

Warlingham Green Medical Practice

Quality Report

1 Church Road
Warlingham
Surrey CR6 9NW
Tel: 01883 625532
Website: www.warlinghamgreen.nhs.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		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 Warlingham Green Medical Practice on 1 December 2015. 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, recording, investigating and learning from significant events.
- Risks to patients were assessed and well managed. Patients with complex health needs were in receipt of an individual care plan.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the appropriate skills, training 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 readily available, both at the surgery and via the practice website.
- Patients were extremely positive with regard to the service and care received from the practice. They were able to make a routine appointment with a named GP, promoting continuity of care.
- There was a system to offer same day appointments to those patients that needed them.
- The practice had good facilities and was well equipped to treat patients and meet their immediate and longer term needs.
- There was a clear leadership structure and staff told us that they felt very supported by management. The practice proactively sought feedback and suggestions from staff and patients, which it acted on. The practice Patient Participation Group told us that they felt valued by the practice for their efforts.

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

Importantly the provider should:

Summary of findings

Ensure that the practice reviews its emergency drugs/ equipment policy and incorporates a risk assessment and addresses administration, disposal and recording.

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Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. There was a strong focus on conducting a review of the learning six months after the event to consolidate learning and develop systems and processes to achieve the best possible outcome.
- Lessons were shared effectively to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, and 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. Effective systems were in place to ensure those patients with longer term conditions were reviewed annually.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Performance for mental health related indicators was higher than the CCG and national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place for a member of the team to make contact with patients discharged from hospital following an unplanned admission. Where appropriate, the patient would then be referred to a GP for further assessment and treatment.
- There was evidence of appraisals and personal development plans for all staff. Professional development of staff was actively encouraged.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. Palliative care meetings took place on a monthly basis and were attended by the GP's, District Nurses and Hospice Nurses.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff told us that translation services were available for patients who did not have English as a first language. There was a hearing loop system in place.
- Information for patients about the services available was easy to understand and accessible. The practice had a comprehensive website and a booklet for patients to refer to.
- We also saw that staff were helpful and treated patients with kindness and respect. Confidentiality was maintained.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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. One example was recent work conducted in relation to antibiotic prescribing. This led to the introduction of a clinical template which pops up during consultations and contains the most recent guidance. Another example was work conducted to identify the most efficient way to meet both the urgent and non-urgent demand for appointments.
- Patients said they were able to make routine appointments with a named GP and that there was good continuity of care. Urgent appointments were also available on the same day. These were not necessarily with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet both their short and long term needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff, complainants and other stakeholders.

Summary of findings

Are services well-led?

The practice is rated as good for being well-led.

- It 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.
- Staff had received inductions, training relevant to their role and regular performance reviews. They were supported to develop additional professional skills.
- 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 proactively sought feedback and suggestions from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and teamwork.

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.

Good



- The practice offered proactive, personalised care plans to meet the needs of the older people in its population. This was corroborated by patients that we spoke to.
- The practice was responsive to the needs of older people, and offered home visits on request and urgent appointments for those with enhanced needs. Longer appointments were available for older people, and this was acknowledged positively in feedback from patients.
- Complex health needs were discussed at clinical meetings to promote good continuity of care.
- Best interest decisions were made as appropriate in line with relevant legislation.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable with the Clinical Commissioning Group (CCG) and national averages. Vaccination against Pneumonia was also offered to patients.
- The practice offered regular medication reviews for all patients over the age of 75. There was a hearing loop system in the waiting room and all signage contained clear, large lettering.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Clinics and reviews were co-ordinated to support the management of Diabetes, Rheumatoid Arthritis, Chronic Obstructive Pulmonary Disease (COPD) and Hypertension. Patients suffering from chronic disease were offered enrolment onto the practice Avoidance of Unplanned Admissions scheme.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. There was a system in place to ensure that the patient was reminded of the need for review.
- For those people with the most complex needs, their needs could be discussed during the twice weekly Referral Meetings to identify options for achieving the best outcome.

Summary of findings

- Where appropriate the practice engaged and 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.

- The practice offered childhood immunisations to all babies and children registered at the practice. The uptake of childhood immunisations was comparable to other practices within the Clinical Commissioning Group (CCG) area. The practice also offered a weekly well-baby clinic with a Health Visitor and Antenatal clinics with a midwife.
- Patients and staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The practice had developed a 'Gillick Competency' form to record clinical decisions and rationale in relation to the issue of oral contraception to relevant young people.
- The percentage of women aged 25-64 whose notes recorded a cervical screening test within the preceding five years was comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Baby changing facilities were available.
- All staff had been trained to recognise the signs of abuse in children and the relevant action to take.

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.
- The practice was proactive in offering online services and it was possible to speak to a doctor on the telephone.
- Two late evening clinics for routine pre-bookable appointments were available and designed to support the working population. Early morning clinics were also available at the branch practice.

Good



Summary of findings

- Hepatitis B immunisation was offered to those patients whose employment placed them at risk.

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 offered enhanced services for those patients with a learning disability. The practice maintained a learning disabilities health check register which facilitated annual health checks and the creation of a health action plan. This provided a regular opportunity for the promotion of a healthy lifestyle, medication reviews and for the practice to identify new issues and concerns.
- The practice was also proactive in identifying and supporting carers with active participation in a scheme run by a local charity entitled the 'Carers Break' scheme.
- Staff had received training in and knew how to recognise signs of abuse in vulnerable adults. They were aware of their responsibilities and what action to take.
- All staff were aware of where safeguarding policies and procedures were located and who the practice lead was.

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).

- Performance for mental health related indicators was higher than the CCG and national average.
- The dementia diagnosis rate was similar to the national average. 84.61% of people diagnosed with dementia were in receipt of a care review by way of a face to face meeting in the last 12 months.
- Staff had received locally delivered training in relation to Dementia with presentations from a national Alzheimer's charity. The practice had also made changes to lighting, notice boards, signs and the consulting rooms to develop a more Dementia friendly environment.
- All patients diagnosed with dementia were identifiable via a flagging system on the practice computer system.
- 96.15% of patients with schizophrenia, bipolar affective disorder and other psychoses were in receipt of a comprehensive, agreed care plan documented in the preceding twelve months.

Good



Summary of findings

- 98.18% of patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded 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 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing above or in line with local and national averages. 292 survey forms were distributed (2.6% of the total patient population), and 105 were returned (0.93% of the total patient population).

- 84.8% found it easy to get through to this surgery by phone compared to a CCG average of 71.5% and a national average of 73.3%.
- 91.3% found the receptionists at this surgery helpful (CCG average 88.4%, national average 86.8%).
- 94.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85.2%).
- 92.7% said the last appointment they got was convenient (CCG average 93.3%, national average 91.8%).

- 81.1% described their experience of making an appointment as good (CCG average 73.3%, national average 73.3%).
- 68.4% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67.8%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Several patients described the reception team as being kind and helpful. Others commented on the fact that they were always listened to and there were also a number of comments stating that appointments were very often available on the same day and always in an emergency.

We spoke with five patients during the inspection. All five patients were extremely positive and stated that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

Ensure that the practice reviews its emergency drugs/ equipment policy and incorporates a risk assessment and addresses administration, disposal and recording.

Warlingham Green 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 advisor, a second CQC inspector, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Warlingham Green Medical Practice

Warlingham Green Medical Practice is located in a residential area close to the boundary with the London Borough of Croydon. There are 11,020 patients on the practice list and the majority of patients are of white British background. The population distribution as recorded by Public Health England indicates a high working population. Warlingham Green incorporates a branch surgery at Chaldon Road with a shared patient list.

The practice is a training practice. The training is managed by a GP Training Lead and there are currently two part-time GP registrars at the practice. The practice also takes six medical students per year from St Georges, Guys, St Thomas's and Kings College Medical Schools.

There are a total of seven GP partners and six GP associates (two male and eleven female). Medical staff at the practice can be utilised to support services at either practice, particularly during peak annual leave periods. They are however, generally based at a single location. Patients can opt to attend either location.

There are three Practice Nurses (PN) and two Health Care Assistants (HCA) based at Warlingham Green. Support staff consists of a Practice Administrator and an IT and Finance Manager who share the functions normally carried out by a Practice Manager. There is also a Reception Manager, reception/administration staff and a secretary.

The practice is open from 8am to 6.30pm Monday to Friday with extended hours on a Monday and Wednesday to 8pm. Appointments are available 8am -12.30pm, 3pm – 6pm and 6.30 – 8pm Mondays and Wednesdays. Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services for example: Childhood Vaccination and Immunisation Scheme and also extended hours.

The Chaldon Road Surgery, Chaldon Road, Caterham, CR3 5PG was not visited as part of this inspection.

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

Detailed findings

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

We carried out an announced visit on 1 December 2015.

Prior to visiting the practice we:-

- Re viewed the information that we hold about the practice.
- Asked other organisations to share what they knew.
- Conducted internet research in relation to patient feedback.

During our visit we:-

- Spoke with a range of staff, (including GP's, Practice Nurses, Health Care Assistants, Management and Receptionists).
- Spoke with five patients who used the service.
- Observed how people were being cared for.
- Reviewed the practices policies and procedures.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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, which is the 2014-2015 data.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording and analysing significant events.

Staff were aware of how and to whom incidents should be reported. There was a significant event case report form available for use by all staff. The practice protocol required the investigation to be recorded and discussed with all relevant personnel. It also required action and learning to be cascaded down to other staff, relevant outside agencies and/or patients. Each event was further reviewed six months later to consolidate and develop learning.

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 issue of a prescription in error led to a review of the system for issuing repeat prescriptions resulting in the allocation of protected time for a member of the reception team to process those requests. The practice has also created a new post of Prescribing Officer for which they are currently recruiting.

National safety alerts were disseminated via email to all relevant personnel. An example of this related to a recent British National Formulary (BNF) publication for both adults and children which contained errors. All clinical staff were instructed to ignore this edition.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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 told us that they 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.
- A notice in the waiting room advised patients that a chaperone could be requested, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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. There was a cleaning log in each clinical room to record the cleaning of equipment. We also saw generic cleaning logs for use by the cleaning team.
- The practice nurse was the infection control clinical lead. All staff were up to date with training in relation to hand washing, Personal Protective Equipment (PPE) and dealing with spillages. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Staff were aware of the colour coded system for waste and sharps disposal. There was a contract in place for clinical waste to be collected fortnightly. However, there was no storage area independent of the clinical rooms to store waste in between collections. Since our inspection, the practice has sent documentary evidence that a secure wheelie bin has been ordered.
- There was an emergency drugs/equipment policy in place, which detailed stock levels and location of drugs. Emergency medicines were stored in an unlocked cupboard in one of the clinical rooms. Access to clinical rooms was restricted by way of a secure door and all patients were accompanied whilst in the clinical area. All clinical rooms were secured following routine cleaning at the end of the day. Staff advised us that the rationale for storing emergency medicines in an unlocked cupboard was to minimise the risk caused by delays in delivering emergency care. However, we did not see evidence of a formal risk assessment in relation to the storage of emergency medicines. The practice has installed a lock on the emergency medicines cupboards since our inspection. Photographic evidence submitted 3 December 2015.

Are services safe?

- Vaccines were stored appropriately. Daily fridge temperature checks were recorded. All medicines were in date and a system was in place to check stock levels and expiry dates on a monthly basis.
- There was a repeat prescribing policy in place.
- Prescription pads were stored securely. The CCG Pharmacist conducted monthly visits to the practice to support effective management of medicines and worked closely with the practice to deliver an annual plan in relation to medicines optimisation.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that 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.
- The reception team used a triage style guidance document to identify patients who required urgent medical attention. This enabled the practice to respond effectively to the needs of persons who used the service.
- There was a system in place to manage medical alerts. These were received by a single point of contact and disseminated to relevant personnel. Any action required was undertaken and monitored. All Medical Alerts were retained on the internal computer systems to facilitate access for all staff.

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. The practice had up to date fire risk assessments and carried out regular fire drills. On two occasions recently the premises had been correctly evacuated as a result of fire alarms. We saw evidence of equipment being tested on an annual basis to ensure that it was safe to use. Clinical equipment was checked to

ensure it was working properly. The practice also 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. Following training and guidance received from an independent company, the practice has conducted its own risk assessment in relation to Legionella and been determined to be of negligible risk. Water samples have been submitted for testing as an additional precautionary measure.

- Arrangements were in place for planning and monitoring the number of staff and the skills mix 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. We saw the GP rota which ensured that sufficient staff were available to cover all the clinics across both practices and which also identified periods of leave providing early identification of gaps.

Arrangements to deal with emergencies and major incidents

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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

All staff received annual basic life support training and there were emergency medicines available in the treatment room.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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. For example advanced notice of a strike by junior Doctors. This resulted in the practice adjusting appointment capacity to meet any additional demand. Another example was an alert in relation to guidance on Hormone Replacement Therapy (HRT) which was disseminated to all GPs at the practice.

Patients' consent to care and treatment was always sought in line with relevant legislation and guidance. We saw an example of a minor operation consent form. Staff understood the relevant consent requirements of legislation and guidance.

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 (2014-2015) were 99% of the total number of points available. Data for the year 2014-2015 as published on the Health and Social Care Information Centre (HSCIC) website shows Warlingham Green Medical Practice to have achieved 98.8% of the total QOF points available with an exception reporting rate of 9.3%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and higher than the national average
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and higher than the national average.

- Performance for mental health related indicators was higher than the national average.
- The dementia diagnosis rate was similar to the national average.

The practice could evidence quality improvements with two cycles of clinical audits.

- The practice conducted an audit in relation to histology samples collected during minor operations. The histology results were compared with the pre-operative diagnosis. On completion of the second cycle, an improvement to the diagnosis rate was recorded.
- The practice conducted an audit in relation to the monitoring of renal function in those patients prescribed Metformin. The first cycle revealed that the renal function of six out of 289 patients was unsatisfactory. The second cycle revealed that the renal function of two patients out of a total of 285 was unsatisfactory, demonstrating an improvement.

Effective staffing

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

- The practice had a recruitment policy in place and we saw evidence of a New Starter Checklist which ensured that all relevant recruitment checks were conducted.
- The practice had an induction programme for newly appointed non-clinical members of staff which incorporated supervision by a manager, shadowing colleagues and additional training covering such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All new staff were subject to regular performance reviews during their six month probationary period.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. taking samples for the cervical screening programme, anticoagulation training and administering vaccinations.
- 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 these learning needs and to cover the scope of their work. The majority of staff had had an appraisal within the last 12 months and those that were outstanding had been planned.

Are services effective?

(for example, treatment is effective)

- 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.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included a system to make contact with all patients discharged from hospital following an unplanned admission. Following an initial assessment, the patient would then be referred to a GP where appropriate.
- The practice has also introduced twice weekly Referral Meetings to discuss potential onward referrals with the aim of identifying alternative clinical options where appropriate. This system has reduced the number of onwards referrals.
- Palliative care meetings took place on a monthly basis and were attended by the GPs, District Nurses and Hospice Nurses.

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. The practice had developed a 'Gillick Competency' form to record clinical decisions and rationale in relation to the issue of oral contraception to young people.

Health promotion and prevention

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 general health, fitness and smoking cessation. The practice worked closely with a carers association and carers packs were readily available for those that required them
- The practice also offered access to a one hour appointment with a well-being advisor who could signpost patients to additional services. This included weight management services.
- The practice offered clinics to support patients seeking a healthier lifestyle by stopping smoking and/or reducing alcohol consumption.
- The practice referred patients to an organisation for drug intervention support
- The practice also offered Breast, Bowel and Cervical cancer screening programmes where the uptake was comparable to the Clinical Commissioning Group (CCG) and national averages.
- The practice website contained health advice and links to other health related organisations.

The practice's uptake for the cervical screening programme was 82.65%, which was comparable to the CCG average of 81.45% and the national average of 81.88%. The uptake for the bowel cancer screening programme in the 60-69 year age group during the preceding 30 months was 56.2%, compared with the national average of 58.7% and for breast cancer screening, the practice uptake within six months of invitation was 71.4% compared to the national average of 68.7%.

Childhood immunisation rates for the vaccinations given were generally comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0.9% to 91.3% compared to the CCG averages of 1.0%

Are services effective?

(for example, treatment is effective)

to 79.3% and five year olds from 38.3% % to 87.2%%.compared to the CCG averages of 69.2% to 87%. The MMR2 booster was shown as 38.3% for the practice and 69.2% for the CCG average. This was evidenced by the practice as having been caused a coding error. A further search was conducted via the EMIS system during the inspection and this showed a rate of 72% for the MMR2 booster.

Flu vaccination rates for the over 65s were 68.82%, and at risk groups 46.71%. These were also comparable to the

national averages of 73.24% and 48.51% respectively. The practice made personal contact by telephone to all patients eligible for the vaccination to encourage and arrange attendance.

Patients had access to appropriate health assessments and checks. New patient checks were conducted within the first month of registration and health checks were also offered to patients over the age of 40. Patients over the age of 75 were offered annual medication reviews. All patients undergoing treatment for long-term conditions were reviewed as appropriate to their diagnosis.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

There was a notice in each consulting room advising patients of the availability of a chaperone if required. In addition, the provision of a chaperone was also automatically offered to any patient requiring an intimate examination.

We also observed that:

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Patients were invited into the consultation rooms in person by the clinician, delivering a very personal approach.
- Reception staff were able to offer patients the opportunity to discuss their needs in a private area when required or when they observed a patient to be distressed in any way.

All of the 21 patient CQC 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for the majority of its satisfaction scores on consultations with doctors and nurses. For example:

- 94.7% said the GP was good at listening to them compared to the CCG average of 91.6% and national average of 88.6%.
- 88.6% said the GP gave them enough time compared to the CCG average of 92.1%, national average 91.9%.
- 99.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.4% and the national average 95.2%.

- 94.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.7% and the national average of 85.1%.
- 94.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.8% and the national average of 90.4%.
- 91.3% said they found the receptionists at the practice helpful compared to the CCG average of 88.4% and the national average of 86.8%

Care planning and involvement in decisions about care and treatment

Patients told us that 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 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 above local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.3% and the national average of 86%.
- 88.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.9% and the national average of 81.4%.

Staff told us that translation services were available for patients who did not have English as a first language. A hearing loop system was also available.

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. For example Carers services and Services to help people cope with Stress and Anxiety disorders.

The practice's computer system alerted GPs if a patient was also a carer. The practice regularly participated in a 'Carers

Are services caring?

Break' scheme provided by a Surrey charity. The practice was able, through participation in this scheme, to apply for a grant for the patient to enjoy a break from their caring responsibilities. Written information was available to direct carers to the various avenues of support available to them.

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 also facilitated the attendance of GPs at half day training sessions organised by the CCG. These sessions took place five or six times per year.

- The practice offered a late clinic on a Monday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older and housebound patients.
- The practice completed a 'Share my Care' template for all Nursing home, housebound and chronically ill patients. This formed part of the care planning process, and incorporated key patient contact details and the Do Not Attempt Resuscitation (DNAR) question. End of life care planning was also uploaded to the Share my Care system which enabled the ambulance service to view a patient's wishes prior to attending a call.
- There was an allocation of routine appointments daily and patients requiring an emergency appointment were always accommodated.
- There were disabled and baby-changing facilities.
- There was a lift to the first floor and a fire chute was available to evacuate wheelchair users in an emergency.
- Patients were reminded of appointments one day in advance, by way of a text message. Staff told us that this service had had the effect of reducing the rate of patients failing to attend appointments.
- A system was in place to contact and remind all patients requiring regular health checks for long-term conditions.
- The practice also made telephone contact with all patients recently discharged from hospital to assess and address their concerns and needs.

- The practice was also in receipt of electronic notification of any patient who had accessed the Out of Hours service, promoting good continuity in care.
- Patients who were in receipt of a new diagnosis were provided with relevant information literature.
- The practice holds twice weekly referral meetings involving all of the GPs. This has provided the opportunity to discuss patients with complex needs or potentially in need of referral to a specialist. Staff informed us that this had been of benefit in promoting good continuity of care, particularly in complex cases. It had also reduced the need for some onward referrals due to the collaborative knowledge of this group.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every weekday morning and 3pm to 6pm every weekday afternoon. Extended hours surgeries were offered Monday's and Wednesday's between 6.30pm and 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, there was an allocation of same day appointments and urgent appointments were also available for people that needed them. Patients were also able to request telephone consultations.

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

- 75.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 71.9% and national average of 74.9%.
- 84.8% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71.5% and the national average of 73.3%.
- 81.1% of patients described their experience of making an appointment as good compared with the CCG average of 73.3% and the national average 73.3%.
- 68.4% of patients said they usually waited 15 minutes or less after their appointment time compare with the CCG average 67.8% and the national average 64.8%.

Listening and learning from concerns and complaints

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Complaints forms were readily available for patients on the front counter. The practice website also contains a section explaining the complaints process and details alternative NHS bodies to whom complaints could be made.

We looked at a register of four complaints received in the last 12 months and found that these were managed effectively and in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result. For example, an email communication to all staff reminding them of the need to lock computers to maintain confidentiality.

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 Statement of Purpose and patients were provided with a Commitment Statement. Staff knew of and were aware of the values held within these documents.
- The practice had a robust strategy and supporting business plans which reflected the vision and values of the practice and which supported innovation and learning.

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. Management staff were multiskilled and therefore able to provide efficient cover for all roles at all times.
- Practice specific policies were implemented and were readily available and easily accessible to all staff.
- There was a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

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 that they were very approachable. The staff members that we spoke to all said that they would feel comfortable raising issues with the management team and all were also aware of the existence of a whistleblowing policy.

The partners were also very proactive in consulting with the Patient Participation Group (PPG) in relation to business decisions (where appropriate). This afforded them the opportunity to consider the 'patient perspective'.

The provider was aware of and complied with the requirements of the Duty of Candour. This was evidenced in their management of significant events and complaints. The practice gave affected people reasonable support, truthful information and a verbal and written apology. Written records were retained.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Team building social events were held on a regular basis outside of surgery hours, which were popular and well attended.
- All staff felt involved in discussions about the running and development of the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG delivered a number of training sessions to enable patients to access the on-line services.
- We also spoke with one member of the PPG. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also said that consultations were never rushed and that the staff were compassionate.
- The PPG had achieved positive results in partnership with the practice. To support the usage of on-line services, the PPG held evening training sessions to enable patients to access the on-line facilities. A patient survey indicated that as a result of this activity, the percentage of patients who were aware of on-line services increased from 12% to 68%.

Are services well-led?

Good 

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

- The PPG has also been actively involved in drawing up plans to re-design the layout of the car-park to make the best use of the space available, improving access to all patients.

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. GPs attended regular training sessions arranged by the Clinical Commissioning Group (CCG) and there was evidence of staff being supported internally to develop professionally. For example, a Health Care Assistant (HCA) conducting a project to support their access into the nursing profession. A further example was the introduction of referrals meetings, which had led to improved exchange of knowledge between partners in specialist areas of practice.