

Lantern Surgery

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 Lantern Surgery on 27 September 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was a partnership of seven GPs over four locations and the management and leadership structure was clear and available to staff. Staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had designed a booklet called 'my health record' for patients with cognitive problems. This recorded the patients medication, what it was for and the frequency it had to be taken. It also recorded all the people involved in the patients care and details of outcomes or care plans from GP appointments. The patient kept this booklet with them and could be used to help carers or family members understand the treatment and care the patient was receiving.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice was aware that it had a proportion of working patients who would prefer to have earlier appointments and so had an opening time of 7am every Wednesday.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with and comments received the CQC comment cards said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice was part of a partnership with three other practices and had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice had involved staff to develop its core values.
- There was a clear leadership structure both within the corporate partnership and at the practice level. Staff felt supported by management and partners. The practice had policies and procedures to govern activity and held regular governance meetings
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had plans to engage with the newly formed patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.

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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal care.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- 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.
- Electronic Prescribing was available which enabled patients to order their medicine 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 offered NHS health-checks.
- Family planning and routine contraception services were available at various times of the day.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2017. The results showed the practice was performing in line with local and national averages. 271 survey forms were distributed and 122 were returned. This represented 2% of the practice's patient list.

- 84% of patients who responded described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 84% and the national average of 85%.
- 79% of patients who responded described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

- 80% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the practice. Patients commented that they received a high standard of care and wanted to thank individual members of staff for the help they received.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us they were able to access appointments when they wanted and thought staff were friendly, caring and compassionate.

Lantern Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager. A nurse specialist adviser was also part of the team but was not present at the inspection but we were able to contact them remotely.

Background to Lantern Surgery

Lantern Surgery offers primary medical services to the population of Esher and the surrounding area. There are approximately 5,800 registered patients. In 2015 the practice was taken over by The Groves Medical Centre who are a partnership of seven GPs, who also run three other practices in neighbouring areas.

Lantern Surgery is situated over two buildings, one for patients and one for administrative staff. Patients have access to a ground floor surgery with a small waiting area. All of the GP consulting rooms and treatment rooms are located on the ground floor. It is accessible to those patients with limited mobility, who use a wheelchair or for mothers with prams or buggies. There are patient facilities including a toilet for patients with disabilities. Staff offices are located in the building next door which cover the first and second floor.

The practice has within the last year increased their patient list from approximately 4,600 to nearly 5,800 and this has had an effect on the capacity of the practice to meet patient demands for appointments. As a result of this the

practice is in the process of building two additional consultation rooms and an additional waiting area. They also plan to build offices on the ground floor for the administration team.

The practice team at Lantern Surgery is made up of a partner GP based at the practice (female), two salaried GPs (one male and one female), a nurse practitioner, two practice nurses and a healthcare assistant. The practice also has a team of receptionists, administrative staff and a branch manager. A further male salaried GP is due to start at the practice in October 2017.

The practice runs a number of services for its patients including asthma reviews, child immunisation, diabetes reviews, INR tests, (INR tests are used to check how well anticoagulant tablets such as warfarin and phenindione are working), and travel vaccines and advice.

Services are provided from:-

Lantern Surgery

3 Station Approach, Esher, Surrey, KT10 0SP

Opening Times

Monday to Friday 08:30am -12:30pm and 1:30pm - 6:30pm

Extended hours

Monday and Tuesday - 6:30pm - 7:30pm

Wednesday - 7am - 8am

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

The practice population has a higher number of patients aged between birth and 14 years of age as well as over 85 years of age when compared to the national and local clinical commissioning group (CCG) average. The practice

Detailed findings

population shows a lower number of patients aged 15 to 29 years of age than the national and local CCG average. Less than 10% of patients do not have English as their first language.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Healthwatch and the Surrey Downs Clinical Commissioning Group (CCG). We carried out an announced visit on 27 September 2017

During our visit we:

- Spoke with a range of staff including GPs, a nurse practitioner, the branch manager and administration staff. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed and actions completed were recorded. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a significant event had been raised due to a power failure and the vaccines in the fridge being compromised. The practice had acted accordingly and contacted the vaccine company for advice. The practice also used this as an opportunity to reinforce learning in relation to cold chain management.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two.
- Information on safeguarding and domestic abuse was displayed in the patient waiting room and other information areas.
- A notice in the waiting room and in all clinical rooms advised to 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. There were cleaning schedules and monitoring systems in place.
- There was an infection prevention and control (IPC) clinical lead who kept up to date with best practice. There was an IPC protocol and staff had received up to date training. Six monthly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.

Are services safe?

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The health care assistant was trained to administer the flu vaccine and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice had a system in place which monitored the collection of all prescriptions. Those collecting prescriptions needed to sign a book which recorded the date and non personal information in relation to the prescription. This ensured that the practice was aware of all prescriptions collected and could contact patients if prescriptions had not been collected to ensure there were no concerns.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff from the other three practices in the group were used to provide cover when needed. This had reduced the need to use locums or temporary staff.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

At the time of inspection the QOF results were not available, however the practice was able to supply us with unverified data for 2016/2017.

The practice results showed that they had scored 100% of the total number of points. We did not have figures for the practices exception reporting. (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 the practice for 2016/2017 showed:

- 86% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the preceding 12 months).
- 95% of patients on the diabetes register, had a record of a foot examination within the preceding 12 months.
- 86% of patients with hypertension had regular blood pressure tests performed.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan documented in the record.

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 patient outcomes. We reviewed four clinical audits which had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness. We noted the practice also completed audits for medicine management and infection control.
- Findings were used by the practice to improve services. For example, we saw that clinical audits had been undertaken to review and reduce the levels of prescribing of specific antibiotics and to review the management of patients receiving oral nutritional supplements.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- We saw evidence that quarterly all clinical staff had a quality assurance for their clinical notes. All clinical staff had three sets of their patients notes reviewed and scored for effectiveness. This included if notes clearly recorded the main reason for attending, involving the patient in decision making and following evidence of recognised best practice. Results were discussed during appraisals or sooner if required.

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.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a central pool for test results, which were distributed to available clinicians, with the aim of actioning all results on a daily basis. The GP inbox we checked contained only a few pending results to be actioned.
- The provider group held quarterly GP forums, which were attended by staff at the practice. At these meetings staff shared knowledge and information. For example, we saw that in September 2017 one of the GPs gave a presentation on Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Health information was made available during consultations. There was a variety of information available for health promotion and prevention in the waiting area and on the practice website.
- The practice offered family planning and routine contraception services including implant/coil insertion.
- The practice demonstrated how they encouraged uptake for the cervical screening programme by sending out appointment reminders to patients and ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- At the time of the inspection childhood immunisation data was not available. However, the practice was able to show us unverified data for 2016/2017 which showed that 90% of both the age groups, under twos and

Are services effective?

(for example, treatment is effective)

under-fives, had received their immunisations. A system was in place for the practice nurse to contact the parent or carer of those patients who did not attend for their immunisations.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 16 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 three patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey released in 2017, 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. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 96%.

- 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 87% and the national average of 86%.
- 95% of patients who responded said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 98% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 86% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 87%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 82%.

Are services caring?

- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 85%.

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

- Staff told us that interpretation 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 Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- The practice had designed a booklet called 'my health record' for patients with cognitive problems. This recorded the patients medication, what it was for and the frequency it had to be taken. It also recorded all the people involved in the patients care and details of outcomes or care plans from GP appointments. The patient kept this booklet with them and could help carers or family members understand the treatment and care the patient was receiving.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 86 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice was part of the Surrey GP Carers Breaks scheme which allows GPs to prescribe a limited number of carers, a break worth up to £300, based on a clinical assessment of health.

A member of staff acted as a vulnerable patients champion to help ensure that the various services supporting these patients were coordinated and effective. The staff member called each patient on a monthly basis to ensure they were receiving the support required.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Where necessary family members who may be vulnerable after a loved one's death were placed on to the vulnerable patient list and received a monthly call to offer support where required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday and Tuesday until 7:30pm and early morning on a Wednesday from 7am for working patients who could not 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 took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities and interpretation services available.
- The practice was planning to build two additional treatment rooms to accommodate the increase in patients within the last year.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. For example, the 'my health record' for patients was also available in braille.
- The practice provided care for residents in four nursing/ residential care homes including a home that looks after adults with complex brain injuries. The practice offered

routine weekly visits for these homes and acute visits as needed. Patients aged over 75 had a named GP and the practice had signed up to the avoiding unplanned admissions-enhanced service.

- The practice had recently changed the format of their website to provide more on line services for patients. An audit of the use of the new website showed that as of June 2017 164 patients had accessed services through the website and that 150 patients had received the help/ information required without the need to visit or phone the surgery.

Access to the service

The practice was open Monday to Friday 8:30am to 12:30pm and 1:30pm to 6:30pm . Extended hours appointments were offered on Monday and Tuesday evenings until 7.30pm and on Wednesday mornings from 7am. The practice operated a same day booking appointment system. In addition pre-bookable appointments could be booked up to four weeks in advance. Urgent appointments were also available for patients that needed them.

Results from the national GP patient survey released in 2017, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 79% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 66% and the national average of 71%.
- 83% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 84%.
- 84% of patients who responded said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 79% of patients who responded described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 66% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

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

The practice had a system to assess:

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

Requests for home visits were recorded by reception staff and a GP would contact the patient by phone to establish whether a home visit was appropriate. 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 a system 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. There were posters on display in the waiting area and a complaints leaflet was available from the reception desk. Information was available on the practice website.
- A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided.
- None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at two 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 learned from individual concerns and complaints and also from analysis of trends and action was taken to 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

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. In March 2017 the provider held a roadshow for all of its employers from the four different practices. During this roadshow it was asked that staff discuss and agree core values. These were in the process of being shared with patients.

- Core values included: mutual respect, care, kindness and understanding, honesty, equality and empowerment.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had plans to increase the number of treatment rooms available due the increasing number of patients joining the practice.

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 and ensured that:

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, there was a

lead nurse for infection control and the partner GP was the lead for safeguarding.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. A variety of meetings were held for staff. This included weekly partner meetings, monthly clinical meetings, admin meetings and locality meetings as well as quarterly practice meetings, a salaried GP forum and locality prescribing meetings. These meetings provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw evidence that quarterly all clinical staff had a quality assurance for their clinical notes. All clinical staff had three sets of their patients

notes reviewed and scored for effectiveness. This included if notes clearly recorded the main reason for attending, involving the patient in decision making and following evidence of recognised best practice.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, infection control audits, fire risk assessments and health and safety risk assessments.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

The provider was aware of and had systems 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. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- The practice created a weekly newsletters for staff. We noted that the newsletter had covered topics such as safety alerts, upcoming training and new starters.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes to meetings were comprehensive and were available for practice staff to view. We noted team away days were held yearly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, a member of the administrative team had suggested recording information in relation to the collection of prescriptions. We saw this had been agreed and actioned by the practice and was being used.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through surveys and complaints received. The patient participation group (PPG) was newly formed and their first meeting had been planned for October 2017. We spoke with a member of the new group who told us that they planned to meet regularly and support the practice with involvement in proposals for improvements for both the practice and its patients.
- the NHS Friends and Family test, complaints and compliments received

- staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

- The practice provided placements for apprentices from the local college, and where possible and provided the apprentice was suitable, permanent offers of employment were made. We spoke with an apprentice who was very positive about their experience and the support they received.
- The provider was committed to developing their staff and growing talent; this included providing opportunities for existing staff to acquire additional skills, and providing job-based training opportunities for new staff.
- The practice was increasing the number of treatment rooms and plans were in place to refurbish the practice.
- The practice had audited the use of its new website. The results showed that as of June 2017 164 patients had accessed services through the website. Data reviewed showed that this had meant that 150 patients had received the help / information they required without the need to visit or phone the surgery.
- The provider had a reward system for Star Employee's each quarter. This was to reward staff who had gone above and beyond their normal duties.