

# Surbiton Health Centre (Langley 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Surbiton Health Centre (Langley Medical Practice) on 7 January 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

We saw one area of outstanding practice:

The practice provided in-house clinics for dermoscopy and dermatology (including cryotherapy), musculoskeletal medicine, gynaecology (including chlamydia screening and coil fitting), and a nurse-led chronic obstructive pulmonary disease clinic. The impact of providing these specialist services had been reviewed by the practice, and they had identified a significant reduction in hospital referrals, for example, referrals had reduced by 53% for dermatology, 27% for orthopaedics, and 14% for respiratory medicine.

However there were areas of practice where the provider should make improvements:

# Summary of findings

- The practice should consider whether any action should be taken in response to patient feedback about the difficulties in contacting the practice by phone.
- The practice should review the information available in the waiting area and consider whether additional health promotion literature should be made available.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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.
- Staff worked with multidisciplinary teams 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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## 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. For example, following patient feedback, they had increased the number of extended hours appointments, and the number now provided was in excess of their contractual requirement.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Good



## 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was in the process of being established.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients aged over 75 had a named GP, and care plans were developed for patients identified as most at risk of requiring emergency hospital admission.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. They also used a rapid response team which allowed patients who required urgent home visits during clinic times to be seen by a doctor within 2 hours.
- One of the key performance indicators that the practice had selected as part of their PMS contract involved targeting hard to reach over 75 year olds who had not been seen in the past three years.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's overall QOF achievement for diabetes indicators was 92%, which was the same as the CCG average and slightly above the national average of 89%. They performed better than the CCG and national averages for the proportion of diabetic patients with a blood pressure reading of 140/88 mmHg or less, with 95% achieving this compared to a CCG average of 80% and national average of 78%.
- The practice had provided an asthma review to 74% of its patients within the previous 12 months, which was comparable to the CCG average of 73% and national average of 75%.
- Longer appointments and home visits were available when needed.
- The practice ran educational sessions for patients aimed at people with long-term conditions, for example, a session on portion control for patients with diabetes, which was run jointly by the dietician connected to the practice and one of the GPs. Sessions on management of back pain and coping with stress and anxiety were scheduled for 2016.

Good



# Summary of findings

- The practice actively targeted patients with long term conditions during routine appointments to ensure that their condition was being controlled, for example, during the annual Saturday “flu day” patients with asthma and chronic obstructive pulmonary disease were identified and the opportunity was taken to discuss management plans and check inhaler technique.

All patients with a long term condition 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.

- The practice provided in-house clinics for dermoscopy and dermatology (including cryotherapy), musculoskeletal medicine, gynaecology (including chlamydia screening and coil fitting), and a nurse-led chronic obstructive pulmonary disease clinic. The impact of providing these specialist services had been reviewed by the practice, and they had identified a significant reduction in hospital referrals, for example, referrals had reduced by 53% for dermatology, 27% for orthopaedics, and 14% for respiratory medicine.

## 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 higher than the CCG average for all vaccinations.
- 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 proportion of patients at the practice who had attended for cervical screening was 84%, which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The waiting area was suitable for young children and nursing mothers, with a lego wall for children to play with, and a breast feeding room available off of the waiting area.
- Health visitors were available onsite, and staff provided examples of information sharing and joint working with them.

Good



# Summary of findings

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered five hours of extended access opening per week, which was in excess of their contractual requirement.
- The practice was proactive in offering online services and a limited number of telephone consultations.
- A full range of health promotion and screening that reflects the needs for this age group was provided, including chlamydia screening for all sexually active 15-24 year olds, and a full range of contraceptive services including coil and implant fitting.
- In house referrals for dermoscopy and dermatology (including cryotherapy), musculoskeletal medicine, and gynaecology (chlamydia screening, coil fitting) were popular with working age people.

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

Good



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, such as those with a learning disability and those receiving palliative care.
- The practice did not currently have any homeless patients, but staff told us they had registered homeless patients in the past and would use a friend or relative's address or the address of the practice.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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. All staff had received child and adult safeguarding training to the required level.



# 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).

- 75% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is slightly lower than the national average of 84%, however, their relatively low numbers of patients with dementia (prevalence around 35% lower than the national average) may have resulted in this result being distorted.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan documented in their records in the preceeding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. 261 survey forms were distributed and 99 were returned. This represented a 38% response rate.

- 68% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 82 comment cards which were

overwhelmingly positive about the standard of care received. In particular, patients noted feeling as though staff treated them as individuals, and there were particular comments made about the time and quality of care given to elderly patients and those with learning disabilities. Several patients also noted that remaining within the practice's catchment area was something they considered when deciding where to live.

We spoke with seven patients during the inspection. Six of these patients said they were very happy with the care they received and thought staff were approachable, committed and caring. Several patients provided examples of the practice going over and above their expectations in providing care for elderly and disabled patients. One of the patients we spoke to expressed concern about their care by both the practice and a range of other agencies they were receiving care from, however, it did not appear that this experience was typical, and having raised this with the practice, we saw significant evidence of them tailoring their approach to providing care and addressing complaints and concerns to meet the needs of individual patients.

# Surbiton Health Centre (Langley 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 practice manager specialist advisor.

## Background to Surbiton Health Centre (Langley Medical Practice)

Langley Medical Practice provides primary medical services in Surbiton to approximately 7,000 patients and is one of 26 practices in Kingston Clinical Commissioning Group (CCG).

The deprivation score for the patient population is 9.9, which is slightly lower than the CCG-wide score of 11.1, and significantly lower than the nationwide score of 21.8. 10.4% of the practice's children live in income deprived households, compared to a CCG average of 12.3% and national average of 19.9%, and 12.6% of the practice's older people are income deprived, compared to a CCG average of 12.7% and national average of 16.2%.

The practice also has a lower than average proportion of patients with vulnerabilities which may result in a higher demand for services, for example, 39% have a long-standing health condition (CCG average 48%, national average 54%) and 0.4% are unemployed (CCG average 5.5%, national average 5.4%). The proportion of the practice's population with a learning disability was the same as the national average and slightly more than the

CCG average (0.43% of its total patient population compared to a CCG average of 0.28) and they have a slightly lower than average proportion of patients with a mental health condition (0.65% compared to a CCG average of 0.81% and national average of 0.88%).

The age profile of the practice population is largely in line with CCG averages, however, they have fewer than average patients aged between 20 and 29 at 11.9% (compared to a CCG average of 15.7% and national average of 13.7%). Of patients registered with the practice, the largest group by ethnicity are White British (79%), followed by Asian (13.3%), black (2.2%), mixed (3.6%), and other non-white ethnic groups (1.9%).

The practice operates from purpose-built premises which houses three other GP practices and other community-based health services. It is close to public transport links, and has on-site parking for patients. Patient facilities are all based on the ground floor, with disabled facilities available. The practice has access to four doctors consultation rooms and two nurse consultation rooms. The practice team at the surgery is made up of five GPs. There are three partners (two male (completing one whole time equivalent and one 0.51 whole time equivalent), one female (one whole time equivalent)), plus two female salaried GPs (completing one full time equivalent and one 0.75 whole time equivalent). In addition, there are three female practice nurses (completing 1.51 whole time equivalent between them). The practice team also consists of a practice manager, and five administrative and reception staff members.

# Detailed findings

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice's reception is open from 8.00am to 6.30pm Monday to Friday. Extended hours GP appointments are available between 7.00am and 8.00am on Monday, and Wednesday mornings and between 6.30pm and 8.00pm on Tuesday evenings. Extended hours nurse appointments are available between 7.30am and 8.00am on Monday, Tuesday and Wednesday mornings.

When the practice is closed patients are advised to contact the agreed local out of hours provider.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, maternity and midwifery services, treatment of disease, disorder or injury, family planning, and surgical procedures.

The practice has not been previously inspected.

## Why we carried out this inspection

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

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

## 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 7 January 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse and four members of administrative staff, 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 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw details of an incident where prescription computer paper had been stolen from one of the consultation rooms. Following this incident further security measures were put in place to ensure that prescription paper was kept securely. We saw evidence of the analysis of this incident and of it being discussed in practice meetings.

We also saw evidence of the practice recording and discussing positive incidents. For example, following training on identifying patients who had suffered a stroke, one of the reception staff successfully identified that a patient, who was calling to request an appointment, had potentially had a stroke, and correctly advised them to immediately call an ambulance. This was recorded as a significant incident and details were shared with the team in order to reinforce the training that staff had received, and to recognise the receptionist's contribution to ensuring that the patient in question quickly received appropriate treatment.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. An example was given of a patient who raised concerns about symptoms they had developed following ear syringing. We saw evidence that in this case the patient was kept updated on the practice's review of their ear syringing process and provided feedback about the changes that they had made as a result.

### 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 that reflected relevant legislation, and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All GPs were trained to Child Safeguarding level 3 and nurses were trained to level 2. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. Quarterly 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. This process was managed by the practice administrator.

### 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 that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There were panic buttons available under the desks in each of the consultation 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits, for example, the practice carried-out an audit on vitamin D prescribing following the publishing of updated guidelines.
- The practice held integrated monthly clinical educational meetings where outside speakers were invited to speak. The practice opened these sessions to clinicians from other local practices.
- A register was kept of patients with a learning disability. There were currently 29 patients on this list, and annual health checks had been completed for 20 patients, with others booked for the coming months.

### 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 97.5% of the total number of points available, with 9.4% exception reporting. (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 2014/15 showed;

- Performance for diabetes related indicators by the practice was comparable overall to the CCG and national averages with a practice achievement of 92% which was the same as the CCG average and slightly

above the national average of 89%. The proportion of newly diagnosed diabetics who had been referred to a structured educational programme within 9 months of their entry onto the diabetes register was 71%, which was lower than the CCG average of 85% and national average of 90%. The practice explained that they referred newly diagnosed diabetics to the local DESMOND (Diabetes Education and Self Management for Ongoing and Diagnosed) programme. The practice had recognised that their performance with regards to some diabetes indicators could be improved, and were taking steps to address this.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 83%, which was the same as the CCG and national averages.
- The practice's overall performance for mental health related indicators was 96%, which was comparable to the CCG average of 95% and national average of 93%. The practice had recorded comprehensive care plan for patients with schizophrenia, bipolar affective disorder and other psychoses in 100% of cases (with an exception reporting rate of 2.9%), which was significantly higher than the CCG average of 92% (with 9.6% exception reporting rate) and the national average of 88% (with 12.6% exception reporting). The only mental health related indicator where the practice's performance was below CCG and national averages was in the recording of lithium levels in patients on lithium therapy, which was 71% (compared to a CCG average of 89% and national average of 91%). We were made aware that there had been a significant change in the management partnership at the practice, and it was clear that for a time this disruption had had an adverse effect on some areas of QOF achievement. However, this had now been addressed.
- The practice had identified that their prescribing of Quinolones as a percentage of their total antibiotic prescribing was slightly higher than the national average. As a result they performed an audit of antibiotic prescribing (although the results were yet to be analysed). Two of the GPs at the practice have also become "antibiotic guardians", as part of a Royal College of GPs initiative to decrease antibiotic prescribing nationally.

# Are services effective?

(for example, treatment is effective)

- GPs and nurses at the practice had completed additional training in specialist areas and ran in-house clinics for dermoscopy and dermatology (including cryotherapy), musculoskeletal medicine, gynaecology (including chlamydia screening and coil fitting), and a nurse-run COPD clinic. Since introducing these services, the practice had noted a reduction in their hospital referrals by 53% for dermatology, 27% for Orthopaedics, and 14% for Respiratory Medicine, and were planning on carrying-out specific analysis of the impact of introducing these services.
- Each GP at the practice identified patients at risk of unplanned admissions and managed their own list of these patient. Where appropriate, care plans were written for these patients, and we saw examples of these which we noted to be comprehensive.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, with two complete audit cycles, relating to the treatment of patients at risk of developing diabetes, and the treatment of patients with asthma, where the improvements made were implemented and monitored. Audits looking at vitamin D prescribing and antibiotic prescribing had also been carried-out and the practice was in the process of analysing these.
- The practice had identified that their prevalence of patients with dementia (0.26% of their patient population) was lower than the CCG average of 0.5% and national average of 0.74%. They felt this was due to their lower number of older patients and were seeking confirmation from the CCG. The review found that their data was accurate, however they had arranged for a further review to be conducted later in the year to check that patients with dementia were not being overlooked.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had completed a full audit cycle of patients with asthma and as a result, developed practice standards for the treatment of these patients and increased their monitoring and review. Re-audit found a reduction in patients who had experienced an exacerbation of their asthma symptoms, and a reduction in the amount of medication needing to be prescribed to 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. They also had a doctor's information pack which was provided to locums.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on-line resources, discussion at practice meetings, and attending CCG information sessions.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.



# Are services effective?

## (for example, treatment is effective)

- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

- A dietician was available on the premises.
- The practice offered NHS health checks to those aged 40-74, which were run by the nurse.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test, and this process was managed by the practice administrator. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and they were pro-active in referring suspected cancer cases for investigation, including to their in-house dermatology service. Cancer prevalence in their patients was the same as the CCG average (1.59%).

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 97% and five year olds from 93% to 98%.

Flu vaccination rates for the over 65s were 70%, and at risk groups 51%. These were also comparable to national averages of 73% for over 65s and 52% for at risk groups.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups 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.
- The waiting area was suitable for children and included a "lego wall" that they could play with whilst waiting for an appointment.
- A dedicated room was available off of the waiting area for mothers to breast feed.

All but eight of the 82 patient Care Quality Commission comment cards we received were positive about the service experienced, and of those with negative comments, only two were solely negative. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The negative comments related to the ease with which patients could contact the practice by phone and the availability of health promotion literature in the waiting area.

We spoke with four members of the patient participation group. They also told us they were happy 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 scored in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 79% said the GP gave them enough time (CCG average 84%, national average 86%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 78% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 90%).
- 77% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

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

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

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 77% , national average 81%)
- 69% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language, however, this was not publicised in the reception area.

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 79 patients who were carers (approximately 1% of the patient list). Written

information was available to direct carers to the various avenues of support available to them. The practice had formed a close relationship with Kingston Carers Network and had invited them to run a weekly surgery, which had so far been taken up by 13 carers at the practice .

# 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 a 'Commuter's Clinic' on three days per week. GP appointments were available from 7am on Mondays, Tuesdays and Wednesdays, and until 8pm on Tuesdays. Nurse appointments were available from 7.30am on Mondays, Tuesdays and Wednesdays.
- There were longer appointments available for patients where this was needed, for example, for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. An external rapid response service was also available during clinic times (following telephone triage), which allowed elderly patients to be seen urgently in their homes without having to wait until a GP had finished their scheduled surgery.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had sought and acted on patient feedback with regards to the timing of clinics; for example, following feedback from women with childcare responsibilities that late-morning was the optimum time for them to attend appointments (as this was when their children would be at nursery or school), the practice decided to schedule its coil-fitting clinic for this time.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided patient education sessions aimed at promoting healthy lifestyles and helping patients to control existing conditions.

### Access to the service

The practice's reception was open from 8.00am to 6.30pm Monday to Friday. Extended hours GP appointments were available between 7.00am and 8.00am on Monday and

Wednesday mornings and between 6.30pm and 8.00pm on Tuesday evenings. Extended hours nurse appointments were available between 7.30am and 8.00am on Monday, Tuesday and Wednesday mornings. In addition to pre-bookable appointments that could be booked up to nine weeks in advance, urgent appointments were also available for people who needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 68% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 85% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

### 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 there was information about how to make a complaint in the practice's general information leaflet. The practice had a complaints leaflet and a stock of these was kept behind reception, however, patients had to specifically request a leaflet, and there was no poster displayed in reception regarding the complaints process.

The practice had received eight complaints since April 2015 and we looked at two complaints in detail. We found that in both cases the complaints process had been followed, and that a full and thorough response had been provided. We also saw evidence of complaints being discussed in practice meetings.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted whole practice team meetings were held every 3 months.
- 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. The practice's management team attended away days every six months where the practice's strategy and vision were reviewed and plans for the service were developed. Staff reported that they had the opportunity to feed into these meetings and to contribute their views to the planning process.

### 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. For example, having received feedback from patients about difficulties in accessing appointments, the practice recruited an additional GP, and following this they displayed a notice at reception informing patients of the arrival of the new GP and that her appointment was in response to patient feedback.

- The practice was in the process of setting up a patient participation group (PPG). They reported having had difficulty in encouraging new members to join, and thought this likely to be due to their patient population largely consisting of young professionals and people with young children, who typically had little spare time to commit. However, a small core group had joined, and

# Are services well-led?

Good 

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

when we met with them it was clear that they appreciated the care that they received from the practice and were keen to make a contribution to its running. In particular, they noted how valuable they considered the practice's patient education sessions to be, and hoped that the PPG could become involved in the planning, promotion and running of these sessions. In response to the difficulties in recruiting PPG members, the practice were also in the process of establishing a virtual PPG, which it felt would appeal more to its patient population.

- The practice had gathered feedback from staff through quarterly whole practice meetings, monthly clinical meetings and bi-monthly administrative team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff reported having fed back that offering blood pressure

checks during flu clinic open days had proved difficult to manage, and as a result blood pressure checking was not offered during the open days the following year. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a strong 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. Examples of this include their participation in a CCG pilot to work with a community pharmacist to review their prescribing with a view to making safety and efficiency improvements to the process, and their joint working with Kingston Carers' Network in providing weekly clinics for carers to receive support, which had so far been attended by 13 carers.