

The Molebridge Practice

Quality Report

3 Cannonside,
Fetcham,
Leatherhead,
Surrey,
KT22 9LE

Tel: 01372 379941

Website: www.themolebridgepractice.co.uk

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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?	Requires improvement	
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 The Molebridge Practice on 30 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and 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.
- Patients we spoke with told us 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 were able to access appointments at both of the practices' locations and there were extended hours appointments on Wednesday and Friday Mornings from 7.30-8am and Thursday evenings until 7pm.
- The practice participated in a locality initiative which enabled patients to access appointments from 6.30pm to 9.30pm Monday to Friday and from 9.30am to 1.30pm on Saturdays and Sundays at three different locations (Epsom, Leatherhead and from Tadworth Medical Centre).
- Patients were able to access urgent appointments on the same day. However, patients rated the practice below average for several aspects of their ability to access services.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice website held a wealth of information in supporting patients with long term conditions and had links to various support groups. The website also had video links including 'how to take a blood glucose test' and 'what is chronic obstructive pulmonary disease'.
- The practice reviewed the healthcare of patients in three local learning disability homes and made weekly visits to one residential facility which cared for patients with physical and learning disabilities and acquired brain injuries.
- 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.
- All staff were trained in the Mental Capacity Act 2005.

The areas where the provider must make improvement are:

- Continue to monitor the national patient survey results and ensure that where possible measures are put in place to secure improvements where scores are below average.

The areas where the provider should make improvement are:

- Review access for those patients who use wheelchairs and patients who have a hearing impairment.
- Review risk assessments for clinical staff starting before a Disclosure and Barring Service check has been completed.
- Continue to record / monitor dates for nurses registration with the NMC.

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 shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. There were appropriate systems in place to protect patients from the risks associated with medicines management and infection control.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plans included emergency contact numbers for staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had scored 97% for their Quality and Outcomes Framework (QOF) scores compared to the clinical commissioning group (CCG) average of 94% and a national average of 95%. Data from the QOF showed patient outcomes were at or above average compared to the national average. For example, the percentage of patients aged 75 or over with a record of a fragility fracture and a diagnosis of osteoporosis, who are currently treated with an appropriate bone-sparing agent was 100%. This was higher than the CCG average of 88% and the national average of 84%
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- 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 requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice either comparable or lower than others for several aspects of care. For example, 91% of patients who responded said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 97% and the national average of 95%. However, 67% of patients who responded described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Urgent appointments were usually available on the day they were requested. Patients could get appointments at both of the practices' locations. However, patients rated the practice significantly below average for several aspects of their ability to access services. In response to this the practice had extended hours appointments Wednesday and Friday mornings from 7.30am to 8am and Thursday evenings until 7pm.
- The practice was also participating in a locality initiative which enabled patients to access appointments from 6.30pm to 9.30pm Monday to Friday and from 9.30am to 1.30pm on Saturdays and Sundays at three different locations (Epsom, Leatherhead and from Tadworth Medical Centre).

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice made weekly visits to one residential facility which cared for patients with physical and learning disabilities and acquired brain injuries.
- Patients with a learning disability were well supported by the practice. Those patients were able to access longer appointments and nurses had received specific training to provide appropriate care and support.
- 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.
- Patients could book appointments and order repeat prescriptions on line. The practice participated in the electronic prescription scheme, so that patients could collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- The practice website held a wealth of information in supporting patients with long term conditions and had links to various support groups. The website also had video links including 'how to take a blood glucose test' and 'what is chronic obstructive pulmonary disease'.

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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a virtual patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs and nurse practitioners utilised dementia testing tools and maintained a register of patients living with dementia.
- The practice monitored the healthcare of patients who lived in nursing and residential homes by undertaking home visits when needed and providing advice over the telephone.
- The practice offered influenza, pneumonia and shingles vaccination programmes.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were higher than the local clinical commissioning group (CCG) and national averages. For example, 86% of patients with diabetes, whose last measured total cholesterol was in the target range (within the last 12 months) which was higher than the clinical commissioning group (CCG) and national average of 80%.
- Patients were supported to self manage their long-term conditions by using agreed plans of care and were encouraged to attend self-help groups
- The practice website held a wealth of information in supporting patients with long term conditions and had links to various support groups. The website also had video links including 'how to take a blood glucose test' and 'what is chronic obstructive pulmonary disease'.
- 94% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness, which was higher than the national average of 90%

Summary of findings

- 74% of patients with asthma had an asthma review performed in the previous 12 months. This was comparable with the national average of 75%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The number of women aged between 25 and 64 who attended cervical screening in 2015/2016 was 74% which was below the clinical commissioning group (CCG) and national average of 82%
- 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.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse. Safeguarding policies and procedures were readily available to staff.
- Appointments were available at the practice with the GP until 6.30pm and one afternoon a week until 7pm.

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).

Good



Summary of findings

- 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.
- The practice was part of a group of GP practices offering evening appointments until 9.30pm as well as weekend appointments, from three locations in Epsom, Leatherhead and Tadworth.
- The practice offered extended hours appointments on two mornings each week and one evening each week for working patients who could not attend during normal opening hours.
- Telephone consultations were available during working hours.
- Electronic Prescription Services (EPS) and a repeat dispensing service helped patients to get their prescriptions easily.
- Travel health and vaccination appointments were available.

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.
- The practice made weekly visits to one residential facility which cared for patients with physical and learning disabilities and acquired brain injuries.
- 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 were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers and those patients, who had carers, were highlighted on the practice computer system and were signposted to the local carers support team.

Good



Summary of findings

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).

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, with the national average being 84%
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the last 12 months, with the national average being 88%. The percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 92% compared with a national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- All staff were trained in the Mental Capacity Act 2005.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing around or below local and national averages. Two hundred and thirty five survey forms were distributed and 108 were returned. This represented nearly 2% of the practice's patient list. The results showed;

- 66% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 78% and the national average of 73%.
- 73% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 67% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 56% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 79%.

As part of our inspection we spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients described the GPs and nurses as caring, professional and told us that they were listened to.

The Molebridge Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Molebridge Practice

The Molebridge Practice is situated in Fetcham, Surrey and provides general medical services to approximately 6,340 registered patients. The Molebridge Practice has two locations which services are provided from (Fetcham and Leatherhead). Patients registering with the practice can access care and services at either practice location. GPs, nursing staff and some reception and administrative staff work within both locations. This inspection report relates to the Fetcham location.

Services are provided from:-

The Molebridge Practice, 3 Cannonside, Fetcham, Leatherhead, Surrey, KT22 9LE

Opening Times

Monday, Tuesday and Friday 1pm to 6.30pm

Wednesday 7.30am to 1pm

Thursday 8.30am to 1pm

And

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

Opening Times

Monday and Tuesday 8am to 1pm

Wednesday 1pm to 7pm

Thursday 1pm to 6.30pm

Friday 7.30am to 1pm

North Leatherhead Medical Centre has already been inspected on 22 March 2016.

The ground floor has disabled access with a seated waiting area. However, we noted the practice did not have automatic opening doors and no bell where staff could be summoned if patients had problems opening the doors. All of the GP consulting rooms and treatment rooms are located on the ground floor. Staff offices and facilities are located on the first floor. There is an accessible toilet for patients on the ground floor and there are baby changing facilities.

Care and treatment is delivered by two GP partners and locum GPs. The two GP partners are male. The practice employs a team of clinical staff including a nurse practitioner, two practice nurses and a healthcare assistant who is also the phlebotomist. GPs and nurses are supported by the practice manager and a team of reception and administration staff.

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

During the times when the Fetcham practice is closed, patients are able to access appointments from the North Leatherhead practice and evening appointments from the locality hub providing extended hours from 6.30pm to 9.30pm and weekend appointments 9.30am to 1.30pm.

From the hours of 9.30pm to 8am the practice has arrangements for patients to access care from an Out of

Detailed findings

Hours provider accessed via NHS 111. This was advertised through the website, on display at the practice and when calling the practice a phone message re-directed to you to call the 111 number.

The practice population has a higher number of patients aged between 40-54, 65-69 and 70+ years of age than the national and local clinical commissioning group (CCG) average. The practice population shows a lower number of patients aged from birth to 4 and 20-34 years of age than the national and local CCG average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

The following regulated activities are carried out at the practice: Treatment of disease, disorder or injury; Surgical procedures; Diagnostic and screening procedures; Maternity and midwifery services.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 November 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, a healthcare assistant, secretaries, reception and administration staff and the practice manager. We also spoke with patients who used the service.
- Reviewed questionnaires completed by the administration team.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had conducted a review of their referral processes following the delay of a referral of one patient to particular specialist service.

The practice had a process to review and cascade medicines alerts received via the Medicines and Healthcare Regulatory products Agency (MHRA). When this raised concerns about specific medicines, searches were undertaken by the GPs to check individual patients and ensure effective action was taken to ensure patient safety. For example, prescribing an alternative medicine if a concern had been raised about the safety of a particular medicine.

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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nurses were trained to child protection or child safeguarding level two.

- A notice in the waiting room and in all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

Are services safe?

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.) Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as 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).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty

Arrangements to deal with emergencies and major incidents

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.
- Monthly meetings were held with one of the partner GPs, the practice nurses and the HCA to discuss individual patient care in detail and to keep up to date with best practice guidance. Staff we spoke with told us these meetings assisted them in the management of some complex conditions and clinical presentations. We saw detailed minutes of the meetings held.
- The practice used computerised tools to identify patients with complex needs and those that had multidisciplinary care plans documented in their case notes. This ensured that staff authorised to review patients' notes were aware of the most up to date information available
- Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of the patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. The practice had a 9% clinical exception rate. The national and clinical commissioning group average for clinical exception is 10%. (Exception reporting is

the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was higher than the local clinical commissioning group and national averages. For example, 86% of patients with diabetes, whose last measured total cholesterol was in the target range (within the last 12 months), which was the higher than the national and the clinical commissioning group (CCG) average of 80%.
- 91% of patients on the diabetes register had a record of a foot examination within the last 12 months, which was above to the national average of 84% and the CCG average of 88%.
- 80% of patients with high blood pressure (hypertension) had regular blood pressure tests, which was comparable to the CCG average of 78% and the national average of 83%.
- Performance for mental health related indicators were comparable to the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan, compared to the national average of 89% and the CCG average of 91%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We reviewed clinical audits that had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness.
- We saw that the practice also completed audits for medicine management and infection control. For example, the practice completed regular audits for medicines prescribed. The audits were to ensure that prescribing at the practice was in line with National Institute for Health and Care Excellence (NICE) guidelines. When necessary patients were invited for a medicine review to ensure they were on the optimal medicine for their needs.

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements. For example, the practice had undertaken a completed audit cycle of patients with chronic kidney disease who had been prescribed a specific medicine in order to manage their diabetes. The completed audit cycle had demonstrated improvements in the management of patients with diabetes within the practice and had led to the development of revised practice prescribing guidelines for such patients.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The nurses we spoke with told us they were supported to undertake relevant training to their role. For example, one of the nurses had recently trained as a nurse prescriber. We spoke to a health care assistant who described the ongoing support and supervision provided by nurses and GPs within the practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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 had a system to make sure that any 'two-week wait' cancer referrals sent had been received by the relevant hospital department.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. All staff had received recent training in the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients provided consent for specific interventions. For example, minor surgical procedures. The risk associated with the intervention was explained and patients signed a consent form. The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
 - Health information was made available during consultations and GPs used materials available from online services to support the advice given to patients. There was a variety of information available for health promotion and the prevention of ill health in the waiting area and on the practice website
 - Midwives and counsellors were available at the practice.
 - The practice's uptake for the cervical screening programme was 74%, which was lower than the clinical commissioning group (CCG) and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
 - The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age, were at 57% which was comparable with the CCG average of 59% and the national average of 58%.
 - Most childhood immunisation rates for vaccines given were higher with the CCG average. For example, 85% of children under 24 months had received the MMR (measles, mumps, and rubella) vaccine compared to the CCG average of 83%. A system was in place for the practice to contact the parent or carer of those patients who did not attend for their immunisations.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients 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.
- The area around the reception desk was kept clear to promote confidentiality.
- The practice had installed an electronic booking-in system which helped with patient confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Throughout our inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. A caring and patient-centred approach was demonstrated by all staff we spoke with during the inspection. On the day of the inspection we heard of many examples where staff had gone the extra mile. For example, one of the GPs had ensured that a refugee family had the support and advice needed for them to access appropriate care. This included longer appointments, having translators available and giving information regarding buses and timetables to get to appointments necessary at the local hospital.

We spoke with four patients who 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 published in July 2016 showed patients mostly felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.

- 78% of patients who responded said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 75% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%

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. We also saw that care plans were personalised.

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

Results from the national GP patient survey showed patients responses were below local and national averages, when asked about their involvement in planning and making decisions about their care and treatment. For example:

- 77% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

Are services caring?

- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 79% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%

The practice 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.
- Information leaflets were available in easy read format.

The practice website also had the functionality to translate the practice information into approximately 90 different languages.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 109 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also had information for carers on their website.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on two mornings each week and one evening each week for working patients who could not attend during normal opening hours. There were longer appointments available for patients with a learning disability.
- The practice supported 71 patients with a learning disability. There were longer appointments available for those patients.
- Nurses within the practice had undertaken training in supporting patients with a learning disability.
- The practice made weekly visits to one residential facility which cared for patients with physical and learning disabilities and acquired brain injuries.
- 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 vaccinations available on the NHS as well as those only available privately.
- Electronic Prescribing was available which enabled patients to order their medicines on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice used text messaging to remind patients of appointments.
- The practice could accommodate those patients with limited mobility or who used wheelchairs. However, we noted that the practice did not have automatic opening front doors or a hearing loop.
- There were toilet facilities available for all patients, including an adapted aided toilet and a baby nappy changing facility.

- The practice supported patients with complex needs and those who were at risk of unplanned hospital admission. Personalised care plans were produced and were used to support patients to remain healthy and in their own homes.
- Patients with palliative care needs were supported using the Gold Standards Framework. The practice had a palliative care register and held regular multidisciplinary meetings to discuss patients and their families' care and support needs.

Access to the service

The practice at Fetcham, Leatherhead was open from between 8am to 1pm two days each week and from 1pm to 6.30pm on three days each week. During the time when the Fetcham practice was closed services are provided from the practice's second practice (North Leatherhead Medical Centre). Services are available between 8am and 6.30pm on each weekday across the two practice locations.

In addition to some pre-bookable appointments which could be booked up to eight weeks in advance, urgent and non-urgent same-day appointments were also available for patients that needed them. A nurse practitioner provided triage services for patients presenting with urgent problems who could not be seen by a GP. The practice provided open access to GPs by telephone. Patients were able to request a telephone call from a GP with no restriction upon the total number of requests that could be made during the day. The GP partners told us the nurse practitioner roles had been implemented to address difficulties associated with recruiting additional GPs. The nurse practitioner roles had enabled GPs to provide more time in supporting frail elderly patients and those with complex conditions.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were lower than local and national averages. However, we noted that these had increased from the January 2016 patient satisfaction survey.

- 56% of patients who responded were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% and the national average of 79%. This was an increase from the January 2016 patient survey result of 44%

Are services responsive to people's needs?

(for example, to feedback?)

- 66% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%. This was a slight increase from the January 2016 figure of 64%
- 64% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%. This was an increase from the January 2016 figure of 55%
- 64% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

In response to this the practice provided extended hours appointments on two mornings each week and one evening each week. The practice also participated in a locality initiative which enabled patients to access appointments from 6.30 to 9.30pm from Monday to Friday and from 9.30am to 1.30pm on Saturdays and Sundays at three different locations (Epsom, Leatherhead and Tadworth)

Patients told us they were usually able to obtain an urgent same-day appointment when they needed one.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a summary leaflet available to patients within the practice and information was on the practice website.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practices' core values included:

- Respecting their patients
- Working together as a team and valuing each other
- Helping their community and working meaningfully
- Striving to improve
- Upholding ethical principals

The GP partners told us that they had been unable to recruit salaried GPs. They told us they were aware of the impact of the difficulties associated with GP recruitment in implementing their vision for the practice. In response to this the practice had employed an advanced nurse practitioner who was able to work alongside GPs to assess and treat patients. This had provided additional clinical support for patients with routine and urgent needs.

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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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

The provider was aware of and had systems 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). 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 patients reasonable support, truthful information and a verbal and written apology

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 partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through surveys sent to the virtual patient participation group (VPPG) and through complaints and comments received. The practice had 30 patients in their virtual group. The practice had conducted a VPPG survey in November 2015 and had created an action plan from the results and comments received. However, many of the comments were in relation to seeing the same GP. The practice recognised this was an issue for patients but had been unable to recruit salaried GPs. Some comments also related to opening times of the two

Are services well-led?

Good 

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

practices. Again the practice had reviewed the comments but was unable address the concerns raised due to the increase in staff numbers which would be required to support this.

- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered provider had not always improved their practice in respect of the processing of feedback from relevant persons. This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.