

The Molebridge Practice

Quality Report

North Leatherhead 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

Requires improvement



Are services safe?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at The Molebridge Practice on 22 March 2016 found breaches of regulations relating to the safe, caring and responsive delivery of services. The overall rating for the practice was requires improvement. Specifically, we found the practice to require improvement for provision of safe, caring and responsive services. It was good for providing effective and well led services. Consequently we rated all population groups as requires improvement. The practice had been removed from special measures after the March 2016 inspection.

The practice had been previously inspected in August 2015 and November 2015. The full comprehensive reports on the previous inspections can be found by selecting the 'all reports' link for The Molebridge Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 3 August 2017 to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made.

At this inspection, we found the practice had made some improvements. However, there were areas highlighted during the previous inspections where improvements are still required. We have amended the rating for this practice to reflect these changes. Overall the practice is rated as requires improvement. Specifically, we found the practice to require improvement for the provision of safe and responsive services. It was good for providing effective, caring and well led services. Consequently we rated all population groups as requires improvement.

Our key findings were as follows:

- The practice had developed a health and safety policy in June 2016 and carried out health and safety audit in May 2017. Staff we spoke with informed us they knew how to access information and guidance relevant to the health and safety processes.
- Staff had undertaken fire safety and health and safety training.
- There were inconsistent arrangements in how risks were assessed and managed. For example during the inspection we found risks relating to fire safety arrangements at Fetcham Medical Centre.

Summary of findings

- The practice had demonstrated improvement in a number of areas during recent national GP patient survey results published on 6 July 2017.
- The practice had gathered feedback from patients through internal survey.
- The practice had not collected feedback. On the day of inspection the practice informed us that patient participation group (PPG) was inactive. Staff we spoke with were not able to provide any evidence to demonstrate that they had tried to engage with the PPG in the last 12 months.
- Staff we spoke with were not able to provide sufficient evidence to demonstrate that they were collecting and monitoring patients' feedback through friends and family test (FFT) results.
- The GP partner told us the nurse practitioner roles had been implemented to address difficulties associated with recruiting additional GPs. The nurse practitioner roles had enabled GPs to provide more time in supporting patients with complex needs and focus on clinical monitoring and governance.
- Information about services and how to complain was available and easy to understand.

- Staff we spoke with on the day of inspection informed us there was a clear leadership structure and they felt supported by the management.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients. For example, review and improve the systems in place to effectively monitor fire safety procedures at Fetcham Medical Centre.
- Review patients' feedback regarding the appointments booking system and improve the availability of appointments with preferred GPs to ensure the continuity of care with GPs.
- Ensure feedback from patients is sought and acted upon.

The areas where the provider should make improvements are:

- Continue to monitor and improve the appointment booking system in place and the time it takes for responses from the duty clinician.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements.

Requires improvement



- When we inspected the practice in March 2016 we found concerns relevant to health and safety procedures.
- At the inspection in August 2017, we noted the practice had developed a health and safety policy in June 2016 and carried out a health and safety audit in May 2017. Staff we spoke with informed us they knew how to access information and guidance relevant to the health and safety processes.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented to ensure patients were kept safe. For example, poor monitoring of fire safety procedures at Fetcham Medical Centre.
- The practice had not identified what type of electronic fire detection and alarm system may be required at Fetcham Medical Centre via a risk assessment by a person with adequate training. Regular smoke alarm checks were not carried out at both premises.
- Safety of electrical portable equipment was not assessed at both premises to ensure it was safe.
- Staff had undertaken fire safety and health and safety training.
- The practice had effective processes in place for the management of legionella (a bacterium which can contaminate water systems in buildings).

Are services caring?

The practice had taken appropriate action and is now rated good for the provision of caring services.

Good



- When we inspected the practice in March 2016, we noted that data from the National GP Patient Survey (published in January 2016) showed patients rated the practice less positively for several aspects of care when compared to the national and clinical commissioning group average.
- At the inspection in August 2017, we saw the practice had developed a comprehensive action plan to address issues identified in the previous national GP patient survey results published in January 2016.
- We noted that the practice had demonstrated improvement in a number of areas in recent national GP survey results

Summary of findings

published on 6 July 2017. For example, 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%. This had increased 10% compared to the previous national GP patient survey results published in January 2016.

- Most of the patients we spoke with on the day of inspection and comment cards we received were positive about the service experienced with the exception of concerns raised regarding the continuity of care provided by the GPs and said they would prefer regular appointment with GPs and dissatisfaction with the split opening hours between two sites.
- 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 at the practice 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 requires improvement for providing responsive services as there are areas where it must make improvements.

- When we inspected the practice in March 2016, we noted that data from the National GP Patient Survey (published in January 2016) showed patients rated the practice less positively for several aspects of their ability to access services.
- At the inspection in August 2017, we saw the practice demonstrated improvement in number of areas in recent national GP survey results published on 6 July 2017. For example, 75% of patients described their experience of making an appointment as good compared to the clinical commissioning group average of 71% and national average of 73%. This had increased by 20% compared to the previous national GP patient survey results published in January 2016.
- The GP partner told us the nurse practitioner roles had been implemented to address difficulties associated with recruiting additional GPs. The nurse practitioner roles had enabled GPs to provide more time in supporting patients with complex needs and focus on clinical monitoring and governance.
- We checked the online appointment records of locum GPs and nurse practitioners and noticed that the next pre-bookable appointments were available within two to three weeks. However, it was not possible to make a pre-bookable appointment with one of the GP partners.

Requires improvement



Summary of findings

- The practice informed us that one of the partners made weekly visits to one residential facility which cared for patients with physical disabilities and complex 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.

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 provider had not resolved all the concerns identified at our inspection on 22 March 2016 which applied to everyone using this practice, including this population group. Consequently, the population group ratings have not been changed.

Requires improvement



People with long term conditions

The provider had not resolved all the concerns identified at our inspection on 22 March 2016 which applied to everyone using this practice, including this population group. Consequently, the population group ratings have not been changed.

Requires improvement



Families, children and young people

The provider had not resolved all the concerns identified at our inspection on 22 March 2016 which applied to everyone using this practice, including this population group. Consequently, the population group ratings have not been changed.

Requires improvement



Working age people (including those recently retired and students)

The provider had not resolved all the concerns identified at our inspection on 22 March 2016 which applied to everyone using this practice, including this population group. Consequently, the population group ratings have not been changed.

Requires improvement



People whose circumstances may make them vulnerable

The provider had not resolved all the concerns identified at our inspection on 22 March 2016 which applied to everyone using this practice, including this population group. Consequently, the population group ratings have not been changed.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider had not resolved all the concerns identified at our inspection on 22 March 2016 which applied to everyone using this practice, including this population group. Consequently, the population group ratings have not been changed.

Requires improvement



Summary of findings

What people who use the service say

The recent national GP patient survey results published on 6 July 2017 showed the practice was performing better than the local and the national averages for most of its satisfaction scores. Two hundred and forty-nine survey forms were distributed and 124 were returned (a response rate of 50%). This represented about 2% of the practice's patient list.

- 83% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) average of 66% and national average of 71%. This had increased 19% compared to the previous national GP patient survey results published in January 2016.
- 75% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%. This had increased 20% compared to the previous national GP patient survey results published in January 2016.
- 88% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 84%. This had increased 11% compared to the previous national GP patient survey results published in January 2016.

However, results were below the CCG average and the national average in some areas. For example:

- 32% of patients said they always or almost always see or speak to their preferred GP compared to the CCG average of 57% and national average of 56%. This had decreased 7% compared to the previous national GP patient survey results published in January 2016.
- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%. This had increased 12% compared to the previous national GP patient survey results published in January 2016.
- 66% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 77% and a national average of 77%.
- 76% of patients described the overall experience of this GP practice as good compared with a CCG average of 84% and a national average of 85%.

The practice had carried out an internal patient survey for the period between August 2016 and April 2017. The practice had received 105 responses. The survey results demonstrated improvements compared to the previous internal surveys. For example,

- 72% of patients said they were satisfied with appointment system compared to the previous average of 55%.
- 84% of patients said that they were satisfied with their time of visit compared to the previous average of 72%.

During this inspection we noted the practice had not gathered patients' feedback through a patient participation group or the NHS Friends and Family test.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. Four of the eight patient CQC comment cards we received were positive about the service experienced. Two of the eight patient CQC comment cards we received were neutral and two were negative. We also spoke with 15 patients. Six out of 15 patients' views were positive about the care provided by the practice. Seven of the 15 patient views were negative and two were neutral.

The patients we spoke with on the day and comment cards we received were in line with national survey results findings that patients were not satisfied with the poor continuity of care provided by the GPs and split opening hours arrangement between two sites.

- 50% of patients we spoke with on the day of inspection had said they would not recommend this practice.

The practice recognised this was an issue for patients but they were not successful at recruiting salaried GPs. The practice informed us they were offering continuity of care by offering regular appointments with two full time nurse practitioners (both prescribers). The practice informed us they were aware that patients did not like the split opening hours arrangement but they did not have the resources to open both premises full time.

Summary of findings

Staff we spoke with on the day of inspection informed us they would like to see increase in the availability of GP appointments.

The Molebridge Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to The Molebridge Practice

The Molebridge Practice is situated in Leatherhead, Surrey. The Molebridge Practice provides general medical services to approximately 6,200 registered patients. 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.

Care and treatment is delivered by two GP partners and locum GPs. The two GP partners are male. The practice employs a team of two nurse practitioners, a practice nurse and two health care assistants. GPs and nurses are supported by the practice manager, and a team of reception and administration staff.

Services are provided via a Primary Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

Services are provided from the following premises, and patients can attend any of the two practice premises. We visited both premises during this inspection.

North Leatherhead Medical Centre, 148 - 152 Kingston Road, Leatherhead, Surrey, KT22 7PZ.

Opening Times

Monday and Tuesday 8am to 1pm

Wednesday 1pm to 6.30pm

Thursday 1pm to 7pm

Friday 7.30am to 1pm

And

Fetcham Medical Centre, 3 Cannonside, Fetcham, Leatherhead, Surrey, KT22 9LE.

Opening Times

Monday, Tuesday and Friday 1pm to 6.30pm

Wednesday 7.30am to 1pm

Thursday 8am to 1pm

During the times when one of the premises is closed, patients are able to access appointments from the other premises and evening appointments from the local hub providing extended hours from 6pm to 9pm during weekdays and weekend appointments between 9am to 1pm.

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided after 6:30pm, and on weekends and bank holidays by Care UK Out of Hours Service by calling NHS 111.

Detailed findings

Why we carried out this inspection

The practice had been previously inspected in August 2015, November 2015 and March 2016.

During our announced comprehensive inspection in August 2015, we had identified number of concerns and placed the provider into special measures for six months. Following the inspection the practice had sent us an action plan detailing what they would do to address the breaches identified.

We carried out an announced focussed inspection in November 2015 to check and confirm that the provider had followed their action plan specifically in relation to the safe management of medicines and staff recruitment checks.

We carried out previous comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 22 March 2016 and we published a report setting out our judgements. These judgements identified two breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time. The practice had been removed from special measures after the March 2016 inspection.

We carried out a follow up focussed inspection on 3 August 2017 to follow up and assess whether the necessary changes had been made, following our inspection in March 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations

associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

This report should be read in conjunction with the full inspection report of CQC visit on 22 March 2016.

The full comprehensive reports on the previous inspections can be found by selecting the 'all reports' link for The Molebridge Practice on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting on 3 August 2017 the practice confirmed they had taken the actions detailed in their action plan.

Prior to the inspection we contacted the Surrey Downs Clinical Commissioning Group, NHS England area team and the local Healthwatch to seek their feedback about the service provided by The Molebridge Practice. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced focused visit on 3 August 2017.

During our visit we:

- Spoke with seven staff (included a GP partner, a paramedic practitioner, a practice manager and four administration staff) and 15 patients who used the service.
- Collected written feedback from six members of staff.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

When we inspected the practice in March 2016 we found risks to patients and staff were assessed and managed in some areas, with the exception of those relating to health and safety procedures. Health and safety procedures were not clearly defined. There was a lack of guidance for staff in this regard.

At this inspection in August 2017 we found some improvements had been made. However, the practice was required to make further improvements.

Monitoring risks to patients

Risks to patients were assessed and well managed in some areas, with the exception of those relating to fire safety procedures.

- There were procedures in place for monitoring and managing risks to patient and staff safety. However, the practice did not have satisfactory fire safety procedures in place for monitoring and managing risks to patient and staff safety at Fetcham Medical Centre.
- We observed that the practice had not identified what type of electronic fire detection and alarm system may be required at Fetcham Medical Centre via a risk assessment by a person with adequate training.
- We found that fire safety issues were not consistently monitored in a way to keep patients safe. For example, the practice did not demonstrate that they were carrying out regular smoke alarm checks at both premises.
- At Fetcham Medical Centre the practice had provided a battery operated smoke alarm in the corridor on the

ground floor and two battery operated smoke alarms in the corridor on the first floor (staff only area). We observed on the first floor that one of the smoke alarms was not in working order and both smoke alarms were installed on the walls rather than on the ceiling. Smoke alarms were not fitted in other parts of the Fetcham Medical Centre.

- Emergency lighting was not installed at Fetcham Medical Centre and it was not determined whether this was required via a risk assessment.
- An internal fire safety risk assessment had been carried out in May 2017. However, this risk assessment had not identified all the issues we found during this inspection.
- The safety of electrical portable equipment was not assessed at both premises to ensure it was safe. However, all clinical equipment was calibrated in October 2016.
- The practice had provided fire extinguishers at both premises and they were checked regularly. The practice had carried out annual fire drills.
- An electronic fire detection and alarm system was installed at North Leatherhead Medical Centre.
- The practice had developed a health and safety policy in June 2016. The practice had carried out a health and safety audit in May 2017. Staff we spoke with informed us they knew how to access information and guidance relevant to the health and safety processes.
- Staff had undertaken fire safety and health and safety training.
- Legionella (a bacterium which can contaminate water systems in buildings) risk assessment was carried out by an external contractor on 18 January 2016. We saw the practice was carrying out regular water temperature checks as recommended in the risk assessment.

Are services caring?

Our findings

When we inspected the practice in March 2016 we rated the practice requires improvement for providing caring services, because data from the National GP Patient Survey (published in January 2016) showed patients rated the practice less positively for several aspects of care when compared to the national and clinical commissioning group average.

At this inspection in August 2017 we found improvement had been made.

Kindness, dignity, respect and compassion

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

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

The practice had developed a comprehensive action plan to address issues identified in the previous national GP patient survey results published in January 2016. The recent national GP patient survey results published on 6 July 2017 showed the practice had demonstrated improvement in number of areas.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were mostly above or comparable to the clinical commissioning group (CCG) average and the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%. This had increased 2% compared to the previous national GP patient survey results published in January 2016.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%. This had increased 10% compared to the previous national GP patient survey results published in January 2016.

- 83% 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 national average of 86%. This had increased 6% compared to the previous national GP patient survey results published in January 2016.
- 82% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%. This had decreased 2% compared to the previous national GP patient survey results published in January 2016.
- 95% of patients said the nurse was good at listening to them compared to the CCG average of 91% and national average of 91%. This had increased 6% compared to the previous national GP patient survey results published in January 2016.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and national average of 86%. This had not increased or decreased compared to the previous national GP patient survey results published in January 2016.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%. This had increased 7% compared to the previous national GP patient survey results published in January 2016.

The practice had carried out an internal survey (between August 2016 and April 2017) to evaluate the practice performance. The practice had received 105 responses. The survey results demonstrated improvements compared to the previous internal surveys. For example,

- 88% of patients said the staff was good at listening to them compared to the previous average of 77%.
- 86% of patients said that they were satisfied with their visit compared to the previous average of 73%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. Four of the eight patient CQC comment cards we received were positive about the service experienced. Two of the eight patient CQC comment cards we received were neutral and two were negative which raised concerns about the continuity of care provided by the GPs and dissatisfaction with the split opening hours between two sites.

The practice recognised this was an issue for patients but they were not successful at recruiting salaried GPs. The practice informed us they were offering continuity of care

Are services caring?

by offering regular appointments with two full time nurse practitioners (both prescribers). The practice informed us they were aware that patients did not like split opening hours arrangement but they did not have the resources to open both premises full time.

We also spoke with 15 patients. Six out of 15 patients' views were positive about the care provided by the practice. Seven of the 15 patient views were negative and two were neutral. The patients we spoke with on the day were positive about the service experienced with the exception of concerns raised regarding the continuity of care provided by the GPs and said they would prefer regular appointment with GPs and better opening hours at both sites.

Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly above or comparable to the CCG average and the national average. For example:

- 76% 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 national average of 82%. This had increased 4% compared to the previous national GP patient survey results published in January 2016.
- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%. This had increased 3% compared to the previous national GP patient survey results published in January 2016.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected the practice in March 2016 we rated the practice requires improvement for providing responsive services, because data from the National GP Patient Survey (published in January 2016) showed patients rated the practice less positively for several aspects of their ability to access services.

At this inspection in August 2017 we found that some improvement had been made, although more needed to be completed. The recent national GP patient survey results published on 6 July 2017 showed the practice had demonstrated improvement in number of areas.

Access to the service

The practice at North Leatherhead Medical Centre was open from 8.00am to 1.00pm on three days (Monday, Tuesday and Friday) each week and from 1pm to 6.30pm on two days (Wednesday and Thursday) each week. Services were provided from the practice's second site (Fetcham Medical Centre) during the hours when the North Leatherhead Medical Centre was closed.

The practice at Fetcham Medical Centre was open from between 8am to 1pm two days (Wednesday and Thursday) each week and from 1pm to 6.30pm on three days (Monday, Tuesday and Friday) each week. During the time when the Fetcham Medical Centre was closed services are provided from the practice's second site (North Leatherhead Medical Centre).

Services were available between 8am and 6.30pm on each weekday across the two practice locations. The practice provided extended hours appointments on two mornings between 7.30am to 8am each week and one evening between 6.30pm and 7pm each week.

The practice was also participating in a local initiative which enabled patients to access appointments from 6pm to 9pm Monday to Friday and from 9am to 1pm on Saturdays at Leatherhead Community Hospital.

We saw the practice had displayed opening hours information in a colour coded poster on the front doors of both premises, inside the waiting areas and on the practice website.

The practice had installed a touch screen self check-in facility at both sites. However, the self check-in screen was faulty at the Fetcham Medical Centre on the day of inspection.

In addition to pre-bookable appointments which could be booked up to eight weeks in advance, urgent and non-urgent same-day appointments were also available for patients that needed them.

- The GP partner told us the nurse practitioner roles had been implemented to address difficulties associated with recruiting additional GPs. The nurse practitioner roles had enabled GPs to provide more time in supporting patients with complex needs and focus on clinical monitoring and governance.
- We observed that both partners did not offer routine clinics at the practice.
- We noted that there were occasions when no GP was present in the premises while other clinicians were offering the clinics. However, the practice assured us that a nurse practitioner was always present in the premises when offering the clinics. The practice informed us that one of the partners was always available to offer telephone support if required.
- The practice informed us that one of the partners made weekly visits to one residential facility which cared for patients with physical disabilities and complex needs.
- We saw evidence on the rosters that the practice offered eight sessions per week provided by two locum GPs and 15 sessions per week provided by two nurse practitioners (both prescribers). In addition, the clinical sessions were also offered by a paramedic practitioner (non-prescriber), a practice nurse and a health care assistant.
- We checked the online appointment records of locum GPs and nurse practitioners and noticed that the next pre-bookable appointments were available within two to three weeks. For example, next pre-bookable appointment with a locum GP was available on 18 August 2017. However, it was not possible to make a pre-bookable appointment with either of the GP partners.

The practice was offering an appointment booking system which involved following steps:

Are services responsive to people's needs?

(for example, to feedback?)

- The patient made an initial contact with the receptionist to request an appointment. Receptionist did not provide triage services for patients but asked the brief reason why an appointment was required.
- The receptionist then typed in the information (summarizing the patient's symptoms) in the 'messaging system' saved within the online appointment diary for same day appointments.
- One of the partners or a duty clinician would go through the information provided, made a clinical decision and informed the receptionist in writing in the 'messaging system' saved within the online appointment diary. The practice informed us that one of the partners or nominated nurse practitioners usually respond within one hour.
- The receptionist then follow the instruction in the 'message' which could include ringing back to the patient and offered an appointment with a relevant clinician or request a clinician to make a phone call to the patient.
- The partner informed us they would make a direct contact with the patient if it was an urgent or complex condition.
- According to the 'reception procedures manual' any message that had not been dealt with on the day should be transferred to the next day; each day the previous day's messages should be checked to ensure none had been missed.
- Receptionist were able to offer and book pre-bookable appointments without going through the 'messaging system'. The practice also offered pre-bookable online appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above the CCG average and the national average in some areas. For example:

- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 66% and national average of 71%. This had increased 19% compared to the previous national GP patient survey results published in January 2016.
- 75% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%. This had increased 20% compared to the previous national GP patient survey results published in January 2016.

- 88% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 84%. This had increased 11% compared to the previous national GP patient survey results published in January 2016.

However, results were below the CCG average and the national average in some areas. For example:

- 32% of patients said they always or almost always see or speak to their preferred GP compared to the CCG average of 57% and national average of 56%. This had decreased 7% compared to the previous national GP patient survey results published in January 2016.
- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%. This had increased 12% compared to the previous national GP patient survey results published in January 2016.
- 66% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 77% and a national average of 77%.

The patients we spoke with on the day and comment cards we received were in line with national survey results findings that patients were not satisfied with the poor continuity of care provided by the GPs and split opening hours arrangement between two sites.

Staff we spoke with on the day of inspection informed us they would like to see increase in the availability of GP appointments.

On the day of inspection the staff we spoke with was not able to provide sufficient evidence to demonstrate that they were collecting and monitoring patients' feedback through friends and family test (FFT) results. However, 50% patients we spoke with on the day of inspection had said they would not recommend this practice mostly due to poor of continuity of care with GPs and split opening hours between two sites.

The practice had carried out an internal survey (between August 2016 and April 2017) to evaluate the practice performance. The practice had received 105 responses. The survey results demonstrated improvements compared to the previous internal surveys. For example,

Are services responsive to people's needs?

(for example, to feedback?)

- 72% of patients said they were satisfied with appointment system compared to the previous average of 55%.
- 84% of patients said that they were satisfied with their time of visit compared to the previous average of 72%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with was aware of their role in supporting

patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 10 complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The Ombudsman details were included in complaints policy, on the practice website and a practice leaflet.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw an analysis of a complaint regarding the appointment booking system.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>Review and improve the systems in place to effectively monitor and ensure fire safety procedures at Fetcham Medical Centre.</p> <p>Regulation 12(1)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <p>Review patients' feedback regarding the appointments booking system and improve the availability of appointments with preferred GPs to ensure the continuity of care with GPs.</p> <p>Ensure feedback from patients is sought and acted upon.</p> <p>Regulation 17(1)</p>