the practice performance was similar to the results published in January 2016, although were lower than local and national averages in some areas.

- 85% (previously 83%) of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 89% (previously 81%) of patients who responded said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 91% (previously 92%) of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.

- 77% (previously 73%) of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 81% (previously 82%) of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 64% (previously 73%) of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

At our inspections in January 2016 and January 2017 we found that results from the national GP patient survey were comparable with local and national averages.

- 80% (previously 79%) of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 78% (previously 77%) of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 79% (previously 78%) of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

During our inspections in January 2016 and January 2017 we found that the practice provided support to patients and carers to cope emotionally with care and treatment, signposting them to local support groups and provided support when families suffered bereavement.

At the time of our inspection in January 2017 the practice had identified 37 patients as carers (1% of the practice list). The practice's computer system alerted GPs if a patient was also a carer and written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 12 January 2016, we rated the practice as requires improvement for providing responsive services as there were limited facilities for disabled patients and mothers with babies, patients told us that they found it difficult to get pre-bookable appointments.

These arrangements had significantly improved when we undertook a follow up inspection on 25 January 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

At our inspection in January 2017 the practice demonstrated how they had worked with the North West Surrey Clinical Commissioning Group (CCG) and the South East Coast Ambulance Service to provide a solution to sharing care records for patients. The practice developed the IT solution and piloted this in house before it was rolled out to the CCG. The information that was shared was information that could assist the ambulance service to improve quality and efficiency of care for patients such as medical conditions that the patient has been diagnosed with, the medicines that a patient has been prescribed and their last three consultations with GP. We saw evidence that showed this system had reduced the number of patients that required ambulance transport to hospital for treatment by 30%. This system has now been adopted by other CCGs in the area covered by the South East Coast Ambulance Service.

When we inspected the practice in January 2016 we found that there were limited facilities for patients with disabilities, mothers and babies. At our inspection in January 2017 we found the practice had completed an assessment of the facilities available for patients with disabilities, mothers and babies. The practice provided a portable changing mat for baby changing and made a private room available for mothers who wished to change or feed their babies. The toilet for people with a disability had grab rails fitted. Following the assessment the practice were looking into installing a method for raising an alarm should a patient require help and more disabled friendly fittings such as easy to operate taps and door lock. Staff we spoke to were aware of ways that they could assist blind or partially sighted patients, and leaflets were available in an

easy read format. During our inspection we noted that there was not a hearing loop available. Since the inspection the practice has provided evidence that a portable hearing loop is now in place to support patients who use hearing aids.

At our inspection in January 2017 the practice told us how they cared for short term residents of a hostel for the homeless. We saw evidence of how they dealt with the challenges of this particular group of patients to provide them with the care they required. For example; the practice mentioned the care they provided to a young patient with complex mental health needs.

During our inspection in January 2017 the practice told us about the acupuncture service they offered, which was carried out by the principal GP. Although acupuncture was not an NHS commissioned service NHS patients were not charged. The service was offered when appropriate to treat musculo-skeletal pain and migraines.

At our inspection in January 2017 we saw evidence that the practice offered a family planning service to patients from local practices which did not have the expertise in house.

Access to the service

At our inspection in January 2017 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.

- 63% (previously 63%) of patients who responded were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 65% (previously 65%) of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

Listening and learning from concerns and complaints

When we inspected the practice in January 2016 and January 2017 we were told that they had not received any complaints in the last two years. However we saw a complaints policy and staff we spoke with described the process they would follow in line with this if they did receive a complaint. We also saw minutes of staff meetings where significant events were discussed and learning from them shared.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 12 January 2016, we rated the practice as requires improvement for providing well-led services as there was a lack of governance arrangements, policies were not all practice specific and some were not available, meetings were recorded and there were not clear processes in place to ensure that mitigating actions identified by risk assessments were completed.

These arrangements had significantly improved when we undertook a follow up inspection on 25 January 2017. The practice is now rated as good for providing well-led services.

We saw evidence of the practice working with other local practices and the clinical commissioning group to improve services for patients, examples included the programme to automate the sharing of information with the ambulance service and providing a family planning service to patients whose practice did not offer this service.

The practice is a training practice and had a positive ethos about training the next generation of GPs.

Vision and strategy

When we inspected in January 2016 we found that the practice did not have a business continuity plan.

At our inspection in January 2017 we saw evidence that the practice had a business continuity policy and they were in the process of updating this.

Governance arrangements

When we inspected in January 2016 we found a lack of governance arrangements to identify and manage shortfalls in the services, policies were not all practice specific and some were not available, there were not clear processes in place to ensure that mitigating actions identified by risk assessments were completed.

During our inspection in January 2017 we saw evidence that although there was not a practice manager in position, the governance responsibilities had been shared between the principal GP and the business manager. The practice had practice specific policies in place which were held centrally on an intranet system which allowed all staff to easily access them. The practice was in the process of reviewing the policies. We also saw evidence that all health and safety risk assessments had been completed and there

were clear plans in place to ensure mitigating actions were completed in a timely manner. There were still some areas where governance could be improved including monitoring of systems, for example; infection control, recruitment checks and medicines management.

Leadership and culture

At our inspection in January 2016 we found that staff meetings were ad hoc and not minuted.

When we inspected in January 2017 we saw minutes from staff meetings which included discussions about significant events where learning was shared with appropriate staff to support improvement. Staff we spoke with told us that as well as the formal staff meetings they had informal daily meetings.

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

At our inspection in January 2016 we found that the practice did not have patient participation group (PPG) meetings but encouraged members to contact the principal GP.

During our inspection in January 2017 staff we saw minutes from staff meetings and staff we spoke with told us that the practice operated well as a team and there was good communication. We spoke with one member of the PPG who told us they met regularly with the principal GP but other members of the PPG did not attend. They also told us they saw their role as a patient representative and patients could contact them if they had any concerns or suggestions for improvements but none had in the last year. We saw evidence that the practice had carried out their own patient satisfaction survey which was positive and indicated an improvement in patient satisfaction in particular with the opening hours.

Continuous improvement

At our last inspection in January 2016 we saw limited evidence of a focus on learning and development within the practice.

During our inspection in January 2017 we saw evidence that learning and development was a priority for clinical and non-clinical staff. Staff we spoke with including the GP registrar told us that they were supported in their training needs.

Are services well-led?

Good 

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

The principal GP had received a clinical commissioning group (CCG) GP commissioner development award for his role in developing, piloting and promoting a system for automating the sharing of relevant information with the ambulance service.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
Maternity and midwifery services	We found that the practice had failed to identify infection control risks.
Surgical procedures	We found the practice was unable to demonstrate that systems were in place to ensure that medicines and vaccines were being stored safely.
Treatment of disease, disorder or injury	We found the practice had not completed a risk assessment for staff that were lone working and they were not following the practice policy.
	This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Family planning services	We found the practice could not demonstrate that recruitment procedures were established to comply with this regulation or that the information required in Schedule 3 was available.
Maternity and midwifery services	This was in breach of Regulation 19 (1) (2) Health and Social Care Act 2008(Regulated Activities) Regulations 2014
Surgical procedures	
Treatment of disease, disorder or injury	