

Tadworth Medical Centre

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?

Good 

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 Tadworth Medical Centre on 3 November 2016. Overall the practice is rated as Good.

Tadworth Medical Centre was subject to a previous comprehensive inspection in July 2015 where the practice was rated overall as Requires Improvement but more specifically Inadequate for providing safe services. We re-inspected the practice in March 2016 and found that it had not addressed all of the issues previously found. As a result the practice was rated overall as Inadequate and was placed into Special Measures. (The practice had been rated in March 2016 as Inadequate for providing safe and well led services, as Requires Improvement for providing effective, responsive services and as Good for providing caring services).

Following our inspection of the practice in March 2016, the practice sent us an action plan detailing what they would do to meet the regulations. We undertook this comprehensive inspection on 3 November 2016 to check that the provider had followed their action plan and to

confirm they now met the regulations. We found the practice had made significant improvement since our previous inspection. The practice is now rated as Good overall.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Governance processes were well planned and implemented.
- Continuous improvement was planned and reviewed to ensure improvement within the practice. For example, the practice had reviewed performance for diabetes related indicators which were significantly below the national average and had put in place patient audits, additionally trained staff and additional nursing hours to improve results.
- Risks to staff, patients and visitors were formally assessed and monitored. For example, the practice had processes in place for identifying, recording and managing risks for legionella, fire safety and infection control.

Summary of findings

- The infection control lead had undertaken additional training and up-to-date infection control audits had been carried out. Findings had been reviewed and appropriate action taken to address any concerns.
- Staff had received training appropriate to their roles and further training needs had been identified and planned. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had received an appraisal of their performance which was recorded and well managed. Performance management processes were well defined.
- Urgent appointments were usually available on the day they were requested. However, patients rated the practice significantly below average for several aspects of their ability to access services. In response to this the practice had added extended hours appointments at the practice on Tuesday and Thursday from 7.30am to 8am, and on Monday and Wednesday from 6.30pm to 7.30pm. The practice's own patient survey results showed a significant improvement in how patients rated access to services.
- The practice participated in a locality initiative which enabled patients to access appointments from 6.30pm to 9.30pm Monday to Friday and from 9.30am to 1.30pm on Saturdays and Sundays at four different locations (Epsom, Nork, Leatherhead and from Tadworth Medical Centre).
- The practice was an accredited practice with Epsom and Ewell Foodbank (the Trussell Trust) to provide food vouchers to those in urgent need.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to monitor the national patient survey results and ensure that measures are put in place to secure improvements where scores are below average.
- Continue to monitor QOF indicators and ensure that measures are put in place to secure improvements in relation to scores which are below the national average.
- The provider should continue to identify a greater proportion of carers from its patient list, to better support the population it serves.

I am taking Tadworth Medical Centre out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Since the last inspection of the practice in March 2016, the provider had taken action to address the concerns we had previously found.

- 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 and safeguarded from abuse. This included recruitment checks for newly appointed staff and disclosure and barring service checks for all staff.
- There were appropriate systems in place to protect patients from the risks associated with medicines management and infection control.
- Risks to patients were assessed and well managed. Health and safety risk assessments, for example, and a fire risk assessment which had been performed and was up to date.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- We saw evidence that information about safety was valued and used to promote a culture of learning and improvement. All staff were encouraged to be open and transparent and fully committed to reporting incidents. Incident reporting was thorough and analysis of incidents gave a picture of safety.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plans were stored appropriately and included emergency contact numbers for staff.

Good



Are services effective?

The practice is rated as good for providing effective services. Since the last inspection, the provider had taken action to address the concerns we had previously found.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average (with the exception of diabetes indicators). For example, 97% of patients had their diagnosis of heart failure confirmed by an echocardiogram or by specialist assessment, compared to the CCG and national average of 95%
- We noted that QOF scores for diabetes were below average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 44% compared with a national average of 88%. We spoke with the practice regarding this and they were able to show us unverified data. This showed the practice was performing better with still five months left of the QOF year to continue to improve results. For example, unverified data for the first months of 2016 showed a score of 64% of diabetic patients having received a foot examination. The practice was confident that results in this area would continue to improve.
- The practice had responded to the low performance diabetes QOF results by conducting patient audits, setting action plans and employing and training more specialist staff.
- There was evidence that audits were driving improvement in performance to improve patient outcomes. For example, infection control, diabetes care and cervical screening tests.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. For example, the infection control lead had undertaken specific training for the role and relevant staff had received chaperone training.
- 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. For example, staff worked with other health care professionals to understand the needs of patients at high risk of hospital admission.

Are services caring?

The practice is rated as good for providing caring services. Since the last inspection, the provider had taken action to address the concerns we had previously found.

- Data from the National GP Patient Survey showed patients rated the practice positively for several aspects of care.

Good



Summary of findings

- The practice had conducted their own survey (after the July 2016 national patient survey) to ensure patients were happy with the recent changes implemented. The practice had received 100 responses and their own survey results showed higher positive ratings than the national patient survey. For example, 90% of patients who responded to the practice's own survey described the overall experience of this GP practice as good compared to the national patient survey result of 76% (CCG and national average 85%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Since the last inspection, the provider had taken action to address the concerns we had previously found.

- 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.
- Urgent appointments were usually available on the day they were requested. However, patients rated the practice significantly below average for several aspects of their ability to access services. In response to this the practice had extended hours appointments at the practice Tuesdays and Thursday 7.30am to 8am and Monday and Wednesday 6.30pm to 7.30pm. The practice's own patient survey results showed a significant improvement in how patients rated access to services.
- Data from the July 2016 national GP patient survey showed patients rated the practice significantly below average for several aspects of their ability to access services. For example, 29% of patients said they could get through easily to the practice by phone (CCG average of 68% and national average of 73%). 47% of patients described their experience of making an appointment as good (CCG average of 71% and national average of 73%). Although these figures were low it did show an improvement from the last inspection. However, the practice had put in place several measures to increase patient access to appointments and had conducted their own survey, after the July 2016 national patient survey. One hundred patients

Good



Summary of findings

answered the same questions as the national patient survey. The response to the survey showed: 66% of patients who responded found it easy to get through to this practice by phone (compared with the patient survey of 29%) and 74% of patients described their overall experience of making an appointment as good (compared with the patient survey of 47%).

- The practice participated in a locality initiative which enabled patients to access appointments from 6.30pm to 9.30pm from Monday to Friday and from 9.30am to 1.30pm on Saturdays and Sundays at four different locations (Epsom, Nork, Leatherhead and from Tadworth Medical Centre).
- 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.
- The practice website contained information about how to manage long terms conditions such as asthma, diabetes and certain minor illnesses.

Are services well-led?

The practice is rated as good for being well-led. Since the last inspection, the provider had taken action to address the concerns we had previously found

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and 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 and held regular governance meetings.
- 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. For example, clinical audits had been completed where risk had been identified through the QOF results and actions completed from the outcome of infection control audits.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had formal induction programmes for newly appointed staff which included specific training for different roles. The practice had reviewed and updated the process for staff training and appraisals. Staff had received up to date and relevant training for their role and all staff had received an appropriate appraisal.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- Patients over 65 years of age made up 25% of the practice population. The practice provided care to patients within eight local residential and nursing homes. Weekly GP visits were made to residents within those homes.
- The practice worked closely with district nurses and the community matron to share information regarding older housebound patients and ensure their access to appropriate support and care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients with complex care needs and those at risk of hospital admission all had personalised care plans that were appropriately shared with local organisations to facilitate communication and the continuity of care.
- The practice was working to the Gold Standards Framework for those patients with end of life care needs. (The Gold Standards Framework is a framework to enable an expected standard of care for all people nearing the end of their lives. The aim of the Gold Standards Framework is to develop a locally-based system to improve and optimise the organisation and quality of care for patients and their carers in the last year of life).
- The practice offered flu, pneumonia and shingles vaccine programmes.

Good



People with long term conditions

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 patients at risk of hospital admission were identified as a priority.
- The practice offered diabetic foot screening. CQC data indicated that the practice achieved 44% for annual foot checks in patients with diabetes compared to the CCG average of 84% and the national average of 88%. However, we viewed unverified data that showed the most recent figures for the practice. This data showed that the practice was performing at 64% with five months of the QOF year to achieve their target figures.

Good



Summary of findings

- A specialist diabetic nurse visited the practice fortnightly for those patients who needed additional support.
- 90% of patients with chronic obstructive pulmonary disease(COPD) had a review undertaken including an assessment of breathlessness, which was the same as the national average of 90%
- 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.
- Patients were supported to self manage their long-term condition by using agreed plans of care and were encouraged to attend self-help groups

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- 73% of patients with asthma had an asthma review in the last 12 months that included an assessment of asthma control. This compared to a CCG average of 74% and a national average of 75%.
- 74% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 80% and a national average of 82%.
- The practice held weekly antenatal clinics which were run by midwives.
- The practice ensured that children needing emergency appointments would be seen on the same day.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse. Safeguarding policies and procedures were readily available to staff.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. Appointments were available at the practice with a GP until 6.30pm and there were pre-bookable appointments on Tuesday and Thursday 7.30am to 8am and Monday and Wednesday 6.30pm to 7.30pm

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Appointments were available at the practice with a GP until 6.30pm and their were pre-bookable appointments on Tuesday and Thursday 7.30am to 8am and Monday and Wednesday 6.30pm to 7.30pm
- The practice was part of a group of GP practices offering evening appointments until 9:30pm as well as weekend appointments, from four locations (Epsom, Nork, Leatherhead and Tadworth Medical Centre).
- Telephone consultations with a GP were available during working hours.
- Electronic Prescription Services (EPS) and a repeat dispensing service helped patients to get their prescriptions easily.
- Travel health and vaccination appointments were available.
- The practice offered Saturday flu clinic appointments to fit in around working patients.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including 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.

Good



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.
- The practice provided a service to patients with a learning disability. The practice had set up a Quality Improvement Project to improve health outcomes for this patient group.
- The practice was an accredited practice with Epsom and Ewell Foodbank (the Trussell Trust) to provide food vouchers to those in urgent need.
- 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)

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

- Patients were monitored as part of the Quality and Outcomes Framework (QOF) to check that they had an up-to-date care plan. 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared to a CCG average of 91% and a national average of 89%.
- 75% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. This compared with the CCG average of 80% and was slightly below the national average of 83%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice looked after a care home for patients with severe mental illness and undertook weekly GP reviews.
- The practice provided a service to patients with a severe mental illness. The practice was in the process of setting up a Quality Improvement Project to improve health outcomes for this patient group.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. GPs were trained in the Mental Capacity Act 2005 and the appropriate use of Deprivation of Liberty Safeguards (DOLS).

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing below local and national averages. 251 survey forms were distributed and 103 were returned. This represented 1% of the practice's patient list.

- 29% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73%.
- 54% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 76% of patients who responded described the overall experience of this GP practice as good compared to the national average of 85%.
- 62% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice was aware of their low patient survey figures and had actioned a number of changes to improve the services for patients. This included reviewing the number of phone lines and having an extra member of staff available to answer calls during their busiest times of the day. Ensuring patients were aware of the number of patients in front of them when queuing for the phone to be answered. They had also employed more staff including a new GP and healthcare assistant and increased the number of GP appointments available as well as having extended hours four days a week. The practice had also been included in providing services seven days a week with a hub of other practices in the locality. It had been agreed that the practice would provide a late evening service for the hub on Mondays, Thursdays and Fridays 6.30pm to 9.30pm and on Saturdays 9am to 1.30pm. Appointments would be available to the practice's own patients and those from the hub. Appointments could be pre-booked or booked on the day.

The practice had conducted their own survey to ensure patients were happy with the changes implemented. The practice had received 100 responses and their own survey results showed that:-

- 65.5% of patients who responded (compared with the patient survey of 29%)
- 77% of patients who responded were able to get an appointment to see or speak to someone the last time they tried (compared with the patient survey of 54%)
- 90% of patients who responded described the overall experience of this GP practice as good (compared with the patient survey of 76%)
- 89% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area (compared with the patient survey of 62%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients considered they were treated with kindness and compassion by all staff at the practice and the service was repeatedly described as good and excellent. Patients commented the environment was clean and tidy. Patients described the GPs and nurses as caring, professional and told us that they were listened to. A few of the comments we received praised individual GPs and nurses for the care they had received.

We spoke with seven patients including two members of the patient participation group during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us they always had enough time to discuss their medical concerns. We did receive two comments that getting timely appointments could be problematic. Four of the comments cards also stated this.

Tadworth Medical Centre

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 Tadworth Medical Centre

Tadworth Medical Centre provides general medical services to the population living in the catchment areas of Tadworth, Epsom Downs, Langley Vale, Kingswood, Lower Kingswood, Burgh Heath, Tattenham Corner, Walton-on-the-Hill, Nork and part of Banstead. There are approximately 9,265 registered patients.

Tadworth Medical Centre is purpose built and has disabled access. There is a seated waiting area situated near the reception desk. All of the GP consulting rooms and nurse treatment rooms are located on the ground floor. There is a toilet for patients with disabilities and baby changing facilities. Staff offices and facilities are located on the first floor.

Tadworth Medical Centre is run by three partners GPs (two male and one female). The practice is also supported by four salaried GPs (three female and one male), three practice nurses and two healthcare assistants. The practice also has a team of receptionists, administrators, secretaries and a practice manager.

The practice is a GP training practice and supports undergraduates and new registrar doctors in training.

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

Services are provided from:

1 Troy Close, Tadworth, Surrey, KT20 5JE

The practice is open from 8am to 6.30pm on weekdays.

Extended hours appointments were offered at the practice on Tuesdays and Thursday 7.30am to 8am and Monday and Wednesday 6.30pm to 7.30pm

The practice is part of a hub of GP practices offering evening weekday appointments 6.30pm to 9.30pm and weekend appointments 9.30am to 1.30pm. Appointments are available from four locations (Epsom, Nork, Leatherhead and from Tadworth Medical Centre).

During the times when the practice is closed, the practice has arrangements for patients to access care from an Out of Hours provider.

The practice delivers services to a slightly higher number of patients who are aged 65 years and over, when compared with the national average. Care is provided to patients living in residential and nursing home facilities and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average. The practice told us they provided care to patients in an area of high deprivation when compared with the local clinical commissioning group (CCG) average.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. A previous inspection had taken place in March 2016 after which the practice was rated as inadequate and placed into special measures. The purpose of this most recent inspection was to check that improvements had been made.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 November 2016.

During our visit we:

- We spoke with a range of staff. Those we spoke to were the principal GPs, the practice nurse, a HCA, the practice manager, administrators and secretary's as well as reception staff.
- We observed how patients were being cared for and talked with carers and/or family members
- The GP SPA reviewed an anonymised sample of the personal care or treatment records of patients.

- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We spoke with a nursing home who informed us they were happy with the care the GP provided for their residents.

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. (CQC review the results of the patient survey for each GP practice and adjusts the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire).

Are services safe?

Our findings

The practice is rated as good for providing safe services. All of the areas of concern identified within our previous inspection in March 2016 had been addressed.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient phoned the practice in relation to a referral and it was found that it had not been sent. However, it had also been noted that the reception staff did not speak with the secretaries and so the patient was incorrectly informed that it had been sent. This was entered as a significant event, investigated and lessons were learnt. A new system was put in place and the secretaries now maintained a log indicating clearly when a referral had been sent. It was also re-enforced with the reception staff to ask secretaries to respond to referral queries.

Overview of safety systems and processes

Previously staff had not been trained to act as chaperones or had training in infection control. There was a lack of

processes for actioning results from infection control audits. Clinical rooms did have the correct containers to ensure the safe disposal of sharps waste and DBS checks had not been completed for staff who required them.

At this inspection the practice had addressed our areas of concern and had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Flow charts which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare were displayed in treatments rooms and in the reception staff area. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nurses were trained to child protection or child safeguarding level two and the administration staff to level one.
- A notice in the waiting room and in all clinical 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. A GP partner was the infection control clinical lead who had taken on additional training to support them in this role. There was an infection control protocol in place and all staff had received up to date training. Six monthly infection control audits were undertaken. An audit in May 2016 had been completed and the practice had scored 83%. Two further audits had been undertaken, one in June 2016 where the

Are services safe?

practice had improved its score to 96% and again in August 2016 where the practice scored 98%. We reviewed the action plan produced from these audits and noted that when actions had been completed these were clearly recorded with dates and results of the actions included. For example, the practice had ensured that clinical rooms had the appropriate bins for sharps disposal (including those used for cytotoxic or cytostatic waste which refers to medicines that has a toxic effect on cells). Posters were also displayed in clinical rooms for the correct sharps disposal. The action plan clearly recorded who had actioned this and the date it had been completed.

- 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). We checked medicines stored in treatment rooms and medicine refrigerators and found they were stored securely. Records showed that fridge temperature checks were carried out daily which ensured medicines were stored at appropriate temperatures. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. 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.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five 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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Staff who acted as fire marshals had undertaken additional training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as the practice environment, control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that actions required from these assessment had been completed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

At our previous inspection in March 2016 we noted that not all clinical staff had received training in treating a patient who has suffered anaphylaxis, and the practice had not risk assessed if a defibrillator was required. (Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly).

At this inspection we found 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 clinical staff had received training for anaphylaxis and 12 out of 16 administration staff members had also received the training. We saw evidence that training dates were planned for the four staff members who had been unable to attend the initial training.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Staff had received training on how to use the defibrillator. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had 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.
- The practice used computerised tools to identify patients with complex needs and those that had multidisciplinary care plans documented in their case notes. This ensured that staff authorised to review patients' notes were aware of the most up to date information available
- Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of the patient's age, gender and culture as appropriate.

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 94% of the total number of points available. The practice had an 8% clinical domain exception rate. This was slightly below average when compared with the national average and local clinical commissioning group of 10%. (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).

Data from 2015/2016 showed:

- Performance for diabetes related indicators was lower than the local clinical commissioning group (CCG) and national averages. For example, 67% of patients with

diabetes, whose last measured total cholesterol was in a range of a healthy adult, compared to the clinical commissioning group and national average of 80%. However, unverified data showed the practice was performing better with a current score of 64% and five months left of the QOF year to continue to improve.

- Others examples were, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading of that of a healthy adult was 54% compared with a national average of 77% (however, unverified data showed a score of 58%); the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 47% compared with a national average of 89% (however, unverified data showed a score of 64%). The practice told us that to help improve care for diabetic patients they had recruited a nurse who specialised in diabetic care and a specialist diabetes nurse visited the practice on a fortnightly basis to assist in the management of more complex patients.
- 74% of patients with hypertension had regular blood pressure tests, which was comparable with the CCG average of 78% but lower than the national average of 83% (however, unverified data showed a score of 71% with five months left of the QOF year to continue to improve).
- Performance for mental health related indicators was comparable to the national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan, compared to the national average of 88% and the CCG average of 91%.

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 that had been carried out within the last 12 months. The audits indicated where improvements had been made and monitored for their effectiveness.
- We saw that the practice also completed audits for medicine management and infection control. For example, the practice completed regular audits for medicines prescribed. The audits were to ensure that prescribing at the practice was in line with National

Are services effective?

(for example, treatment is effective)

Institute for Health and Care Excellence (NICE) guidelines. When necessary patients were invited for a medicines review to ensure they were on the optimal medicine for their needs.

The practice participated in the hospital admission avoidance scheme and had identified patients who were at high risk of unplanned admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans and there was a follow up procedure in place for discharge from hospital.

Effective staffing

At our previous inspection in March 2016 we reviewed staff training records and found that some staff were not up to date with training in key areas. We also found there was no formal induction programme for newly appointed staff. At this inspection we found staff training had been completed and there was a formal induction programme in place. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. We saw there was separate role-specific inductions for new staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. We saw that performance of individual staff

members was managed to support improvement. Staff undertaking appraisals had received training to support their role and received appropriate support from the partners to implement effective performance management techniques. For example, by setting and reviewing objectives or personal development plans.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and training in anaphylaxis. Staff who acted as fire marshals had undertaken additional training. Staff had access to and made use of e-learning training modules and in-house training. Staff received protected learning time in order to complete training required.
- Staff were encouraged to find relevant courses which they felt would be beneficial to their role and development and were supported to undertake any training. For example, the new practice manager was completing a Primary Health Care Management Diploma.

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 had a system to make sure that any 'two-week wait' cancer referrals sent had been received by the relevant hospital department.
- 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. All GPs had received recent training in 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 GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients provided consent for specific interventions. For example, minor surgical procedures. The risk associated with the intervention was explained after which patients signed a consent form. The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice provided a service to patients with a learning disability and maintained a register of 45

patients. Twenty-six of these patients were coded as having had a physical health check. The practice had recognised that this patient group may not proactively attend the surgery and were less likely to receive regular health checks and attend usual screening programmes. The practice had set up a Quality Improvement Project to ensure there was a more proactive approach to identifying patients. This included an action plan for the recall of patients for annual health checks to improve health outcomes and to help identify and treat medical conditions early and improve access to generic health promotion.

- Health information was made available during consultation and GPs used materials available from

online services to support the advice given to patients. There was a variety of information available for health promotion and the prevention of ill health in the waiting area and on the practice website

- Midwives were available at the practice.
- The practice's uptake for the cervical screening programme was 74%, compared with the clinical commissioning group (CCG) and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice sent three letters and phoned to remind patients who did not attend for their cervical screening test. 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 at 56% which was comparable with the clinical commissioning group (CCG) average of 59% and the national average of 58%.
- Most childhood immunisation rates for vaccines given were comparable with or above the CCG average. For example, 89% of children under 24 months had received the MMR (measles, mumps, and rubella) vaccine compared to the CCG average of 83%. 94% of babies under 12 months had received their Meningitis C vaccine compared to the CCG average of 89% and the national average of 73%. A system was in place for the practice to contact the parent or carer of those patients who did not attend for their immunisations.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The area around the reception desk was kept clear to promote confidentiality.
- Patients were encouraged to queue away from the desk and not stand directly behind a patient speaking to reception staff at the desk.
- The practice had installed an electronic booking-in system which helped with patient confidentiality.
- 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 19 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses but was slightly mixed for reception staff. For example:

- 93% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average and the national average of 89%.

- 90% of patients who responded said the GP gave them enough time compared to the CCG average and the national average of 87%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 89% 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 88% and the national average of 85%.
- 88% 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 and the national average of 91%.
- 70% 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%.

The practice had conducted their own patient survey. The practice had received 100 responses and their own survey results showed that:-

- 100% of patients who responded said the GP was good at listening to them compared to the patient survey result of 93%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw compared to the patient survey result of 98%.
- 99% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the patient survey result of 89%.
- 99% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the patient survey result of 88%.
- 82% of patients who responded said they found the receptionists at the practice helpful compared to the patient survey result of 70%.

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 also saw that care plans were personalised.

Are services caring?

The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans. Unplanned admissions were also discussed at meetings to identify any improvements necessary.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% 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%.
- 85% 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 and the national average of 82%.
- 75% 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%

The practice's own survey showed that from 100 patients responding:

- 99% said the last GP they saw was good at explaining tests and treatments compared to the patient survey result of 86%.
- 99% said the last GP they saw was good at involving them in decisions about their care compared to the patient survey result of 85%.

- 100% said the last nurse they saw was good at involving them in decisions about their care compared to the patient survey result of 75%

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- 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

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 154 patients (nearly 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also had information for carers on their website.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

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 offered extended hours on Tuesdays and Thursday mornings 7.30am to 8am and Monday and Wednesday evenings 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- The practice participated in a locality initiative which offered extended hours appointments each evening and on Saturday and Sunday mornings for patients who were unable to attend during normal opening hours.
- 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.
- The practice provided support to patients living in eight residential and nursing homes. Weekly GP visits were made to many of these homes.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Electronic Prescribing was available which enabled patients to order their medicines on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice used text messaging to remind patients of appointments.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- There were toilet facilities available for all patients, including an adapted aided toilet and a baby nappy changing facility.

- The practice remained open throughout the day so patients could still ring for appointments, collect prescriptions or drop off prescriptions or samples during the lunchtime period.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with extended hours on Tuesdays and Thursday mornings 7.30am to 8am and Monday and Wednesday evenings 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be made in advance, telephone consultations and urgent appointments were also available for patients that needed them. The practice also participated in a locality initiative which enabled patients to access appointments from 6.30 to 9.30pm from Monday to Friday and from 9.30am to 1.30pm on Saturdays and Sundays at four different locations (Epsom, Nork, Leatherhead and from this practice).

Results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 62% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 79%.
- 29% 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%.

However, the practice had conducted their own patient survey. The practice had received 100 responses and their own survey results showed that:

- 81% of patients who responded were satisfied with the practice's opening hours compared to the patient survey result of 62%.
- 66% of patients who responded said they could get through easily to the practice by phone compared to the patient survey result of 29%.

Two patients we spoke with and four of the comment cards we reviewed told us they experienced difficulty in accessing the practice by telephone. The two patients we spoke with were unaware of the additional appointments that could be accessed in the evening. However, patients told us they were usually able to obtain an urgent same-day appointment when they needed one.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had tried to improve the patient experience of phoning the practice by the introduction of an additional telephone line and telephone queuing facilities. The practice manager informed us that during their busiest times an extra member of staff was assigned to answer the phones. The practice had also employed more clinical staff with the addition of a GP and nursing staff (including a healthcare assistant) in order to improve patient access to appointments.

The practice had a system in place to assess:

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

Reception staff recorded information centrally on the practice's electronic appointment booking system. GPs tried to ensure that where possible the patient's regular GP conducted the home visit for continuity of care. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- 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.

We looked at 12 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. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

The practice is rated as good for being well-led. We found that action had been taken to address the concerns found at our previous inspection in March 2016.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice vision, aims and objectives were included in the statement of purpose, on the practice

website and were displayed in the practice. Staff were aware of the practice vision statement and showed support for it.

The practice statement of purpose included the statements:-

- To provide a high quality, safe, effective, respectful and responsive healthcare service to patients
- To listen to and involve patients and carers in decision making regarding treatment
- To ensure the team is well led
- To recruit, retain and develop a motivated and skilled workforce

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 that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the computer system and staff handbook. We looked at a sample of policies and found them to be available and up to date. The practice had a policy of the month printed in the reception area. Staff were required to read the policy and indicated on a signing sheet that they had read it. This was monitored by the practice manager.
- A comprehensive understanding of the performance of the practice was maintained. We saw on display in the staff room a chart showing the areas where the practice needed to increase performance in patient care. This highlighted to staff the number of patients that needed

to be reviewed to reach their target. For example, a chart recorded the number of diabetic patients who required a flu vaccine, the number who had received the vaccine and the number still needing to be vaccinated.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, internal audits in relation to infection control and clinical audits in relation to high risk areas identified from QOF data, such as diabetes care.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, audits had been carried out and actions completed in relation to health and safety and infection control, appraisal processes introduced had been reviewed to ensure they were working correctly.

Leadership and culture

The GPs told us that they had embraced the comments from the previous inspection to ensure they were doing their best for their patients and staff. We saw they had responded to all of our concerns and had worked to their action plan to achieve the improvements required. All staff we spoke with told us they felt included and involved in the decision making in how to improve and were kept up to date of decisions made. They told us that there was an open culture and felt that the exercise had improved their team working.

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

Are services well-led?

Good 

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

- 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 the management.

- Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately.
- Regular practice, clinical and team meetings which involved all staff were held and staff felt confident to raise any issues or concerns at these meetings. Topics discussed included day to day operation of the practice, health and safety, audits, complaints, significant events and other governance arrangements.
- Practice meetings were held monthly to discuss the governance and operation of the practice. We saw that minutes of meetings were maintained to evidence this.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager. We were told there were good working relations within the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys received. The PPG held formal meetings on a date and time to suit the group. Members of the PPG told us that the practice supported the group to be involved in the implementation of changes at the practice. They told us that they were kept up to date

with changes and shared challenges the practice faced. The PPG discussed issues such as the number of 'did not attend' patients, the appointments system and comments received from patients. The PPG had funded the addition of a nappy change table and the installation of a display screen within the practice. The PPG had future plans to start a virtual PPG group (who communicated by e-mail only) and to arrange talks such as advice on diabetes. The PPG informed us they felt communication between the PPG and the practice had improved and they felt their work was appreciated.

- The practice had gathered feedback from staff through staff meetings, appraisals and general 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

There was a focus by the practice on continuous improvement of the quality of care and treatment provided, which meant improved patient outcomes. For example,

- The practice provided a service to patients with a learning disability. The practice had set up a Quality Improvement Project to improve health outcomes to this patient group.
- The practice was a teaching and training practice and provided placements for GP registrars and mentoring for GP registrars who required additional support.
- The practice recognised the challenges it had faced with staff shortages and the difficulties patients had experienced in accessing appointments. We saw that the practice demonstrated resilience and was proactive in overcoming these challenges, for example through successful recruitment and adjustments to their appointment system to improve accessibility.
- The practice now participated in a locality initiative which enabled patients to access extended hours appointments from 6.30pm to 9.30pm from Monday to Friday and from 9.30am to 1.30pm on Saturdays and Sundays.