

Haslemere Health Centre

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 Haslemere Health Centre on 9 March 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. There was a broad skill mix amongst the staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice took a proactive approach to providing care for patients most at risk of admission to hospital.
- The practice had developed a robust repeat medication system to ensure the appropriate reviews had been carried out where required.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. There was a daily minor ailments clinic.
- 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.
- The practice had a very well developed bespoke intranet system which contained referral forms and pathways making it easy for the GP to access up to date information and coordinate care.

Summary of findings

- The practice had recently employed a pharmacist who reviewed medication for patients discharged from hospital and provided a source of expertise for the practice.

We saw several areas of outstanding practice:

- The practice had established a joint clinic with the practice nurse and vascular consultant allowing prompt and expert assessment of patients at potential risk of joint amputation. This early prioritisation had identified three patients who were at risk of significant loss of limb.

- The practice provided pulse checks at the annual flu clinics and as a result identified 2.1% of their population as having atrial fibrillation, against a national average of 1.6%.

The area where the provider should make improvement is:

- Review the arrangements for ensuring that patients with long term conditions receive high quality care in light of the high level of exception reporting in the Quality and Outcomes Framework.

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.
- The practice had developed a robust repeat medication system to ensure the appropriate reviews had been carried out where required.
- Risks to patients were assessed and well managed.
- The practice employed a pharmacist who reviewed medication for patients discharged from hospital and provided a source of expertise for the practice.

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.
- There was a broad skill mix of staff enabling the practice to provide a wide range of services to their patients.
- The practice took a proactive approach to providing care for patients most at risk of admission to hospital.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all 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.

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.
- The practice held joint clinics with a vascular consultant to identify and prioritise patients at potential risk of joint amputation.
- The practice accepted patients from out of the practice area, following requests from patients moving house.
- Patients said they found it easy to make an appointment with a 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.

Good



Summary of findings

- 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 active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice identified those patients most at risk of hospital admissions and created proactive care plans. They employed a care coordinator to ensure these care plans were kept up to date and were shared with the ambulance service, GP out of hours and the hospital. This had reduced the ambulance conveyance rate for at risk patients to 42% compared to a national average of 65%.
- The practice kept a register of frail elderly patients and discussed these patients weekly with the community matron to avoid hospital admission where possible.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The appointment system had been designed to give continuity with a preferred GP for patients with complex needs.
- The practice carried out weekly visits at two care homes for older people and feedback from the homes was positive.
- The practice provided medical cover at the local community hospital carrying out daily ward rounds, including at weekends. This gave patients continuity of care and the chance to rehabilitate near their home area.
- The practice provided pulse checks at the annual flu clinics and as a result identified 2.1% of their population as having atrial fibrillation, against a national average of 1.6%.
- The practice had established a joint clinic with the practice nurse and vascular consultant allowing prompt and expert assessment of patients at potential risk of joint amputation. This early prioritisation had identified three patients who were at risk of significant loss of limb.

Outstanding



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.

Good



Summary of findings

- 76% of patients on the diabetes register had their last blood pressure reading (measured in the preceding 12 months) as 140/80 mmHg or less, which is comparable with 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.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 72% of patients with asthma, on the register, had an asthma review in the preceding 12 months compared to a national average of 75%.
- 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.
- 78% of eligible female patients had a cervical screening test which was slightly below 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 and health visitors.
- The practice offered a daily minor ailments clinic which allowed patients to access on the day treatment for minor infections and other minor ailments.

Good



Working age people (including those recently retired and students)

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

- 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.

Good



Summary of findings

- The practice offered early morning appointments from 7am three times a week and late evening appointments until 8pm twice a week.
- A Health Care Assistant offered well person health checks during the day and evening, and a bespoke printout was given to each patient to inform them of their results and actions required.
- 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 had actively worked with a pharmacy chain to bring a pharmacy with long opening hours to the building providing convenient access to patients.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- 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 patients. The practice sits on the boundary of three counties and had to work hard to coordinate care with district nurses and social services across the different counties.
- 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.
- Educational sessions for doctors and nurses had been held on the treatment of addiction and assessing suicide risks.

Good



People experiencing poor mental health (including people with dementia)

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

- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.

Good



Summary of findings

- 92% of patients experiencing poor mental health had an agreed care plan, which is better than 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 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 had worked with dementia specialists to review dementia diagnosis levels and the support required for patients with dementia and mild cognitive impairment.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing better than or in line with local and national averages. 238 survey forms were distributed and 123 were returned. This represented 0.7% of the practice's patient list.

- 84% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 79% and a national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 90% and national average 85%).
- 91% of patients described the overall experience of their GP surgery as good (CCG average 90% and national average 85%).

- 90% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85% and 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 three comment cards which were all positive about the standard of care received. Patients commented that they found the staff kind, caring and thorough. They felt listened to and had received good treatment for their conditions.

We spoke with ten patients during the inspection. All ten patients said they were happy with the care they received and thought staff treated them with dignity and respect. This was supported by the friends and families test which showed that 89% of respondents would recommend the practice, based on 107 responses.

Areas for improvement

Action the service SHOULD take to improve

The area where the provider should make improvement is:

- Review the arrangements for ensuring that patients with long term conditions receive high quality care in light of the high level of exception reporting in the Quality and Outcomes Framework.

Outstanding practice

We saw several areas of outstanding practice:

- The practice had established a joint clinic with the practice nurse and vascular consultant allowing prompt and expert assessment of patients at potential risk of joint amputation. This early prioritisation had identified three patients who were at risk of significant loss of limb.
- The practice provided pulse checks at the annual flu clinics and as a result identified 2.1% of their population as having atrial fibrillation, against a national average of 1.6%.

Haslemere Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Haslemere Health Centre

Haslemere Health Centre is located in a purpose built centre on a site next to the community hospital and ambulance station. The community hospital has a minor injuries unit and two wards with intermediate care beds, the GPs provide medical cover for both of these facilities. There is a small branch site in Fernhurst, West Sussex, which is located four miles away. There is a 100 hour pharmacy based in the health centre and district nurses and health visitors are also based in the centre. The practice is near the border of three counties: Surrey, West Sussex and Hampshire and this means there is some complexity when liaising with local authority services such as social services. The practice provides rooms for health visitors, midwives and district nurses in the health centre in order to facilitate team working and good communication.

The practice operates from:

Haslemere Health Centre

Church Lane

Haslemere

Surrey

GU27 2BQ

The branch site is at:

Crossfields

Fernhurst

Haslemere

GU27 3JL

There are approximately 18,300 patients registered at the practice. Statistics show very little income deprivation among the registered population. The registered population is lower than average for 15-34 year olds and higher than average for those aged 40 and above. The number of people over 85 in the practice population is high compared to the national average (3.7% of the practice population compared to a national average of 2.3%).

The practice has five partners and six salaried GPs (five male and six female). Eight of the doctors work full time and the other three work part time. There are three prescribing nurses, five practice nurses and three health care assistants. The practice employs a pharmacist who reviews patients' medication and provides a source of expertise for the staff. There are 23 administration staff led by a practice manager.

The practice is a training practice and there are regularly GP trainees working in the practice.

The practice is open from 8am to 6.30pm from Monday to Friday. Appointments are from 8.30am to 11.30am and 2.50pm to 5.30pm. In addition the practice offers extended

Detailed findings

hours opening with appointments from 7am on Tuesday, Wednesday and Thursday and from 6.30pm to 8pm on Wednesdays and alternate Thursdays. Patients can book appointments in person, by phone or on line.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111. GP out of hours services are located in Haslemere Hospital from 9am to 5pm on weekends and bank holidays.

The practice has a Personal Medical Services (PMS) contract. PMS contracts are nationally agreed between the General Medical Council and NHS England.

The practice was previously inspected in January 2014 and found to be fully compliant with all regulations.

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 9 March 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, HCA, pharmacist, practice manager, receptionists and administrators) 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?

Prior to the inspection we spoke with two local care homes about the service received from the practice. They both praised the practice and told us they were very responsive to patients' needs and treated the patients with dignity and respect.

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)

Detailed findings

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, the partner of a patient had fainted at the end of a procedure and hit his head. The practice dealt with his injury and instigated a practice that anyone accompanying a patient for a procedure should be seated during the consultation to minimise the risk of injury.

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.

The practice told us they had held a risk assessment day with all staff involved. This highlighted the importance of team working and communication in managing risk and embedding safety.

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. GPs were trained to Safeguarding level three.

- Notices in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing 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. The practice had developed a computer based repeat prescription review system which checked that the appropriate reviews had been carried out where specific medicines required it. Letters were generated to go out with the prescription to prompt patients to get blood tests or blood pressure checks done.
- Prescription pads were securely stored and there were systems in place to monitor their use. Three of the nurses were qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- The practice employed a pharmacist who reviewed medication for patients discharged from hospital, reconciled patients' medication and dealt with patient queries promptly releasing time for GPs to deal with other issues.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

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 staff room 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 premises were owned by NHS property services who organised risk assessments and monitoring of water for 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 and staff provided cover for each other in cases of sickness or holiday.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- 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. An emergency generator was in place to provide power to the health centre and hospital in the event of a power failure. The practice had experienced a power failure in the last six months and had put in place emergency procedures to enable them to carry on seeing patients.

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 were 95% of the total number of points available, with 15% 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). The practice had a robust system of writing to patients to invite them for checks in line with QOF requirements. Where patients did not respond after three letters the practice exception reported these patients, in line with QOF rules. Following discussion the practice decided to review the lists of patients who had been exception reported to check that this process was working effectively. This was to make sure the practice had appropriate arrangements for ensuring that patients with long term conditions were receiving high quality care and patients were suitably followed up.

This practice was an outlier for QOF on the indicator for chronic obstructive pulmonary disease (COPD). This showed that the percentage of patients with COPD who had a review undertaken in the preceding 12 months was 77% compared to a national average of 90%. On

investigation the practice found this was due to not identifying and coding these patients properly on the clinical system. The practice has since put in place measures to address this.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 76% compared to the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average (practice 82%, national 84%).
- Performance for mental health related indicators was better than the national average. 92% of patients experiencing poor mental health had an agreed care plan, which is better than the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been a number of clinical audits completed in the last two years. We reviewed two of these which 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, an audit of a medicine prescribed for urinary tract infections showed that there were a few occasions where prescribers had not followed recent safety guidance. A reminder was sent to all prescribers of the safety advice for this medicine including carrying out a follow up blood test in certain instances.

Information about patients' outcomes was used to make improvements. The practice had instigated fail safe searches following a risk identified with a patient who had a high blood pressure reading and did not have a repeat check as requested. A letter was developed to go out with any repeat prescription which highlighted any tests that the patient needed to have, requesting them to book for these tests and limiting the number of repeat prescriptions they can have until these tests have been completed.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
 - The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff 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 and discussion at practice meetings.
 - Staff were encouraged to undergo training and many staff had been trained to take on greater responsibility in both clinical areas and in administration.
 - There was a broad skill mix of staff and the practice had created new roles such as nurse prescriber, care coordinator and practice pharmacist, taking an innovative approach to meet patients' needs.
 - 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. Staff had had an appraisal within the last two years and appraisals were scheduled for the next two months. The practice had fallen behind with appraisals due to staff leaving and training up a new appraiser, who completed her training in February.
 - 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.
- 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.
 - The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
 - The practice had a very well developed bespoke intranet system which contained referral forms and pathways making it easy for the GP to access up to date information and coordinate care. This system allowed the mail merging of a wide range of letters and forms enabling referral letters and test requests to be done simply and effectively. Using this system GPs and nurses produced bespoke printouts for diabetic patients and well person check summaries.

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. The practice worked effectively with district nurses to improve the care for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, 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 records audits.

Supporting patients to live healthier lives

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.

Are services effective?

(for example, treatment is effective)

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.
- Smoking cessation clinics were run by practice nurses.

The practice's uptake for the cervical screening programme was 78%, which was slightly below the national average of 82%. There was a policy to offer send written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 96% and five year olds from 82% to 91%.

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. Patients were given personalised summaries at these health checks from the practice bespoke intranet system, for example diabetic patients were given printouts of their current blood sugar levels which included an explanation of all parameters. Patients attending the well person check were given a summary of their results.

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 three patient Care Quality Commission comment cards we received were positive about the service experienced. 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 the chair 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 at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and national average of 89%.
- 89% of patients said the GP gave them enough time (CCG average 90% and national average 87%).

- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95%).

- 88% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90% and national average 85%).

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93% and national average 91%).

- 92% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 87%).

The practice nursing team had very high ratings from patients, for example 99% of patients said they had confidence and trust in the last nurse they saw and 98% say the last nurse they saw or spoke to was good at listening to them.

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 or above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 88% and national average 82%)
- 95% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87% and national average 85%).

Are services caring?

Staff told us that they had very few patients who did not have English as a first language. They were aware that they could use a language line for translation services.

Patient and carer support to cope emotionally with care and treatment

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 1.2% of the practice list as carers. 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had worked hard to ensure district nurses and community matrons continued to be based at the health centre which aided communication and speed of access to support for patients.

- The practice offered early morning appointments from 7am to 8am on Tuesday, Wednesday and Thursday mornings and evening clinics on Wednesday evenings from 6.30pm to 8pm and on alternate Thursdays for working patients who could not attend during normal opening hours.
- The appointment system had been designed to give continuity with a preferred GP for patients with complex needs.
- The practice ran a minor ailments clinic daily, staffed by nurse prescribers and a GP, which provided same day appointments. Patients stated that they found this service very useful. In addition urgent appointments were available for children and those with serious medical conditions.
- The practice enabled remote monitoring of blood pressure for patients by providing an online form and having blood pressure monitors available for patients to borrow.
- The practice had established a joint clinic with the practice nurse and vascular consultant allowing prompt and expert assessment of patients at potential risk of joint amputation. This early prioritisation had identified three patients who were at risk of significant loss of limb.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

- There were disabled facilities, although the disabled toilet did not have an emergency pull cord. The practice had requested this from the building owner, NHS property services.
- The practice accepted patients from out of the practice area, at the patient's request.
- The practice provided medical cover at the local community hospital carrying out daily ward rounds, including at weekends. This gave patients continuity of care and the chance to rehabilitate near their home area.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 2.50pm to 5.30pm daily. Extended surgery hours were offered at the following times from 7am to 8am on Tuesday, Wednesday and Thursday and from 6.30pm to 8pm on Wednesday and alternate Thursdays. 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 was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 72% and national average of 75%.
- 84% of patients said they could get through easily to the surgery by phone (CCG average 79% and national average 73%).
- 59% of patients said they usually get to see or speak to the GP they prefer (CCG average 63% and national average 59%).

Patients 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.

- The complaint 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.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, there was a summary leaflet available and this was displayed in the waiting area.

We looked at 16 complaints received in the last 12 months and found these were satisfactorily handled. Lessons were learnt from concerns and complaints and action was taken

as a result to improve the quality of care. For example, a patient with a long term condition had inadvertently been given a flu vaccination in the wrong arm. This arm was at risk of swelling and hence the protocol for flu vaccination was reviewed and the patient information leaflet updated to prevent reoccurrence. The patient received an apology from the practice.

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 partners had regular discussions to plan for the future. Three senior partners had retired in 2015 and the practice was going through a period of consolidation after these changes and bringing in new staff. An away day was scheduled for April 2016 to further develop the practice vision and strategy.
- The practice had a robust strategy and supporting plans. This included plans to extend the building to meet the increased demand for services.
- The practice were actively developing the skill mix in the practice and encouraging staff to undergo further training. They had recently employed a pharmacist to provide internal expertise on prescribing and had recruited and trained nurse prescribers to run the minor ailments clinic.

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 patients 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.
- 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.
- We noted a strong sense of team work and high level of job satisfaction amongst the staff we spoke to.
- The practice had a very good skill mix and encouraged staff to train and take on new responsibilities. For example the nursing team had suggested having a nurse team leader and one of the current team took on this new role. A member of the reception team was being trained to carry out health checks and develop skills as a health care assistant.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, published newsletters and discussed ideas for improvements with the practice

Are services well-led?

Good 

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

management team. For example, the PPG had had input to the new telephone system to improve the service to patients. The new telephone system had a local dialling code, rather than the previous Guildford code, so patients understood they were ringing their local practice. The new system offered a range of options to direct calls making it easier to get through to the practice.

- The practice had worked with the PPG to discuss the out of hours service with the Clinical Commissioning Group, as patients were not being signposted to the weekend service at the Haslemere site. Patient feedback showed that the signposting had improved.
- The PPG had representatives from all the population groups. They linked with the Hospital League of Friends and Haslemere Health Group with the aim of keeping Haslemere healthy in mind and body.
- The practice had gathered feedback from staff through staff meetings and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example reception staff had had input to how the reception area was organised following a change in staff. 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. They were an active participant in the Integrated Care Locality Pathway aiming to create seamless integrated care across the local area.

The practice were developing roles and the practice skill mix allowing them to offer a broader range of services to patients. One of the practice nurses had a special interest in treating patients with chronic leg ulcers requiring compression bandaging and the practice had set up a monthly joint clinic with a vascular consultant which allowed early prioritisation of patients at risk of amputation. One of the partners had a particular interest in IT and had established a number of computer based systems to improve the availability of up to date information for patients and staff. The system included a tool for receptionists to assess which clinic to book a patient into, highlighting any red flag symptoms which might need immediate attention.