

# College Road Surgery

## Quality Report

4-6 College Road

Woking

Surrey

GU22 8BT

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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 effective?

**Good**



Are services caring?

**Good**



Are services responsive to people's needs?

**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 College Road Surgery on 18 February 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the 18 February 2016 inspection can be found by selecting the 'all reports' link for College Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Following this inspection the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the breaches.

We carried out an announced comprehensive inspection following the period of special measures at College Road Surgery on 17 November 2016, this inspection was to verify if the practice had carried out their action plan to meet the legal requirements in relation to the breaches in regulations that we had identified in our previous inspection on 18 February 2016. We found that they had completed their action plan and made significant improvements and the practice was taken out of special measures, however there were still some areas of

concern. Overall the practice was rated requires improvement. Following this inspection the practice sent to us an action plan detailing what they would do to improve performance in relation to the following:-

- Ensure patients with long term conditions receive the best care.
- Improve the uptake of childhood immunisations and national screening programmes.
- Review and improve patient satisfaction

This report covers our findings in relation to the announced focussed inspection carried out on 5 October 2017. The full comprehensive report on the 18 February 2016 and the focused follow up report on the 17 November 2016 inspection outcomes can be found by selecting the 'all reports' link for College Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings were as follows:

- The practice was working with the patient participation group and other external groups to help engage patients in their care.
- The practice has introduced a number of alternative methods of communications; for example; easy read guides, Urdu speaking GPs, leaflets in multiple languages, and a form for booking follow up appointments which is completed by a clinician.

# Summary of findings

- Processes to ensure patients with long term conditions received the best care had been reviewed and new processes put in place.
- The uptake of childhood immunisations and national screening programmes had been reviewed and new processes had been put in place to increase uptake.
- The practice continued to review and improve patient satisfaction.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to monitor and improve patient satisfaction.

**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 effective?

The practice is rated as good for providing effective services.

Following our previous inspection in November 2016 the practice had made significant improvements. At the inspection on 5 October 2017, we found:

- The practice was regularly monitoring data from the Quality and Outcomes Framework.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Following our previous inspection in November 2016 the practice had made significant improvements. At the inspection on 5 October 2017, we found:

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients was available and accessible. For example; patient leaflets were available in easy read formats, multiple languages and in some cases pictorial guides.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Following our previous inspection in November 2016 the practice had made significant improvements. At the inspection on 5 October 2017, we found:

- Practice staff reviewed the needs of its local population and engaged with the clinical commissioning group to secure improvements to services where these were identified.
- The practice had employed a salaried GP and two long term locum GPs to ensure continuity of care for patients.

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

Our inspection in November 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of older people.

At the inspection in October 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group and this population group rating has been updated to reflect this.

Good



### People with long term conditions

Our inspection in November 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of people with long-term conditions.

At the inspection in October 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group and this population group rating has been updated to reflect this.

Good



### Families, children and young people

Our inspection in November 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of families, children and young people.

At the inspection in October 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group and this population group rating has been updated to reflect this.

Good



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

Our inspection in November 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of working age people.

Good



# Summary of findings

At the inspection in October 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group and this population group rating has been updated to reflect this.

## **People whose circumstances may make them vulnerable**

Our inspection in November 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of people whose circumstances may make them vulnerable.

At the inspection in October 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group and this population group rating has been updated to reflect this.

**Good**



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

Our inspection in November 2016 identified issues which resulted in the practice being rated requires improvement overall. This affected all patients including this population group and the practice was rated as requires improvement for the care of people experiencing poor mental health.

At the inspection in October 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group and this population group rating has been updated to reflect this.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey is published annually and the most recent results were published in July 2017. This was based on data collected between January and March 2017 which was before the last inspection of the practice. The results showed that the practice was performing below local and national average in some areas, such as GPs and nurse involving them in decisions about their care and treatment.

- 63% (previously 46%) of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 67% and the national average of 71%.
- 59% (previously 45%) of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 76%.

- 63% (previously 59%) of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 56% (previously 44%) of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 79%.

The practice carried out an in-house survey in conjunction with the patient participation group and 78 patients responded (approximately 2% of the practice list). This survey showed that patient satisfaction had increased, for example; 88% of patients who responded said they thought that College Road Surgery was a caring practice and 81% of patients who responded said that they could get an appointment at a convenient time either all the time or most of the time.

# College Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and they were accompanied by a second CQC Inspector.

## Background to College Road Surgery

College Road Surgery is based in the Maybury area of Woking. The surgery building is a converted residential property. The practice is part of the Glenlyn Medical Centre which consists of two practices, across three sites, which is owned by two GP partners who do not work clinically at College Road. College Road Surgery is a small practice and at the time of our inspection there were approximately 3,400 patients on the practice list.

The practice has one salaried GP and two long term locum GPs (two male and one female) and one nurse practitioner. They are supported by a practice nurse, a health care assistant, reception and administration staff and a practice manager. The practice is also supported by the management and clinical teams from Glenlyn Medical Centre.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered between 6.30pm and 7.30pm on a Wednesday and Thursday evening. Patients requiring a GP outside of the normal surgery hours are advised to call NHS 111 where they will be directed to the most appropriate out of hours service.

The practice holds a Personal Medical Services (PMS) contract and offers enhanced services, for example various immunisation schemes.

The service is provided at the following location:-

College Road Surgery

4-6 College Road

Woking

Surrey

GU22 8BT

The practice population has higher number than average of patients from birth to 39 years, particularly birth to 14 years and 25 to 35 years. The practice has a lower number than average of patients over 40 years. The practice has a slightly lower than average percentage of patients with long standing health conditions and a higher number than average of unemployed patients. The practice area is more deprived than others in the locality; people living in more deprived areas tend to have a greater need for health services.

This inspection was carried out to consider if the improvements identified in the November 2016 inspection had been addressed.

## Why we carried out this inspection

We undertook a comprehensive inspection of College Road Surgery on 18 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated inadequate for providing safe, effective, caring responsive and well led services and was placed into special measures for a period of six months.



# Detailed findings

We also issued four warning notices to the provider in respect of dignity and respect, safe care and treatment, receiving and acting on complaints and good governance and informed them that they must become compliant with the regulations by 4 May 2016.

We undertook a further announced comprehensive inspection of College Road Surgery on 17 November 2016. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures. At this inspection we found the practice was now compliant with the regulations and had made significant improvements and following this inspection the practice was taken out of special measures.

The full comprehensive reports on the 18 February 2016 and the 17 November 2016 inspection can be found by selecting the 'all reports' link for College Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection to assess whether improvements had been made in the areas identified as concerns in the November 2016 inspection.

## 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. This included information from North West Surrey Clinical Commissioning Group (CCG) and NHS England.

We carried out an announced visit on 5 October 2017.

During our visit we:

- Spoke with a range of staff (GPs, nurse practitioner practice manager and administration/reception staff).
- Observed how patients were being cared for in the reception area
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care.

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 effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing effective services and following our inspection on 5 October 2017 we found the practice had made significant improvements and is now rated as good for providing effective services.**

### 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). There has not been any new results published since our last inspection. We also saw evidence that the practice had systems in place to monitor QoF performance on a monthly basis, which involved clinical and non-clinical staff. Clinical staff told us that they were also opportunistically reviewing patients. The practice described a change in the culture of the practice which through initiatives such as patient education meant that an increased number of patients were now presenting for routine checks.

There was evidence of quality improvement which included a programme of clinical audit which was based on national best practice guidelines.

- There had been six clinical audits undertaken in the last year and one of these was a completed audit where the improvements made were implemented and monitored.
- We saw evidence that there was a diary system in place to ensure that audits were repeated at appropriate times.
- Findings were used by the practice to improve services. For example, the practice has implemented an annual audit of patients who were diagnosed with gestational diabetes to ensure that they have been followed up as per best practice guidelines.

We saw evidence that the practice was using learning from significant events to drive improvement. For example; a significant event led to the criteria for the gestational diabetes audit being widened.

### Supporting patients to live healthier lives

We saw evidence that the practice has been working proactively with the local mosque and a community link worker to educate patients about cervical screening and other national screening programmes. The practice proactively provides written and verbal explanations in a variety of languages, pictorial guides and sign language for patients whose main language is not English. The practice now employ two long term sessional GPs, one male and one female, who are fluent in a number of Asian languages, including Urdu. We also saw that the practice had developed a form that was completed by the clinician if a patient needed to book a further appointment that the patient could then hand to reception to book the appointment, for example; a follow up appointment for diabetes review or a cervical smear appointment. This ensured that the patient had the correct appointment booked with the most appropriate clinician.

During our inspection in November 2016 we noted that the practice's uptake for the cervical screening programme was 69%, which was worse than the national average of 82%.

At our inspection 5 October 2017 there had not been any new data published for cervical screening rates since our inspection in November, however the practice showed us unverified data which indicated an increase in uptake. The practice has been working with the local mosque and a community link worker to educate patients about cervical screening and other national screening programmes. The practice proactively provides written and verbal explanations in a variety of languages, pictorial guides and sign language for patients whose main language is not English.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The way that the uptake rates are calculated for childhood vaccines had changed since our inspection in November 2016 so a direct comparison could not be made. When we inspected in November 2016 we found that uptake rates were mixed when compared to CCG averages.

At this inspection in October 2017 we found that in the last three quarters the practice had met or exceeded the 90% standard for all vaccines given to two year olds and five year olds. The practice had implemented a missed immunisations procedure to improve uptake and monitor children who may be at risk.

# Are services caring?

## Our findings

**At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing caring services and following our inspection on 5 October 2017 we found the practice had made significant improvements and is now rated as good for providing caring services.**

### Kindness, dignity, respect and compassion

The national GP patient survey is published annually and the most recent results were published in July 2017. This showed the practice performance has improved since the results published in July 2016, although were still performing below other practices locally and nationally in some areas. The results published in July 2017 were based on data collected between January and March 2017. The practice has shown year on year improvement in patient satisfaction in the national GP survey results.

- 76% (previously 74%) of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 89%.
- 77% (previously 72%) of patients said the GP gave them enough time (CCG average 87% and national average 86%).
- 93% (previously 78%) of patients said they had confidence and trust in the last GP they saw (CCG average 96% and national average 96%).
- 68% (previously 65%) of patients said the last GP they spoke with was good at treating them with care and concern (CCG average 87% and national average 85%).
- 80% (previously 72%) of patients said the last nurse they spoke with was good at treating them with care and concern (CCG average 91% and national average 91%).
- 71% (previously 67%) of patients said they found the receptionists at the practice helpful (CCG average 86% and national average 87%).

Since our last inspection the practice had completed an in-house patient survey. There were 78 patients who responded (approximately 2% of the practice list). The results from this survey demonstrated increases in patient satisfaction. For example; 93% of the patient who responded said they were happy with College Road Surgery.

The practice now has an active patient participation group who worked with the practice to develop the in-house survey.

### Care planning and involvement in decisions about care and treatment

Translation services were available for patients who did not have English as a first language. The practice also provided literature in easy read formats, multiple languages and some information leaflets were available in pictorial form. The practice had also developed a pictorial booklet using medical icons such as needles and x-rays, to enhance communication which was available in every clinical room. The practice had audio recordings of consent statements that could be played to patients in Urdu, Punjabi, Hindi and Polish. There was a non-clinical member of staff who was on site four days a week, who was identified as an Urdu advocate who was fluent in Urdu and could help translate. The practice employed two long term locum GPs (one male and one female) who were able to consult in Urdu and Punjabi. Also several members of the reception team spoke languages that were commonly used by the patient population including Urdu, Punjabi and Bengali and were all trained as chaperones.

During our inspection in November 2016 we saw that the national GP patient survey results showed improvement although still lower than local and national averages.

At this inspection we saw that the most recent results, published in July 2017, continued to demonstrate improvement.

- 79% (previously 68%) of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 86%.
- 63% (previously 58%) said the last GP they saw was good at involving them in decisions about their care (CCG average 83% and national average 82%).
- 64% (previously 61%) said the last nurse they saw was good at involving them in decisions about their care (CCG average 84% and national average 85%).

The results of the in house survey showed that 89% of the patients who responded felt the practice met their communication needs.

### 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 told us that they had been proactively identifying carers. The practice had identified 80 patients as carers, including one young carer, (2% of the practice list); at our inspection in November 2016 only 46 patients were

identified as carers. There was a carer's noticeboard in the waiting area which provided information for carers and encouraging patients who were carers to notify the practice that they were carers. This noticeboard had information in multiple languages and written information in multiple languages was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing responsive services and following our inspection on 5 October 2017 we found the practice had made significant improvements and is now rated as good for providing responsive services.**

### Responding to and meeting people's needs

During this inspection in October 2017 we saw evidence that the practice reviewed the needs of its local population and engaged with the clinical commissioning group to secure improvements to services where these were identified, for example; the practice worked closely with the community link worker. The practice had also worked with the local mosque to enhance patient education.

We also saw that the practice had developed a form that was completed by the clinician if a patient needed to book a further appointment that the patient could then hand to reception to book the appointment, for example; a follow up appointment for diabetes review or a cervical smear appointment. This ensured that the patient had the correct appointment booked with the most appropriate clinician. This also enables patients to book appointments without having to explain at the reception desk the reason which helped avoid potential embarrassment.

### Access to the service

At our inspection in November 2016 results from the national GP patient survey showed that patient's

satisfaction with how they could access care and treatment was below local and national averages. The national GP patient survey is published annually and the most recent results were published in July 2017. This was based on data collected between January and March 2017.

During our inspection in October 2017 the practice demonstrated that they had introduced changes to improve patient satisfaction with access to appointments and access to their preferred GP. The practice had employed a salaried GP and two long term locum GPs who worked set days each week and on the day of inspection we saw that the next available pre bookable appointment with a clinician of choice was within a week. The practice had carried out an in house survey since our last inspection and this showed that patients were satisfied with access to the service. For example; 81% of patients who responded said that they could get an appointment at a convenient time either all the time or most of the time.

At this inspection we saw that results from the national GP survey, published July 2017, showed the practice was now performing in line with local and national averages for patient satisfaction with access to the service.

- 74% (previously 55%) of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 75% and national average of 80%.
- 63% (previously 46%) of patients said they could get through easily to the surgery by phone (CCG average 67% and national average 71%).