

# Whyteleafe 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 Whyteleafe Surgery on 12 January 2017. Overall the practice is rated as good.

Specifically, we found the practice good for providing safe, effective, caring, responsive and well led services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data showed patient outcomes were high compared to the national average. The practice had carried out some clinical audits. However, not all audits were of full or repeat cycles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, a hearing induction loop was not available.
- There was an anti-coagulation clinic (an anti-coagulant is a medicine that stops blood from clotting) offered onsite, resulting in 74 patients who required this service not having to travel to local hospitals.
- The practice had worked closely with a health visitor for the homeless. The health visitor had a direct access to lead safeguarding GP and attended regular monthly

# Summary of findings

meetings at the practice. These arrangements had enabled the practice to identify potential safeguarding issues and organise urgent clinical care by offering easy access and registration with the practice.

- The practice had offered weekly well-being clinics at the premises. Patient's who required social, financial and other non-clinical support were referred to an in-house 'well-being advisor', who had access to other services which might benefit these patients. This had resolved patient's non-clinical issues and also resulted in saving clinical time for GPs because patient's need were met during consultation with the well-being advisor.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Review and establish a system of clinical audit cycles to identify improvement areas and monitor continuous progress effectively.
- Consider installing a hearing induction loop or provide alternative form of communication at the reception.
- Review and monitor the system in place to promote the benefits of smoking cessation.

**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



- There was an effective system in place for reporting and recording significant events.
- Lessons were learnt from significant events and staff we spoke with informed us that significant events were discussed during the practice team meetings. We saw evidence that lessons were communicated widely to support improvement.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Fridge temperatures were recorded daily.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. For example, performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 96% of the total number of points available, compared to 93% locally and 90% nationally.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had carried out some clinical audits. However, not all audits were of full or repeat cycles.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff or meeting dates were planned to complete the appraisal programme within two to three weeks of the inspection.

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- The practice's uptake of the national screening programme was comparable to the national average. For example, breast screening uptake was 72%, which was comparable to the national average of 73%.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patient outcomes were above to others in locality for several aspects of care. For example, 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, an anti-coagulation clinic (an anti-coagulant is a medicine that stops blood from clotting) was offered onsite, resulting in the 74 patients who required this service not having to travel to local hospitals.
- The practice was working closely with a health visitor for the homeless to meet the needs of patients living in a local hostel for the homeless, which had a high turnover.
- The practice had offered weekly well-being clinics to support patients with social, financial and other non-clinical issues.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



# 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 patients.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a register to effectively support patients requiring end of life care.
- There were good working relationships with external services such as district nurses.
- The premises was accessible to those with limited mobility.
- The practice was performing an electrocardiogram (ECG) and blood tests on demand when needed rather than having to ask elderly and frail patients to come back.

### People with long term conditions

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

Good



- There were clinical leads for 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 patients with long term conditions had a named GP and the practice carried out a structured annual review to check that 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.

### Families, children and young people

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

Good



- 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 patients who had a high number of A&E attendances.
- Immunisation rates were comparable for all standard childhood immunisations.

# Summary of findings

- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was similar to the national average of 82%.
- The practice offered smoking cessation clinic at the premises. However, data showed patient outcomes were low compared to the local and national averages. The practice was required to review and monitor the system in place to promote the benefits of smoking cessation.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (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 offered extended hours appointments every Monday and Wednesday from 6.30pm to 7.30pm at the premises. The practice was in discussion with a network of local practices about increasing extended 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.
- We noted the practice was offering telephone consultations.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice was working closely with a health visitor for the homeless. Health visitor had a direct access to the lead safeguarding GP at the practice. During monthly meetings health visitor was sharing background and safeguarding concerns with the practice which had enabled the practice to

Good





# Summary of findings

organise clinical care within short time. The practice had taken necessary steps to enable easy access and registration for vulnerable homeless patients who were at potential risk of safeguarding issues.

- Well-being advisor had offered weekly well-being clinics at the premises since the last one year. Patients had received required social, financial and other non-clinical support and longer appointments with well-being advisor. This had resulted in saving clinical time for GPs as well because patient's need were met during consultation with the well-being advisor.
- Annual health checks and care plans were completed for patients on the learning disability register. Lead GP had completed an enhanced training course and a plan was in place to carry out health checks and care plans for all patients on the learning disability register by end March 2017.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff had undertaken training in understanding the impact and considerations for patients who had been subject to domestic abuse.
- 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.

## People experiencing poor mental health (including people with dementia)

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

- Data from 2015-16 showed, performance for dementia face to face reviews was above the CCG and national averages. The practice had achieved 83% of the total number of points available, compared to 84% locally and 84% nationally.
- Patients experiencing poor mental health were involved in developing their care plan and health checks.
- The practice was working towards to become a dementia friendly service. Non-clinical staff had undertaken dementia awareness training.

Good



# Summary of findings

- The practice was calling patients with dementia to remind them of their appointment time if they had previously forgotten appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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## What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing better than the local and the national averages for all of its satisfaction scores. Two hundred and eighty-four survey forms were distributed and 105 were returned (a response rate of 37%). This represented about 1.7% of the practice's patient list.

- 88% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared with a CCG average of 87% and a national average of 85%.
- 91% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 81% and a national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Seventy two of the 75 patient CQC comment cards we received were positive about the service experienced. Three of the 75 patient CQC comment cards we received were negative and raised concerns about the long waiting time in the waiting area and one of the comment card raised concern about the limited availability of extended hours appointment for working age patients. We spoke with three patients and four patient participation group (PPG) members during the inspection. Patients we spoke with were positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

The practice had been awarded 4.5 out of 5 overall score by the healthcare review website 'iWantGreatCare' on the basis of positive feedback from the patients.

# Whyteleafe 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 advisor.

## Background to Whyteleafe Surgery

Whyteleafe Surgery is situated in Surrey within purpose built premises. All patient services are offered on the ground and first floors. The practice comprises of four consulting rooms, one treatment room, one phlebotomist room, a patient waiting area, a reception area, administrative and management office.

The practice has core opening hours from 8.30am to 6.30pm Monday to Friday. Out of hours GP service was available from 8am to 8.30am Monday to Friday (this out of hours service was managed by IC24 out of hours). The practice offers a range of scheduled appointments to patients every weekday from 8.30am to 6.20pm including open access appointments with a duty GP throughout the day. The practice offers extended hours appointments every Monday and Wednesday from 6.30pm to 7.30pm at the premises.

The practice has a patient population of approximately 6,130 registered patients. The practice population of patients aged between 5 to 9 and 25 to 54 years old is higher than the national average and there are a lower number of patients between 15 to 24, 60 to 64 and 75 to 84 years old compared to national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is predominantly

White British and 12% of the population is composed of patients with an Asian, Black or mixed background. The practice is located in a part of Surrey with the low levels of income deprivation in the area. However, the practice informed us there are some pockets of deprivation.

There are three GP partners, and three salaried GPs at the practice. Three GPs are male and three female. The practice employs two practice nurses, two health care assistants and a phlebotomist. The practice manager is supported by a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

Services are provided from following location:

19 Station Road

Whyteleafe

Surrey

CR3 0EP

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and between 8am and 8.30am by IC24 out of hours service and after 6.30pm each weekday, at weekends and bank holidays by calling NHS 111.

## 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

# Detailed findings

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

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

The inspection team carried out an announced visit on 12 January 2017. During our visit we:

- Spoke with clinical and non-clinical staff, three patients and four patient participation group (PPG) members who used the service.
- Collected written feedback from five staff and verbal feedback from three staff.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services are provided for specific groups of patients 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 whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events were a standing item on the practice meeting agenda. We reviewed records of 15 significant events and incidents that had occurred during the last year.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were learnt from significant events and communicated widely to support improvement. For example, we saw an analysis of a significant event regarding a missed referral. The practice had carried out a thorough investigation to find out why the referral was not processed on time. The practice had apologised to the patient, processed the referral immediately, called to expedite the appointment and advised clinical staff to review how they manage and prioritise both urgent and non-urgent tasks.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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 vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy 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 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.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

# Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the premises. The practice had up to date fire risk management protocol in place 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 had a variety of other risk assessments and regular checks in place 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).
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were

always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

## 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### 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). In 2015-16, the practice had achieved 98% of the total number of points available, compared to 97% locally and 95% nationally, with 7% exception reporting. The level of exception reporting was below the clinical commissioning group (CCG) average (11%) and the national average (10%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2015-16 showed;

- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 94% locally and 93% nationally.
- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 96% of the total number of points available, compared to 93% locally and 90% nationally.

- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice had achieved 86% of the total number of points available, compared to 81% locally and 83% nationally.

The practice had carried out some clinical audits to demonstrate quality improvement. However, improvements were required to monitor continuous progress effectively.

- We checked three clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- We noticed the practice did not have an audit plan which would ensure effective monitoring and assessment of the quality of the service.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of a minor surgery audit cycle. The aim of the audit was to compare the diagnosis at the time of surgery with the tissue diagnosis carried out at the laboratory. The practice had set the standard success rate to be a minimum of 70% of cases. The first audit in 2015 demonstrated that 75% of preoperative diagnoses of lesions removed in minor surgery agreed with the tissue diagnoses. The lead GP in minor surgery had undertaken refresher training and implemented changes. We saw evidence that the practice had carried out follow up audit in 2016 which demonstrated improvements and 78% of minor surgery cases were correctly diagnosed at the practice.

### Effective staffing

Staff had the skills, knowledge and experience 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.
- Staff told us they could access role-specific training and updates when required and that there was a programme of training. Nurses were also supported to undertake specific training to enable them to specialise in areas such as assisting in minor surgery and wound care.



# Are services effective?

## (for example, treatment is effective)

- 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. We found some staff appraisal were overdue. However, the practice manager informed us they had made the decision to delay the appraisals because the practice wanted to adopt a new comprehensive appraisal process which would be more effective. We saw evidence that the practice manager had recently attended an appraisal training course. We saw a new detailed appraisal form and noted that the future dates were planned to undertake all appraisals by the end of January 2017. In addition, the practice informed us shortly after the inspection that they had completed 90% of staff appraisals.
- 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.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. The practice had identified 127 patients who were deemed at high risk of admission and 95% of these patients had care plans been created to reduce the risk of these patients needing admission to hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering opportunistic smoking cessation advice and patients were signposted to a local support group. For example, in 2015-16 information from Public Health England showed 64% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was lower than the CCG average (89%) and the national average (87%).

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone and postal reminders for patients who did

# Are services effective?

(for example, treatment is effective)

not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 53% of patients eligible had undertaken bowel cancer screening and 72% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 73% respectively. There were failsafe 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.

Childhood immunisation rates for the vaccines given were higher than the CCG and national averages. For example:

- Childhood immunisation rates for the given in 2015/16 to under two year olds ranged from 93% to 100%, these were higher than the national expected average of 90%.
- Childhood immunisation rates for given in 2015/16 to five year olds ranged from 85% to 92%, these were higher than the CCG averages which ranged from 70% to 83%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Seventy two of the 75 patient CQC comment cards we received were positive about the service experienced. Three of the 75 patient CQC comment cards we received were negative and raised concerns about the long waiting time in the waiting area and limited availability of extended hours appointment for working age patients. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three patients and four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 99% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and 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.

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 above the CCG average and the national average. For example:

- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.
- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

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

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

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 103 patients (1.7% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to

ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, minor surgery clinics and mother and baby clinics. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines.
- There were disabled facilities. However, a hearing loop was not available and the practice did not provide a low level desk at the front reception.
- The practice had installed a touch screen self check-in facility to reduce the queue at the reception desk. This self check-in could be used in multiple languages and provided waiting time information at the time of check-in.
- Patient's individual needs and preferences were central to the planning and delivery of tailored services. Services were flexible, provided choice and ensured continuity of care; for example, telephone consultations were available for patients that chose to use this service.
- Patient's who required social, financial and other non-clinical support were referred to an in-house 'well-being advisor', who had access to other services which might benefit these patients. Well-being advisor offered weekly clinics at the premises but was not employed by the practice. The practice was offering well-being clinics from last one year. Patients had

received required support and longer appointments with the well-being advisor. This had resulted in saving clinical time for GPs as well because patient's need were met during consultation with the well-being advisor.

- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions.
- An anti-coagulation clinic was offered onsite, resulting in 74 patients who required this service not having to travel to local hospitals.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.
- The practice was performing ECGs and bloods on demand when needed rather than having to ask elderly and frail patients to come back.
- The practice was part of a network and was working in collaboration with five other local practices. The practice was taking part in network wide multi-disciplinary team meetings and learning was shared with each other. We noted that a GP partner had a specialist interest in minor surgery. The practice offered weekly minor surgery clinic at the premises and appointments were offered to all patients in the network.
- The practice was working closely with a health visitor for the homeless to meet the needs of patients living in a local hostel for the homeless, which had a high turnover. Health visitor was not employed by the practice but regular monthly meetings were held from the last two months and future monthly meetings were planned. Health visitor had a direct access to lead safeguarding GP at the practice. These arrangements had enabled easy access and registration for vulnerable homeless patients who were at potential risk of safeguarding issues. During monthly meetings historical background about the individual urgent cases had been shared with a lead GP, so the practice was aware of the potential risks in advance and required clinical care had been organised with in short time.

### Access to the service

The practice was open from 8.30am to 6.30pm Monday to Friday. Out of hours GP service was available from 8am to 8.30am Monday to Friday (this out of hours service was

# Are services responsive to people's needs?

## (for example, to feedback?)

managed by IC24 out of hours). The practice was closed on bank and public holidays and patients were advised to call NHS 111 for assistance during this time (this out of hours service was also managed by IC24 out of hours). The practice offered a range of scheduled appointments to patients every weekday from 8.30am to 6.20pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, telephone consultations and urgent appointments were also available for patients that needed them. The practice offered extended hours appointments every Monday and Wednesday from 6.30pm to 7.30pm at the premises.

We checked the online appointment records of three GPs and noticed that the next pre-bookable appointments with named GPs and a duty GP were available within two to three weeks. Urgent appointments with GPs or nurses were available the same day.

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

- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.
- 62% of patients said they always or almost always see or speak to their preferred GP compared to the CCG average of 58% and national average of 59%.
- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 88% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 85%.
- 88% of patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, one of the comment cards we received raised concern regarding the limited availability of extended hours appointment for working age patients.

The practice had a system in place to assess:

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

The practice operated a triage system for urgent on the day appointments. Patients were offered an urgent appointment, telephone consultation or a home visit where 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.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 16 complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. The Ombudsman details were included in complaints policy, on the practice website and a practice leaflet.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint we reviewed highlighted dissatisfaction about the long waiting time in the waiting area. The practice had investigated this complaint, apologised to the patient and explained the clinical reasons behind the delay. They had reminded all reception staff to keep patients in the waiting room regularly informed if appointments were running late.



# 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 included the delivery of high quality healthcare services in partnership with patients and colleagues.
- We found details of the aims and objectives were part of the practice's statement of purpose. The practice aims and objectives included providing the highest standards of modern general medical practice to the local community in the most professional, safe and efficient manner with excellent continuity of care. This also included maintaining a highly motivated skilled workforce, in order to provide a consistently high standard of medical care.
- The practice had a good strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had carried out some clinical audits. However, not all audits were of full or repeat cycles and the practice did not have an audit plan which would identify improvement areas and ensure effective monitoring of the quality of the service.

### Leadership and culture

The partners and GPs in the practice prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told

us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the GPs and management in the practice.

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

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

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

- Staff told us the practice held regular team meetings.
- 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.
- 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 GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For

# Are services well-led?

Good 

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

example, the practice had reviewed the appointment booking system, increased extended hours and reviewed the contents of the practice website and on the notice board in the waiting area following feedback from the PPG.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. 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.
- We saw the clinical staff were supported to attend further training in diabetes, asthma, ear syringing, wound dressing and spirometry (a test that can help diagnose various lung conditions).
- We saw that two of the administration staff were supported to grow and develop as health care assistants.
- The practice was forward thinking and trying to secure funding to extend the building extension. The practice informed us they were expecting an increase in patient list size due to the new building developments in the local area and were aware of increasing demand.
- The practice informed us they were working on succession planning because a senior GP partner was planning to reduce working hours to half time from May 2017.