

Dr Susanne Senhenn

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?

Requires improvement 

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 25 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Data showed patient outcomes were below or average for the locality. However, on the day of the inspection the practice was able to provide evidence that they were performing better in previously low areas and was in line with other CCG and national practices for the same period.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the day they were requested. However, some patients told us that they sometimes had to wait for non-urgent appointments or to see the GP of their choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There were gaps in some staff yearly training.

Summary of findings

- Three members of non clinical staff were receiving external training in order to develop skills and knowledge. For example, BTEC Level 2 in Customer Services and BTEC Level 3 Diploma in Management.
- Good health was promoted by the practice including self-management through the use of on line review forms.

We saw an area of outstanding practice:

- The practice had reviewed patient access and had in place 7:30 am fasting blood tests with the practice nurses
- The practice was able to offer evening appointments (until 9:30pm) and weekend appointments to all their patients. (The practice was part of a hub of doctors' practices that jointly ran the evening and weekend services)

However there was an area of practice where the provider must make improvements:

- Ensure that mandatory training for staff is completed and monitored to ensure that time frames for renewal do not lapse. This includes ensuring staff have completed relevant training for fire safety, infection control and information governance

In addition the provider should:

- Continue to review QOF scores to address any clinical coding issues or exception reporting which is outside the national and regional averages
- Continue to review patient access and address low scores in patient satisfaction surveys
- Review systems in place for patient flu vaccinations
- Review the frequency of multi-disciplinary meetings
- Review who attends staff meetings
- Review understanding of the whistleblowing policy

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice had embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The appointment of new staff was supported by appropriate recruitment checks and all of the practice staff had received clearance from the Disclosure and Barring Service (DBS).
- Procedures for dealing with medical emergencies were robust.
- Staffing levels were maintained to keep patients safe. Administrative systems were responsive and ensured that incoming correspondence was dealt with in a timely and effective manner.
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.

Good



Are services effective?

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

- Good health was promoted by the practice including self-management through the use of on-line review forms and a range of services including smoking cessation.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had received some training appropriate to their roles however further training needs were identified, including infection control, information governance and equality and diversity.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Requires improvement



Summary of findings

- There was regular engagement with the Clinical Commissioning Group pharmacist and we saw a responsive system for medicines advice and audit.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The principal GP encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients which it acted on. The patient participation group was active.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice providing medical services for nursing homes. The GPs conducted regular weekly doctors rounds for the larger homes.
- Elderly patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- 100% of people aged over 50 who have not attained the age of 75 in whom osteoporosis was confirmed, were currently treated with an appropriate bone-sparing agent. This was significantly higher than the CCG and national averages of 74.5 % and 82.8%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- For patients with more complex diabetic needs there was a fortnightly clinic with the Diabetic Specialist Nurse.
- An associate GP was the local Clinical Commissioning Groups Palliative Care Lead and was proactive in advising care plans and promoting care.

Good



Summary of findings

- The practice used a telehealth programme for chronic obstructive pulmonary disease (COPD) patients. Its use had seen a reduction in surgery visits for these patients.
- The practice had a number of online review forms for patients including asthma, smoking and alcohol which were screened by the practice nurses and patients could be contacted to make appointments if necessary.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and patients spoken with on the day of the inspection confirmed this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.
- Midwives linked to the practice ran weekly clinics.
- A pregnancy care planner was accessible online.
- Safeguarding policies and procedures were readily available to staff.
- The practice ensured that children needing emergency appointments would be seen on the day.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice and there were daily evening emergency appointments available.
- Patients could book evening appointments until 9:30pm and weekend appointments.
- 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 and advice for alcohol, smoking and weight reduction.
- The practice used a text messaging service, to send patients reminders of appointments and also information on health campaigns being run such as NHS Health Checks and seasonal vaccinations.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and Out of Hours.
- There was a learning disability lead at the practice who oversaw the care provided to patients on the learning disability register.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Translation services were available for patients who did not use English as a first language.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- The practice also provided an auditory loop in the practice and offered text messaging services to those with hearing difficulties.

Good



Summary of findings

- Carers and those patients who had carers, were flagged on the practice computer system and were signposted to the local carers support team.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice invited patients suffering from dementia and their carers for an annual review. Each patient had a comprehensive health check and a care plan agreed.
- The practice had a number of online review forms for patients including anxiety and depression which were screened by the practice nurses and patients could be contacted to make appointments if necessary.

Good



Summary of findings

What people who use the service say

The practice used the NHS Friends and Family Test and the practice published their results on their website. We reviewed this data from September 2015 and noted that 100% of 38 patients reported a positive experience.

The national GP patient survey results published on July 2015 showed the practice was performing below average when compared with local and national averages. 287 survey forms were distributed and 106 were returned.

- 35% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 79% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 69% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 89% said the last appointment they got was convenient (CCG average 90%, national average 92%).
- 43% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 49% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

The practice had analysed the results from the survey and had worked in partnership with the patient participation group (PPG) to try and improve patient satisfaction. Patients could view the minutes and actions to address issues on the practice's website. We noted that the practice and PPG were advertising the different ways for patients to book appointments rather than just by phone. It had been recognised that there was an issue with the phone lines and the practice had installed a new phone system. Patients we spoke with commented that this was helping to improve phone access to the practice. We also saw that the practice had introduced weekday evening appointments until 9:30pm and weekend appointments which were available to pre-book. The practice had also employed new staff including a GP who was working 6 to 8 sessions a week.

The survey also indicated:-

- 87% said the last GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%)
- 77% said the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average 83%, national average 81%)
- 92% had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%)
- 98% had confidence and trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%)

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received 34 comment cards which contained positive comments about the practice. We also spoke with eight patients on the day of the inspection. We spoke with people from different age groups, and who had been registered with the practice for different lengths of time. We also spoke with the chair of the Patient Participation Group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

Patients told us that they were respected, well cared for and treated with compassion. Patients described the GPs and nurses as caring, and professional and told us that they were listened to. Patients told us they were given advice about their care and treatment which they understood and which met their needs. However, we also received some comments that contacting the practice at busy times, for example first thing in the morning, could be a problem. Several patients told us that although they sometimes had to wait to be seen by the GP, they felt this reflected on the fact that the GP never made them feel rushed in consultations and appreciated the time the GPs took with them.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure that mandatory training for staff is completed and monitored to ensure that time frames for renewal do not lapse. This includes ensuring staff have completed relevant training for fire safety, infection control and information governance.

Action the service **SHOULD** take to improve

- Continue to review QOF scores to address any clinical coding issues or exception reporting which is outside the national and regional averages

- Continue to review patient access and address low scores in patient satisfaction surveys
- Review systems in place for patient flu vaccinations
- Review the frequency of multi-disciplinary meetings
- Review who attends staff meetings
- Review understanding of the whistleblowing policy

Outstanding practice

- The practice had reviewed patient access and had in place 7:30 am fasting blood tests with the practice nurses
- The practice was able to offer evening appointments (until 9:30pm) and weekend appointments to all their patients. (The practice was part of a hub of doctors' practices that jointly ran the evening and weekend services)

Dr Susanne Senhenn

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 advisor, a second CQC inspector, and a practice manager specialist advisor.

Background to Dr Susanne Senhenn

Dr Susanne Senhenn also known as Fountain Practice offers personal medical services to the population of Epsom. There are approximately 8,700 registered patients.

The practice is run by the principal GP, who is supported by two part time associate GPs and locum GPs. The practice is also supported by three practice nurses, two healthcare assistants, a team of administrative staff and two assistant practice managers and a practice manager.

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

Services are provided from one location:

Fountain Practice, Bourne Hall Health Centre, Epsom, Surrey, KT17 1TG

Opening hours are Monday to Friday 8:30am to 6pm.

Extended earlier opening are Tuesdays to Fridays 7:15am to 8am. The practice was part of a hub of GP Practices that could offer evening appointments until 9:30pm and

weekend appointments – Saturday 9am until 2pm and Sunday 9am until 1pm. These appointments were not run from the practice but from two separate locations in Leatherhead and Epsom.

During the times when the practice was closed (6:30pm until 8:30am), the practice had arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients aged between 10-19, 40-54, 65-69 and 85+ years than the national and local Surrey Downs Clinical Commissioning Group (CCG) average. The practice population also shows a lower number of 20-34, 55-64 year olds than the national and local CCG average. There are a lower number of patients with caring responsibilities as well as patients with a long standing health condition and patients with health care problem in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Surrey Downs Clinical Commissioning group (CCG). We carried out an announced visit on 25 November 2015. During our visit we spoke with a range of staff, including GPs, practice nurses, administration and reception staff, an assistant practice manager and the practice manager.

We observed staff and patient interactions and talked with eight patients and one member of the patient participation group. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 34 comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit.

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events.

- People affected by significant events received a timely apology and were told about actions taken to improve care where appropriate.
- 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 GPs held monthly meetings where complaints or significant events could be discussed. Staff told us these could also be discussed at a more informal daily meeting if necessary.
- We looked at several significant events and saw that appropriate action was noted. For example, we saw entered onto the serious adverse events spread sheet that a patient had been discharged from hospital but had not been given the necessary medicines. We saw recorded the actions taken and the learning outcomes of the event.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve procedures or safety in the practice. We saw that where patients had been affected by an incident, they received an apology and were told about any actions to improve processes to prevent the same thing happening again.
- Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- A notice in the waiting room and in all of the treatment rooms advised patients that they could request a chaperone. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control 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 vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster on display. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/2015 showed that the practice had scored 67% of the total number of points available. However, we noted that the exception reporting was at 5% which was 4% lower than the national and CCG average. The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement when recalled by the practice for reviews. Patients who failed to attend for their reviews were contacted by telephone to request they make an appointment. Staff regularly checked the list of patients who were due for reviews and sent them a reminder to attend. The low figure meant that the practice had excluded a lower number of patients from their scoring which could have affected their overall scores. Data from 2014 / 2015 showed:-

- Performance for diabetes related indicators was at 47% which was below the CCG average of 84% and national average 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 72% when compared with the CCG average of 80% and national average of 83%.

- Performance for cancer was better than the CCG and national average. With cancer related indicators at 100% in comparison with the CCG average of 94% and the nation average of 98%.
- Performance for dementia related indicators was at 96% which was above the CCG average of 93% and the national average of 94%.

We spoke with the practice in relation to the QOF figures and were able to review the latest figures for 2015/2016. The practice manager and principal GP told us they had recognised the problems with the QOF scoring and had made improvements. We looked at the unverified first seven months results for 2015/2016 and saw that the results had improved. The practice had recognised that there may have been coding problems with not recording performance related work being completed. It had also recognised that there had been a gap in employing an asthma/ chronic obstructive pulmonary disease (COPD) nurse that could have also impacted the QOF scores. The nurse was now in place and was reviewing asthma and COPD patients. The CQC GP specialist advisor and the practice manager specialist advisor reviewed the latest QOF scores with the practice on the day of the inspection. Data showed the practice was improving in previously low performing areas and was in line with what would be expected with the CCG and national averages for the same period.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and patient's outcomes. We looked at six clinical audits that had been carried out within the last 12 months. We noted that several had identified where improvements had been made and monitored for their effectiveness. Other audits included medicine management. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, it is recommended that a six week follow-up appointment is arranged for women who have had a contraceptive coil fitted. The initial audit conducted by the practice recognised that the practice appointment system did not allow for appointments to be booked this far in advance. The appointment system was changed and patients were able to book the follow-up appointment during the initial consultation.

Are services effective?

(for example, treatment is effective)

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. The practice manager provided us with a spread sheet which recorded staff mandatory training. This indicated that staff training was not up to date. We saw that from the 19 staff members, only one member of staff had received training in fire safety and infection control and two members had training in Equality and Diversity. We also saw that ten members of staff had not received training in Information Governance. Shortly after the inspection we received confirmation that staff had been booked onto relevant training courses and were undertaking on line learning to address the gaps in training found on the day of the inspection.

- All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).
- The practice had an induction programme for newly appointed non-clinical members of staff which included new staff shadowing long standing staff members. New staff underwent a probationary period in which their competencies were reviewed.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff had access to appropriate on-going support one-to-one ad-hoc meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Three members of non clinical staff were receiving external training in order to develop skills and knowledge. For example, BTEC Level 2 in Customer Services and BTEC Level three Diploma in Management.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services or after they were discharged from hospital.
- We saw evidence that multi-disciplinary team meetings took place but on an infrequent basis and the timings of these meetings should be reviewed. Care plans of patients discussed were routinely reviewed and updated.
- We also saw that the practice worked closely with the Clinical Commissioning Group and their medicine management team in relation to prescribing activity at the practice.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Health information was made available during consultation and used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and the practice website referenced websites for patients looking for further information about medical conditions.
- The practice had a number of online review forms for patients including asthma, anxiety and depression, smoking, and alcohol which were screened by the practice nurses and patients could be contacted to make appointments if necessary.
- The practice used a telehealth programme for chronic obstructive pulmonary disease (COPD) patients. Its use had seen a reduction in surgery visits for these patients.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were mixed when compared to CCG/national averages. For example, 90.5% children under 12 months had received the Men C vaccine with the national average being 87% and 63% of children under 24 months had received the MMR vaccine compared to the national average of 82%.

Flu vaccination rates for the over 65s were 68% and at risk groups 42% which was slightly lower than the national averages of 73% and 52%.

We spoke with the practice in relation to the low figures relating to the above patient groups and they informed us that patients were contacted to attend for a flu vaccination. However, if they failed to attend even after being sent reminders they were not automatically exempt from the QOF figures which would have resulted in a low QOF score. The practice manager informed us that for this current year the practice had sent out text reminders, letters and had phoned patients to attend for their flu vaccinations. If they then failed to attend they would be removed from the QOF scores.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff encouraged patients to inform them when they wanted to discuss sensitive issues. They told us they would offer to discuss issues with a patient in an unoccupied room.

All of the 34 patient CQC 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.

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

- 87% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 88%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 79% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on 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 slightly below local and national averages. For example:

- 77% 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%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 81%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and patient website told patients how to access a number of support groups and organisations. The practice's computer system alerted if a patient was also a carer. We saw information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered 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. The practice was able to use the services of an on-site bereavement counsellor when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was part of a hub of GP Practices that could offer evening appointments until 9:30pm and weekend appointments – Saturday 9am until 2pm and Sunday 9am until 1pm. These appointments were not run from the practice but from two separate locations in Leatherhead and Epsom.

- The practice offered early morning appointments Tuesday to Friday mornings from 7:15am to 8am.
- The practice could offer evening appointments until 9:30pm and weekend appointments – Saturday 9am until 2pm and Sunday 9am until 1pm for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- For patients with more complex diabetic needs there was a fortnightly clinic with the Diabetic Specialist Nurse.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- The practice used Telehealth which was used to monitor the most at risk chronic obstructive pulmonary disease (COPD) patients health from their own home. (Telehealth is special equipment available, which can monitor health at home. This can reduce the number of visits to the GP and unplanned visits to the hospital. Patients test themselves and the measurements are automatically transmitted to the doctor or nurse for review).

Access to the service

The practice was open between 8:30am -6:30pm Monday to Friday. Extended hours surgeries were offered at the following times on Tuesday to Friday 7:15am - 8am. The practice was part of a hub of GP Practices that could offer

evening appointments until 9:30pm and weekend appointments – Saturday 9am until 2pm and Sunday 9am until 1pm. These appointments were not run from the practice but from two separate locations in Leatherhead and Epsom. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The extended hours was in its infancy and was not reflected in the patient survey results.

Results from the national GP patient survey showed that patients were not satisfied with how they could access care and treatment when results were compared against local and national averages. However, people told us on the day that they were able to get appointments when they needed them.

- 52% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 35% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 70% patients described their experience of making an appointment as good (CCG average 85%, national average 85%).
- 49% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

The practice had analysed the results from the survey and had worked in partnership with the patient participation group (PPG) to try and improve patient satisfaction. Patients could view the minutes and actions to address issues on the practice's website. We noted that the practice and PPG were advertising the different ways for patients to book appointments rather than just be phone. It had been recognised that there was an issue with the phone lines into the practice and the practice had installed a new phone line. Patients we spoke with commented that this was helping to improved phone access to the practice. We also saw that the practice had introduced weekday evening appointments until 9:30pm and weekend appointments which were available to pre-book. The practice had also employed new staff including a GP who was working 6 to 8 sessions a week.

Listening and learning from concerns and complaints

Are services responsive to people's needs? (for example, to feedback?)

The practice had a 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. We saw that information was in the practice leaflet, on the practice website and on display in the waiting area. A Friends and Family Test suggestion box was available within the patient

waiting area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 15 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. Complaints were a standing agenda item at the practice meetings and we saw evidence that lessons learned from individual complaints had been acted on.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- There was a clear understanding of the challenges facing the practice and the locality, and staff were keen to improve outcomes for patients. For example, ensuring that evening and weekend appointments were available for working patients

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. This included designated lead roles for all staff to ensure accountability for areas assigned.
- There was excellent team work and the practice worked well with others.
- Practice specific policies were implemented and were available to all staff.
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The principal GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Staff told us that they were approachable and always took the time to listen to all members of staff. We saw that staff were encouraged to be open and honest. The GPs, nursing and administration teams worked closely together in a cohesive manner.

Clinical staff told us that regular team meetings were held and there was an open culture within the practice. They

said they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. However, some administration staff we spoke with did not feel included in these meetings although they felt communication overall was good.

Staff said they felt respected, valued and supported, by all team members of the practice. All staff were encouraged to identify opportunities to improve the service delivered by the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. The principal GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. There was also evidence that the practice responded appropriately to incidents, significant events and complaints. We saw that any patients affected were supported, given truthful information and when appropriate given an apology.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis which helped to support the practice and made suggestions for improvements. For example, the PPG feedback that the practice website was in need of development. Because of this suggestion the practice had changed the website and the PPG commented that this was now more user friendly. It had also helped in reviewing and changing the telephone system.
- The practice used the NHS Friends and Family Test and the practice published their results on their website. We reviewed this data from September 2015 and noted that 100% of 38 patients reported a positive experience.
- The practice gathered feedback from staff through 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 engaged in the practice to improve outcomes for both staff and patients.

Are services well-led?

Good 

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

Continuous improvement

- There was a focus on higher learning and improvement for staff within the practice. For example three members of administration staff were completing diplomas.
- The practice team was forward thinking and strived to improve outcomes for patient. For example, the practice had reviewed patient access and had in place 7:30 am fasting blood test as well as being able to offer evening appointments (until 9:30pm) and weekend appointments to all their patients. (The practice was part of a hub of doctors' practices that jointly ran the evening and weekend services).
- The practice used Telehealth which was used to monitor the most at risk chronic obstructive pulmonary disease (COPD) patients health from their own home. (Telehealth is special equipment available, which can monitor health at home. This can reduce the number of visits to the GP and unplanned visits to the hospital. Patients test themselves and the measurements are automatically transmitted to the doctor or nurse for review).
- Good health was promoted by the practice including self-management through the use of on line review forms.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	The practice could not demonstrate that all staff had received appropriate training or was monitoring the training in order to take action when training requirements were not being met.
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	Regulation 18(2)(a) Health and Social Care Act 2008(Regulated Activities) Regulations 2014