

Heathcot Medical Practice

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Heathcot Medical Practice on 16 June 2016. Overall the practice is rated as requires improvement.

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. However, we noted that learning from these was not shared widely enough to support improvement.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks; completing actions identified by risk assessments and training.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, some patients said that staff were rude to them and they felt the GPs did not listen to them.
- 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 did not always find it easy to make an appointment with their preferred GP but urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one areas of outstanding practice:

The practice provided a minor surgery service where patients could be referred from practices within the North West Surrey Clinical Commissioning Group. This extended

Summary of findings

over the contractual obligations which reduced waiting times and brought services closer to home. This service was provided to over 250 patients in the last year. We saw positive patient impact and outcomes as a result.

The areas where the provider must make improvement are:

- Ensure all policies and protocols are reviewed regularly and contain up to date information.
- Ensure training appropriate to job role is completed by all clinical and non-clinical staff and GPs, including induction, safeguarding children and vulnerable adults.
- Ensure learning from significant events is shared widely enough to support improvement.
- Ensure actions identified from risk assessments are completed and recorded. This includes actions from Legionella risk assessment.

- Ensure recruitment arrangements include all necessary employment checks for all staff in accordance with Schedule three.
- Review and improve patient satisfaction including customer care by reception, access to appointments and telephone access.

The areas where the provider should make improvement are:

- Review how blank prescription forms are stored and tracked within the practice to ensure it is in accordance with national guidance.
- Ensure that a confidentiality sharing agreement is in place with co-located services.
- Pro-actively identify carers.

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 requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example; there were gaps in staff training, including safeguarding, recruitment checks were not complete in all cases, some policies contained out of date information and there was a lack of shared learning to support improvement.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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. However, when asked the practice did not provide evidence that GPs and staff had completed all training appropriate to their job role.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 80% of patients who responded said the last GP they saw or spoke to was good at listening to them compared to the Clinical Commissioning Group average of 88% and the national average of 89%.

Good



Summary of findings

- The majority of patients said they were treated with compassion, dignity and respect, however, not all said they felt listened to.

Are services responsive to people's needs?

The practice is rated as requires improvement 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. The practice provided a minor surgery service their own patients and those referred from other local practices.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Data from the national GP patient survey showed patients rated the practice lower than others for access. For example; only 40% of patients who responded said it was generally easy to get through to the surgery by phone compared to the CCG average of 64% and the national average of 73% and 62% of patients who responded said they were satisfied with the practice opening hours compared to the CCG average of 71% and the national average of 78%.
- 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.

Requires improvement



Are services well-led?

The practice is rated as requires improvement 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 but some of these contained out of date information and were overdue a review.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Requires improvement



Summary of findings

- 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.

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 provider was rated as good for providing a caring and effective service and requires improvement for providing a safe, responsive and well-led service. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice provided GP services to a number of local residential and nursing homes which were each assigned a named GP to ensure continuity. This included a weekly routine visit by a GP and annual visits from a health care assistant who carried out annual checks and offered influenza vaccines.

Requires improvement



People with long term conditions

The provider was rated as good for providing a caring and effective service and requires improvement for providing a safe, responsive and well-led service. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Each GP also had a chronic disease speciality that they lead on.
- Patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 80% which was comparable to the CCG average of 80% and the national average of 78%.
- 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.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as good for providing a caring and effective service and requires improvement for providing a safe, responsive and well-led service. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. Children who were identified as at risk had an alert added to their medical record.
- 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 practice offered a full contraceptive clinic on Thursday afternoons which included fitting and removing contraceptive implants and intrauterine contraceptive devices.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the clinical commissioning group (CCG) average of 80% and the 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.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as good for providing a caring and effective service and requires improvement for providing a safe, responsive and well-led service. The issues identified as requires improvement overall affected all patients including this population group.

- 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 provided a minor surgery service where patients could be referred from any practice within the North West Surrey Clinical Commissioning Group. This has reduced waiting times and brought services closer to home. We saw positive patient impact and outcomes as a result.

Requires improvement



Summary of findings

- Patients said they found it difficult to get through to the practice by telephone and access convenient appointments.
- The practice offered electronic prescribing, which allowed patients to request their prescriptions online and have the prescription sent to the pharmacy of their choice either closer to home or their work place.

People whose circumstances may make them vulnerable

The provider was rated as good for providing a caring and effective service and requires improvement for providing a safe, responsive and well-led service. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice provided GP services to the residents of a nearby hostel for homeless people.
- 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 identified carers and those patients who had a carer with an alert on their medical record to ensure that staff were aware of their circumstances.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as good for providing a caring and effective service and requires improvement for providing a safe, responsive and well-led service. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 72% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is lower than the clinical commissioning group average of 83% and the national average of 84%.

Requires improvement



Summary of findings

- 92% of patients with severe and enduring mental health problems had care plans documented in their medical records in the preceding 12 months which was comparable with the clinical commissioning group average of 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The clinical pharmacist worked alongside the GPs and the local pharmacy to offer weekly or daily prescriptions to those patients who are at a high risk of overdose or medication abuse. The practice also put an alert onto the patients' medical records so that other health care professionals were aware that the patient is at risk.
- 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.
- The practice provided GP services to a home for residents with learning difficulties. Responsibility was assigned to a named GP to ensure continuity and included weekly routine GP visits and annual checks carried out at the home by the practice nurse.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. Of the 296 survey forms were distributed 102 were returned. This represented 0.5% of the practice's patient list. Results from the survey showed;

- 40% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 64% and the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 54 comment cards which were all positive about the standard of care received, although 12 also noted difficulties in getting appointments particularly with their preferred GP. Patients said that the GPs and staff were caring, helpful and professional.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Heathcot Medical 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 CQC assistant inspector.

Background to Heathcot Medical Practice

Heathcot Medical Practice is based in a purpose built two storey health centre where another GP practice and a community pharmacy are also located. On the site is also a community hospital and a walk in centre. There are treatment and consulting rooms on both floors. There are also two branch surgeries which were not inspected at this time.

At the time of our inspection there were approximately 18,200 patients on the practice list. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England. A GMS contract is one between the practice and NHS England and the practice where elements of the contract such as opening times are standard. The practice provides GP services to six care/residential/nursing homes that are located within the practice boundary. The practice has relatively large numbers of patients from birth to nine years and 30 to 49 years when compared to the national average. The practice has a lower than average number of patients aged 15 to 29 years and 55 to 84 years when compared to the national average. Deprivation amongst children and older patients is low when compared to the population nationally

The practice has six GP partners and three salaried GPs (four male and five female) who are supported by a clinical

pharmacist, four nurses, two health care assistants and two phlebotomists. There is also a practice manager and deputy practice manager and a team of reception and administration staff. Heathcot Medical Practice is a training practice so it takes supernumerary registrars who are qualified doctors completing their specialist training as GPs. At the time of our inspection there were three registrars attached to the practice. The practice was actively recruiting for a full time salaried GP, a full time health care assistant and three receptionists.

The practice is open from 8am to 6.30pm Monday to Friday. Extended hours appointments are offered from 6.30pm to 8pm on Monday, Tuesday and Thursday evenings. Patients requiring a GP outside of normal hours are advised to call the NHS 111 service or 999 for medical emergencies.

Services are provided from the following locations:

York House Medical Centre

Heathside Road

Woking

Surrey

GU22 7XL

Brewery Road Surgery

54 Brewery Road

Horsell

Woking

Surrey

GU21 4NA

Knaphill Surgery

Redding Way

Knaphill

Detailed findings

Woking

Surrey

GU21 2DN

Only the main York House Medical Centre location was inspected during this inspection.

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 16 June 2016. During our visit we:

- Spoke with a range of staff including three GPs, nurses, health care assistants, the deputy practice manager, members of the reception and administration team and spoke with patients who used the service.

- 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.
- 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 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 a 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 in some cases lessons were shared and action was taken to improve safety in the practice. However, staff we spoke with gave us examples of significant events where learning had not been shared widely enough amongst clinical, including nurses and health care assistants, and non-clinical staff to support improvement. For example, a needlestick injury had occurred and appropriate action was taken at the time but this was not discussed or learning shared with the whole clinical team.

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. We noted that the adult safeguarding policy was overdue a review and

contained out of date information. 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 most had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses were trained to level two.

- A notice in the waiting room and by the couch in each consulting 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 most 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. However, we noted that not all staff had completed their infection control training.
- 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. However, they were not tracked within the practice in accordance with national guidance. Patient Group Directions had been adopted by the practice to allow

Are services safe?

nurses to administer medicines in line with legislation. 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 that not all appropriate recruitment checks had been undertaken prior to employment. For example, some of the files did not contain the following; proof of identification, references, qualifications and registration with the appropriate professional body.
- Some 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. However, we noted that not all staff had completed training appropriate to their job role, for example some staff had not completed basic life support, fire safety awareness, infection control and safeguarding children and vulnerable adults.

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 office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However, not all staff had received fire safety awareness training.
- 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). We noted that not all the actions identified by the Legionella risk assessment had been completed, for example, water temperatures were not being recorded routinely.

- 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. There was also a system in place to monitor the number of appointments that were offered and once the level dropped below an identified threshold the practice would employ a locum GP to ensure enough appointments were offered.
- We noted that there was not a confidentiality sharing agreement in place between the two practices that shared an open reception area where staff could see and overhear confidential information about patients from the other practice. When we brought it to the practices attention they made arrangements to put a confidentiality sharing agreement in place immediately.

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.
- There were emergency medicines available in the treatment room. However, not all staff had received annual basic life support training.
- 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 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 at the time of our inspection was 99.7% of the total number of points available. Since our inspection data from 2015-2016 has been published which was 100% of the total number of points available.

Data from 2014-2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 80% which was comparable to the CCG average of 80% and the national average of 78%.
- Performance for mental health related indicators was mixed when compared to the local and national averages. For example 72% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is lower than the clinical commissioning group average of 83% and the national average of 84%. 92% of patients with severe and enduring mental health problems had care plans documented in their medical records in the preceding 12 months which was comparable with the clinical commissioning group average of 91% and the national average of 88%.

Performance for diabetes and mental health related indicators in 2015-2016 was similar. For example; patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 85% which was comparable to the CCG average of 79% and the national average of 78%. 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is lower than the clinical commissioning group average of 84% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reducing the number of patients who were using a higher than expected number of inhalers by inviting patients who used high numbers of inhalers into the practice for review and education about how to use their inhalers more effectively.
- Information about patients' outcomes was used to make improvements such as; following an audit that identified a number of patients that were at risk of diabetes the practice developed a pre-diabetes service. This identified patients with an HbA1c of 42mmol/mol – 48mmol/mol who are asked to attend an appointment with the practice nurse in a specific clinic who gives advice on lifestyle and information on preventing the onset of diabetes. These patients were regularly monitored to make sure their lifestyle changes are maintained. The practice also developed specific templates in the clinical computer system.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had recently developed an induction programme for all newly appointed staff. This had not

Are services effective?

(for example, treatment is effective)

been used for any of the current staff but managers told us it would be used for new 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 we saw evidence of disease specific training and updates.
- 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 practice told us that 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. All staff had received an appraisal within the last 12 months.

However, we noted that not all staff had completed training appropriate to their job role, for example some staff had not completed basic life support, fire safety awareness, infection control and safeguarding children and vulnerable adults.

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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. GPs we spoke with told us that they had difficulty accessing care plans that were written by the locality multi-disciplinary hub.

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 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.
- 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:

- 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.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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 and had higher than average attendance for breast screening (75% of eligible

Are services effective? (for example, treatment is effective)

patients had been screened within the last three years, CCG average 73% and national average 72%). 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.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccines given to under two year olds ranged from 73% to 89% (CCG average 75% to 81%) and five year olds from 75% to 91% (CCG average 76% to 91%).

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.

All of the 54 patient Care Quality Commission comment cards we received were positive about the service experienced, although 12 also noted difficulties in getting appointments particularly with their preferred GP. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice informed us they had received several complaints about the attitude of the reception staff and as a result staff were provided with further customer care training.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 90% of patients 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:

Are services caring?

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

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 214 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

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 senior partner had worked with the CCG to develop a local community hub which provides health and social care support in a single location and the practice worked closely with the hub to help develop the IT infrastructure and ensure efficient transfer of data between the practices and the hub.

- The practice provided a minor surgery service where patients could be referred from any practice within the North West Surrey Clinical Commissioning Group. This extended over the contractual obligations which reduced waiting times and brought services closer to home. This service was provided to over 250 patients in the last year. We saw positive patient impact and outcomes as a result, for example a patient was treated and subsequently diagnosed with a carcinoma (type of cancer) as a result of the early intervention by the minor surgery service the specialist consultants decided that no further surgery was required and the cancer had not spread.
- The practice offered extended hours appointments from 6.30pm to 8pm on Monday, Tuesday and Thursday evenings for patients who could not attend during normal opening hours.
- The practice told us how they cared for short term residents of a hostel for the homeless. We saw evidence of how they dealt with the challenges of this particular group of patients to provide them with the care they required. For example; the practice worked with the hostel and the local pharmacist and had assisted a patient who repeatedly lost his medicines by providing medicines by daily prescription at the local pharmacy.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided GP services to six care/nursing/residential homes within the practice boundary which

included a named GP responsible for each home, weekly routine visits by a GP, annual checks by a health care assistant or practice nurse and offered influenza vaccines where appropriate.

- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had an active recall system that sends out text messages to invite those eligible patients who had opted in to invite them to long term condition reviews. A personalised telephone call was made from the practice to the patient if they do not want to receive a text message.
- The practice also offered text message reminders for patients who had opted in which included a facility to reply and cancel an appointment if no longer required.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. A number of staff spoke different languages, including French, Italian, Spanish, Urdu, Punjabi and Hindi, and were able to assist patient with translation.
- The practice was in discussion with the other services located in the building regarding plans to install a lift to improve access. However, currently patients who had difficulty with stairs were seen in a ground floor consulting or treatment room.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Extended hours surgeries are offered from 6.30pm to 8pm on Monday, Tuesday and Thursday evenings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.
- 40% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice was aware that patient satisfaction about access to appointments was below the CCG and national average had worked with the primary care foundation and the CCG in 2015 to review the appointments offered and ensure that an appropriate number were being provided. The practice had previously trialled a walk in service to try to improve this however it was decided that this had not helped and the practice were now trialling an open access telephone triage system. Since our inspection more recent patient survey data has been published which showed some improvement in telephone access. For example; 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76% and 50% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

Patients told us on the day of the inspection that they sometimes found it difficult to contact the surgery by phone and get appointments with their preferred GP but they were able to get urgent appointments when they needed them.

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.

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.

We looked at 21 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and there was openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, several complaints were received about the attitude of the reception staff and as a result staff were provided with further customer care training.

Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice staff knew and understood the values of the practice.
- The practice had a mission statement "We aim to provide excellent healthcare for our population in a supportive fair and open working environment." but not all staff were aware of the mission statement.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a 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 through every computer terminal. However, we noted that there was not an effective system in place for reviewing and updating policies as some contained out of date information.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we noted that there was not always a clear and monitored action plan to ensure mitigating actions were completed. For example actions identified by the Legionella risk assessment had not been completed. We noted that the practice was not following its own policy as recruitment checks had not been completed for some staff in accordance with Schedule three.
- Some 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. However, we noted that not all staff had completed

training appropriate to their job role, for example some staff had not completed basic life support, fire safety awareness, infection control and safeguarding children and vulnerable adults.

Leadership and culture

On the day of inspection the partners in the practice 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). 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, although staff told us that sometimes communication between teams could be improved.
- 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.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met annually and reviewed the results of patient surveys.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Staff told us that communication was difficult between the three sites but that this was improving.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. However, this could be improved by sharing learning more widely within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example; the practice operated a minor surgery service to their own patients and those referred from any surgery within the North West Surrey CCG.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice was not doing all that was reasonably practicable to mitigate risks.</p> <p>The practice did not provide evidence that all GPs and staff had received training appropriate to their job role, including for child and adult safeguarding.</p> <p>The practice did not provide evidence that actions identified by the legionella risk assessment had been completed.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found the practice did not demonstrate that a system was in place to ensure that all appropriate policies were up to date.</p> <p>We found that the practice did not demonstrate that learning from significant events was shared widely enough to support improvement.</p> <p>We found the practice did not demonstrate that a suitable system was in place to ensure that all patients could easily contact the practice by telephone and could access appointments with a doctor of their choice or at a convenient time.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found the practice did not have established recruitment procedures that operated effectively to ensure that information was available in relation to each person employed for the carrying on of the regulated activities, because references had not been obtained, as specified in Schedule 3.

This was in breach of regulation 19 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.