Dr Vipan Palta

Quality Report

Auriol Medical Centre
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Vipan Palta (also known as Auriol Medical Centre) on 28 April 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.
- Risks to patients were assessed and well managed. With the exception of practicing fire drills, testing of electrical equipment and the calibration of medical equipment.
- 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. However, non clinical staff had not been provided with adequate training.
- 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 sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- The practice was able to offer evening appointments (until 9.30pm) and weekend appointments to all their patients. (A hub of doctors' practices within the clinical commissioning group area jointly ran this service from two separate locations in Leatherhead and Epsom.)

The areas where the provider must make improvement are:

- Ensure all staff undertake mandatory training including Safeguarding Vulnerable Adults and Safeguarding Children, fire awareness, infection control and information governance.
- Ensure electrical items are PAT tested and medical equipment is calibrated.
- Complete regular fire drills.

In addition the provider should:

- Review how risk assessments are recorded
- Review how to engage patients to join the patient participant group.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- 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. With the exception of staff training, the practicing of fire drills, testing of electrical equipment and the calibration of medical equipment.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national average. However, the practice was able to explain the reasons behind their low scores and how improvements were in place to address these scores.
- 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?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice either the same or slightly lower than other practices for aspects of care.

Summary of findings

- 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?

Good

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, the practice was able to offer patients late evening appointments through a shared appointment service with other local practices.
- 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. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice ethos was to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The GP 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

Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The practice had been unable to recruit patients to a patient participation group but was engaging with patients through surveys, the friends and family test and through patient comments.

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

Good

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 offered house bound patients flu vaccines within their own homes
- The practice could offer blood pressure monitoring, blood tests and INR monitoring at patients homes when necessary.

People with long term conditions

Good

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

- The GP had taken on the lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the service of a specialist diabetic nurse for those patients with complex diabetic needs or who were newly diagnosed.
- Performance for diabetes related indicators was lower than the clinical commissioning group (CCG) and national average. However, the exception reporting rate was also very low. The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement when recalled by the practice for reviews. For example, 62% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months, with the CCG average being 80%. The practice had 185 patients who were eligible for this check and the practice only excluded three patients who did not attend for specific reasons. This is an exception rate of 1% whereas the CCG average had an exception rate of 8%.
- 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.

Summary of findings

Families, children and young people

Good

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 comparable to the national and CCG averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 70%, which was lower than the national average of 74%. The practice had plans in place to increase this number by increasing the hours of the practice nurse.
- 70% of female patients aged 50 to 70, had attended a breast cancer screening within 6 months of invitation which was comparable to the CCG average of 72%.
- 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
- Safeguarding policies and procedures were readily available to staff.
- The practice ensured children needing emergency appointments would be seen on the same day.

Working age people (including those recently retired and students)

Good

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 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 was able to offer evening appointments (until 9.30pm) and weekend appointments to all their patients. (The practice was part of a hub of doctors' practices that jointly ran an evening and weekend service). These appointments were not run from the practice but from two separate locations in Leatherhead and Epsom.

Summary of findings

People whose circumstances may make them vulnerable

Good

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, travellers and those with a learning disability.
- 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.
- 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.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers and those patients who had carers, were flagged on the practice computer system and were signposted to the local carers support team.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice had recorded 13 patients as being diagnosed with dementia. Fifty-six per cent of those patients had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- 81% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, which was comparable to the 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.

Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was comparable with local and national averages. Of the 284 survey forms distributed, 106 were returned. This represented 3.4% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the local clinical commissioning group (CCG) average of 67% and national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 74% and national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the local CCG average of 85% and the national average of 85%.
- 71% 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 80% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. We received comments complimenting the practice on the care received by all staff. Comments we received included that patients felt listened to, were respected, staff were friendly and they felt they received an excellent service.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients described the GP as caring, professional and told us that they felt listened to. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They described the GP as kind and told us they always had enough time to discuss their medical concerns.

Areas for improvement

Action the service MUST take to improve

- Ensure all staff undertake mandatory training including Safeguarding Vulnerable Adults and Safeguarding Children, fire awareness, infection control and information governance.
- Ensure electrical items are PAT tested and medical equipment is calibrated.
- Complete regular fire drills.

Action the service SHOULD take to improve

- Review how risk assessments are recorded.
- Review how to engage patients to join the patient participant group.

Dr Vipan Palta

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 a practice manager specialist adviser.

Background to Dr Vipan Palta

Dr Vipan Palta also known as Auriol Medical Centre offers personal medical services to the population of Worcester Park in Surrey. There are approximately 3,100 registered patients.

Auriol Medical Centre is run by a sole GP (male). The practice is also supported by two long-standing locums (one female, one male), a part-time practice nurse, a small team of administrative staff and a part-time practice manager.

The practice provides a number of services for its patients including asthma reviews,child immunisation, diabetes reviews and holiday vaccines and advice.

Services are provided from one location:

Auriol Medical Centre, 46 Salisbury Road, Worcester Park, Surrey, KT4 7DG

Opening Hours are:-

Monday 9am to midday and 2pm to 6.30pm

Tuesday 9am to midday and 2pm to 6.30pm

Wednesday 9am to midday

Thursday 9am to midday and 2pm to 6.30pm

Friday 9am to midday and 2pm to 6.30pm

The practice is able to offer evening appointments (until 9.30pm) and weekend appointments to all their patients. This service is run by a hub of doctors' practices that jointly run an evening and weekend service at two locations in Leatherhead and Epsom.

Between the hours of 8am to 9am and on Wednesdays 2pm to 6.30pm there is an emergency phone number to speak with the GP. During the other times when the practice is closed, the practice has arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients aged 55 years of age and over than the national and local clinical commissioning group (CCG) average. The practice population also shows a lower number of patients aged between birth and 34 years of age than the national and local CCG average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

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.

Detailed findings

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 28 April 2016. During our visit we:

- Spoke with a range of staff including the GP, receptionist and the practice manager and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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 Care Quality Commission at that time.

Requires improvement

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 GP and 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).
- 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.

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, with the exception of mandatory training, portable appliance testing (PAT) for electrical equipment and the calibration of medical equipment.

- 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 but had not received up to date training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room and in all of the treatment rooms advised patients that chaperones were available if required. 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. The GP was the infection control clinical lead in the absence of the practice nurse. There was an infection control protocol in place however, staff had not received up to date training. An annual infection control audit had been undertaken in April 2016 and any necessary action was in the process of being reviewed.
- 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 team, 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.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. However, we noted that although risk assessments had been completed and actions taken when necessary, written

detailed assessment had not been recorded. For example, the practice manager and GP had reviewed the fire risks within the practice. The practice had smoke detectors and staff ensured that fire exits were always accessible and knew what to do in the event of a fire. However, staff had not practiced fire drills or had fire awareness training and there was no written assessment for us to review.

- We found that no electrical equipment had been checked to ensure the equipment was safe to use or working properly.
- The practice had risk assessed 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. The practice had systems in place to ensure enough staff were always 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. All the medicines we checked were in date and stored securely.
- The practice had risk assessed whether a defibrillator was necessary and had spoken with Surrey Ambulance service on their decision not to have one. The decision was based on the fact that all staff were fully trained on CPR and the GP would be able to intubate and ventilate by ambu bag (manual resuscitator). The practice did not have oxygen on the premises however, during our inspection we saw evidence this had been ordered with both adult and child masks and was due to be delivered the following day. A first aid kit and accident book were available.
- 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.

Good

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 systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice 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 72% of the total number of points available. However, we noted the exception reporting was at 2% which was 7% lower than the national and CCG average. The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement when recalled by the practice for reviews. Patients who failed to attend for their reviews were contacted by telephone to request they make an appointment. Staff regularly checked the list of patients who were due for reviews and sent them a reminder to attend. The low figure meant the practice had excluded fewer patients from their scoring which would have affected their overall QOF scores. Data from 2014 / 2015 showed:-

- Performance for diabetes related indicators was lower than the national average. The percentage of patients with diabetes, whose last measured total cholesterol was in the range of a healthy adult (within the preceding 12 months), was 70%, which was lower than the national average of 80%. The percentage of patients on the diabetes register, in whom the last blood pressure reading was in the range of a healthy adult (measured in the preceding 12 months), was 62%, which was lower than the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was lower than the national average. The practice QOF score was 71% compared to the national average of 83%.
- Performance for mental health related indicators was better than the national average. For example, 81% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan documented in the record, compared to the national average of 88%

We spoke with the practice in relation to the low figures for some of their QOF scores. The practice informed us patients were contacted to attend reviews. However, if they failed to attend even after being sent reminders they were not exempt from the QOF figures as the practice continually tried to engage with the patient to attend. The practice was also aware some of the low figures had been due to not being able to employ a practice nurse.

There was evidence of quality improvement including clinical audit.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients outcomes. We reviewed clinical audits which had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness. We noted that the practice also completed audits for medicine management and infection control.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had completed two audits to review patients who had been prescribed medicines which when taken together could reduce the effectiveness of the medicines. The first audit had highlighted those patients taking both medicines and the practice had conducted medicines reviews. The second completed audit showed an improvement with no patients prescribed both medicines.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- All staff had received an appraisal within the last 12 months.
- Staff had received training during their induction and were required to review policies and procedures to ensure continued knowledge of the practices protocols. However, administration staff had not received regular mandatory training. This included: safeguarding, fire safety awareness, and information governance. Staff had access to and made use of policies and procedures to ensure they were aware of the practices guidelines. For example, the receptionist told us they were reviewing the sharps injury policy to ensure they were aware of the protocol.

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. Due to the low number of patients with complex needs the practice did not have a regular meeting structure with other healthcare professionals. Instead the practice contacted other health care professionals on a needs basis and had forged good relationships with key team members. This ensured care plans were routinely reviewed and updated.

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 patients, 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 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.
- Health information was made available during consultation and the GPs used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and on the practice website

The practice's uptake for the cervical screening programme was 70%, which was slightly lower than the clinical commissioning group (CCG) average of 71% and the national average of 74%. 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 ensuring a female sample taker was available. There were 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. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age were comparable to the local averages at 53% compared to the clinical commissioning group (CCG) average of 59%.

Good

Are services effective?

(for example, treatment is effective)

Most childhood immunisation rates for the vaccines given were either higher than or comparable to the CCG average. For example, 94% of children under 24 months had received the MMR vaccine which was above the national average of 82%.

Patients had access to appropriate health assessments and checks. This included health checks for patients requesting them. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted 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 47 patient Care Quality Commission comment cards we received were positive about the service experienced. 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 five patients. 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 (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was around average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 85% of patients 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%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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. We saw care plans were personalised.

Results from the national GP patient survey (January 2016) showed patients 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:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% 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 83% and the national average of 82%.
- 74% 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 the national average of 85%.

Staff told us there was a low number of patients whose first language was not English but translation services were available if needed. The practice website also had the functionality to translate the practice information into approximately 90 different languages.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 46 patients as carers (1.5% of the practice list). The practice was able to put carers forward for a carers break fund. Written information was available to direct carers to the various avenues of support available to them.

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

Good

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.

- The practice could offer patients evening appointments until 9.30pm and weekend appointments – Saturday 9am to 2pm and Sunday 9am to 1pm – for patients who could not attend during normal opening hours. These appointments were not at the practice but at two nearby locations in Leatherhead and Epsom.
- There were longer appointments available for patients with a learning disability.
- 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.
- There were disabled facilities and translation services available.
- The practice used text messaging to remind patients of appointments.

Access to the service

The practice was open between 9am to midday and 2pm to 6.30pm Monday, Tuesday, Thursday and Friday. On a Wednesday the practice opened at 9am and closed at midday. During the time of 8am to 9am and on a Wednesday between 12pm and 6.30pm the doctor took emergency calls. The answer phone message directed patients to another number if they needed to speak with the GP in an emergency. The practice was part of a hub of GP Practices that could offer evening appointments until 9:30pm and weekend appointments – Saturday 9am to 2pm and Sunday 9am to 1pm. These appointments were not run from the practice but from two separate locations in Leatherhead and Epsom. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for patients 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 national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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 information was available to help patients understand the complaints system. There were posters on display in the waiting area and information was on the practice website.
- A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided.
- None of the five patients we spoke with had ever needed to make a complaint about the practice.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. We noted lessons learned from individual complaints had been acted on.

Are services well-led?

Good

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

Our findings

Vision and strategy

At the start of our inspection the GP and practice manager gave us a presentation and explained to us about their future vision for the practice. They were able to show us a document titled Reflection on Quality of Treatment and Services, where they had analysed their strengths and weakness and any actions to address these. They explained they were considering merging with another practice in order to continue to provide good quality care for their patients.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of the inspection the principal GP 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 all staff members were approachable and always took the time to listen.

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). We noted 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 patients 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.

- Due to the size of the practice team, staff meetings were not held on a regular basis and instead the GP and practice manager spoke with staff on a day to day basis. Staff told us they felt communication was good within the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the GP 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice did not have a patient participation group (PPG) but had gathered feedback from patients through surveys and comments / complaints received. We were able to review patient surveys the practice had conducted. For example, the practice had conducted a survey on patient satisfaction for the Anticoagulant (Warfarin) Clinic and had written actions where needed to improve patient satisfaction. The practice was participating in the 'Friends and Family Test' where patients were asked to record if they would recommend the practice to others.

- The practice had gathered feedback from staff through regular discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking to try and improve outcomes for patients in the area.

This section is primarily information for the provider

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Regulation 12 (2)(e) The provider had failed to ensure that equipment used was properly maintained and safe to use. Regulation 12 (2)(b) The provider had failed to access the risk to the health and safety of service users by not practicing fire drills.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** Regulation 18 (2)(a) The provider had failed to ensure that staff had received regular training. Including but not limited to: Safeguarding Vulnerable Adults and Children, fire awareness, infection control and information governance.