

Vine Medical Centre

Quality Report

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Date of inspection visit: 15 December 2015

Date of publication: 17/03/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Vine Medical Centre on 15 December 2015. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were generally assessed and well managed. However, the practice had not undertaken a fire safety risk assessment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had not always received training appropriate to their roles and further training needs had not always been identified and planned.
- Staff had not received regular supervision and appraisal of their performance.
- Clinical waste was not always managed in line with national waste regulations.
- Processes to monitor fridge temperatures were inconsistent and did not always ensure medicines were stored safely.
- The practice worked closely with other organisations and with local community services in planning how care was provided to ensure that they met patients' needs.
- There was a lack of an overarching governance framework within the practice.
- There was a lack of systems in place for completing clinical audit cycles. The practice was unable to demonstrate that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care was consistently and strongly positive.

Summary of findings

- Information about services and how to complain was available and easy to understand. However, the management of and learning from complaints was not always clearly documented.
- Patients told us they did not always find it easy to make an appointment with a named GP, although urgent appointments were available the same day.
- There was a clear leadership structure and staff felt supported by management.
- The practice sought feedback from staff and patients, which it acted on. However, the patient participation group required further engagement and development.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure there are formal governance arrangements in place, including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure clinical audits are used to promote continuous improvement and improve patient outcomes.
- Ensure a fire risk assessment of the practice premises is undertaken.

- Ensure staff undertake training to enable them to undertake their role, including training in the safeguarding of vulnerable adults, health and safety, fire safety, and information governance.
- Ensure all staff receive regular supervision and appraisal.
- Implement processes to support daily monitoring of fridge temperatures to ensure medicines are stored safely.
- Ensure effective processes are in place to ensure sharps bins and waste are managed in line with national waste regulations.
- Ensure the effective management, handling and recording of complaints.

The areas where the provider should make improvements are:

- Review patient access to the practice by telephone in response to GP patient survey outcomes.
- Undertake further review of staffing and allocation of duties in order to optimise and prioritise GP availability.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, administration staff within the practice had not undertaken training in the safeguarding of vulnerable adults.
- Processes did not ensure daily monitoring of fridge temperatures to ensure medicines were stored safely.
- Risks to patients were generally assessed and well managed. However the practice had not recently undertaken a fire risk assessment.
- Clinical waste and sharps bins were not always managed in line with national waste regulations.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- 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.
- Staff had not always received training appropriate to their roles and further training needs had not always been identified and planned.
- Staff had not received regular supervision and appraisal of their performance.
- There was little evidence that audit was driving improvement in performance to improve patient outcomes.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice 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.
- Feedback from patients reported that access to a named GP was not always available quickly, although urgent appointments were usually available the same day.
- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, the management of and learning from complaints was not always clearly documented.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients. However, the strategy for the practice was not clearly defined.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, however some policies were due for review.
- There was a lack of an overarching governance framework within the practice.
- There was a lack of systems in place for completing clinical audit cycles. The practice was unable to demonstrate that audits were driving improvement in performance to improve patient outcomes.
- 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

Requires improvement



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. There was a virtual patient participation group which required further engagement and development.

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 requires improvement for providing safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice worked closely with community teams to offer proactive, personalised care to meet the needs of the older patients in its population.
- Older patients with complex care needs, for example, dementia and end of life care and those at risk of hospital admission, all had personalised care plans that were shared with local organisations to facilitate the continuity of care.
- The practice was responsive to the needs of older patients and offered home visits and rapid access appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Nursing staff held key roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 medicine needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for providing safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with health visitors.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- 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.
- Extended hours appointments were available up to 7.30pm on three evenings each week.
- 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.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Longer appointments were available for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Information was provided to 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- 88.89% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared with a national average of 84.01%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Advance care planning was carried out for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There were systems 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.
- Counselling services were available to patients within practice on two days each week.

Requires improvement



Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey for the practice published in January 2016. The results showed the practice was performing in line with local and national averages. 265 survey forms were distributed and 109 were returned.

- 61% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 83% found the receptionists at this surgery helpful compared to a CCG average of 83% and a national average of 87%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- 96% said the last appointment they got was convenient compared to a CCG average of 91% and a national average of 92%.

- 71% described their experience of making an appointment as good compared to a CCG average of 69% and a national average of 73%.
- 61% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 66% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 completed comment cards which were all positive about the standard of care received. Patients described the excellent, responsive and attentive care they received from the practice which met their individual needs. Many patients described the exceptional levels of support provided by practice staff at particularly difficult times and when facing complex medical conditions.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are formal governance arrangements in place, including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure clinical audits are used to promote continuous improvement and improve patient outcomes.
- Ensure a fire risk assessment of the practice premises is undertaken.
- Ensure staff undertake training to enable them to undertake their role, including training in the safeguarding of vulnerable adults, health and safety, fire safety, and information governance.
- Ensure all staff receive regular supervision and appraisal.

- Implement processes to support daily monitoring of fridge temperatures to ensure medicines are stored safely.
- Ensure effective processes are in place to ensure sharps bins and waste are managed in line with national waste regulations.
- Ensure the effective management, handling and recording of complaints.

Action the service **SHOULD** take to improve

- Review patient access to the practice by telephone in response to GP patient survey outcomes.
- Undertake further review of staffing and allocation of duties in order to optimise and prioritise GP availability.

Vine Medical 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 advisor and a practice manager specialist advisor.

Background to Vine Medical Centre

Vine Medical Centre offers general medical services to approximately 6,300 registered patients.

The practice delivers services to a slightly higher number of patients under the age of 18 years when compared with the national average. The practice provides services to patients over the age of 65 years and 75 years, in numbers which are slightly below the national averages for those age groups. Care is provided to patients living in a nearby residential facility and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is below the national average.

Care and treatment is delivered by four GP partners and a salaried GP. Two of the GPs are female and three are male. The practice employs two practice nurses and a phlebotomist. GPs and nurses are supported by the practice manager, an office manager and a team of reception and administration staff.

The practice had not been subject to a previous inspection by the care quality commission.

The practice is open between 8.30am and 6.30pm Monday to Friday. Extended hours appointments are offered on Monday, Tuesday and Thursday evenings until 7.30pm.

Services are provided from:

69 Pemberton Road, East Molesey, Surrey, KT8 9LJ.

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hours service, Harmoni.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, managers and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services 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)

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 also 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, following one incident the practice had recently reviewed their processes and provided updated information to staff to ensure information governance and data protection processes were appropriately followed.

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.

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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their safeguarding responsibilities, however administration staff had not received training in the safeguarding of vulnerable adults. Other staff such as nurses had received training relevant to their role. GPs were trained to safeguarding level 3.
- Notices within the practice advised patients that a chaperone service was available, if required. All staff

who acted as chaperones were trained for the role and had been subject to 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). Reception and administration staff told us they were not required to act as chaperones, as the role was undertaken only by nurses within the practice.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A 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 improvements identified as a result. However, we found that there were no formal arrangements in place for the storage of clinical waste awaiting collection by an external waste collector. Nurses told us that potentially infected clinical waste was required to be left in place in clinical waste bins within treatment rooms whilst awaiting weekly collection. On the day of inspection we found sharps bins were not being used according to the current regulations for the disposal of sharps waste. We found two sealed sharps bins awaiting collection which had been stored on a high shelf within a cleaning cupboard. The sharps bins were dated to indicate they had been in use since March 2015 and sealed when full, in December 2015. This demonstrated that staff were not always following the appropriate guidance or their own practice policy on the safe disposal of such waste.
- 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 implemented a protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. Reviews were undertaken for patients on repeat medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to

Are services safe?

monitor their use. The practice told us they supported high levels of electronic prescribing which enabled patients to request repeat prescriptions and have them sent directly to a pharmacy of their choice.

- The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up to date copies of these directions. We checked medicines stored in treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed that fridge temperature checks were carried out on most days and confirmed that medicines were stored at appropriate temperatures. However, we saw that fridge temperature checks had not been undertaken on one day each week when there was routinely no nurse present within the practice and during some other periods of nurse absence. Processes were in place to check medicines were within their expiry date and suitable for use. This included recorded checks of stock and expiry dates. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- We reviewed six 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.
- 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 generally assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety policies and procedures available within the practice. The practice carried out regular fire drills but did not have an up to date fire risk assessment for the premises. The practice had other risk assessments in place to monitor safety of the premises which included the control of substances hazardous to health and the risk of exposure to legionella which is found in some water supplies. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There 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.
- 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. The practice had a buddying arrangement in place with a neighbouring practice in order to access support in the event of a major incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.6% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the CCG and national average. For example, 88.94% of patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less, compared with a national average of 78.03%; the percentage of patients with diabetes whose last measured cholesterol was 5 mmol/l or less was 81.35% compared with a national average of 80.53%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. For example, 92.07% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less, compared with a national average of 83.65%.
- Performance for mental health related indicators was better than the CCG and national average. For example, 94.59% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months

compared with a national average of 88.47% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 92.31% compared with a national average of 89.55%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 88.89% compared with a national average of 84.01%.

We saw limited evidence of clinical audits which had been completed and which demonstrated quality improvement. Nurses told us that were not involved in any clinical auditing within the practice. The practice participated in some applicable local audits and national benchmarking. We saw that prescribing audits had been undertaken by the clinical commissioning group prescribing team.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as 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 nurses reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. One nurse told us they had recently completed a wound care update course to support the management of patients with venous ulcers. Another nurse told us of recent updated training they had received in the care of patients with respiratory conditions such as asthma and chronic obstructive pulmonary disease. The nurse worked closely with local respiratory physicians to support their updating of knowledge.
- The learning needs of staff were not well planned within the practice. Many staff had not had an appraisal and a review of their learning needs within the last 12 months. Reception and administration staff did not always therefore have access to appropriate training to meet their learning needs and to cover the scope of their work. There was a lack of processes to ensure staff were supported by one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation.

Are services effective?

(for example, treatment is effective)

- Nurses within the practice managed their own learning and had accessed external training to ensure their continuous professional development and to ensure they were up to date in key areas such as the safeguarding of children and vulnerable adults and the Mental Capacity Act 2005. We reviewed staff training records and saw that some staff were not up to date with training in key areas such as fire safety, health and safety and the safeguarding of vulnerable adults. In some areas staff had received informal training delivered by a staff member who was not adequately trained themselves to deliver that training, for example in the role of a fire marshal and information governance. We saw evidence to confirm that staff had received training in basic life support.

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 when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

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 diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.35%, which was comparable to the national average of 81.83%. There was a policy to offer telephone 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 comparable to CCG/national averages. For example, childhood immunisation rates for the MMR vaccinations given to under two year olds was 88.1% compared with a CCG average of 82%.

Flu vaccination rates for the over 65s were 64.69%, and at risk groups 47.18%. These were also comparable with CCG and national averages.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 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 and that 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 25 patient CQC comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with 4 patients on the day of our inspection. They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two of the patients we spoke with had recently transferred to the practice from another local practice following personal recommendations.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 83% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

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 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 above local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.

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

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. Written information in the form of a carers pack was available to direct carers to the various avenues of support available to them. The practice worked closely with support groups such as Action for Carers Surrey. Staff

Are services caring?

told us that a recent staff meeting had been attended by a representative from the organisation in order to promote staff awareness of the support services which could be accessed.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation to meet the family's needs and/or by giving them advice on how to access 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 offered extended hours appointments until 7.30pm on three evenings each week 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 patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had taken an active role in the development of a locality community medical team which provided care on seven days each week in order to reduce the risk of hospital admission and improve care for vulnerable patients.
- There were disabled facilities, hearing loop and translation services available.
- The practice provided care to a number of patients with venous ulcers. Nurses worked closely with a community tissue viability nurse to ensure optimum treatment outcomes for those patients.
- The practice accessed support from a diabetic specialist nurse who attended the practice on a weekly basis to assist in the management of patients with complex care needs.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended hours appointments were available until 7.30pm on three evenings each week. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us that they were able to get appointments when they needed them.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 61% patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and national average of 73%.
- 71% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 61% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Listening and learning from concerns and complaints

The practice had some systems in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included complaints information available on the practice website and a summary leaflet which was available within the practice.

We looked at seven complaints received in the last 12 months and found these were all discussed and reviewed. However, the practice was unable to demonstrate that complaints had been acknowledged in a timely way. The practice manager told us they had sent acknowledgement letters to complainants whilst investigating complaints but these were not retained by the practice. Consequently, practice records showed delays between receipt of complaints and the first communication sent to the complainant. We noted that individual complaints had been acted upon, however the lessons learned from complaints and actions taken as a result to improve the quality of care, were not clearly defined. Practice staff told us they held regular meetings where complaints were discussed and relevant learning was disseminated to staff. However, the practice was unable to demonstrate that recent meetings had been held as there had been delays to minutes being produced and circulated.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However, the strategy for the practice was not clearly defined. We found details of the aims and objectives and values in their statement of purpose. The practice aims and objectives included to provide services which meet the needs of the local population, preventing ill health and improving health and well-being, whilst continuously improving services to meet the needs of patients by encouraging dialogue through the patient participation group (PPG).

The practice acknowledged the impact that a challenging and turbulent period in the 12 months prior to our inspection had had upon the vision for the practice. The practice had experienced periods of prolonged sick leave and compassionate leave which had led to delays in the management of some processes and a higher than usual use of locum GPs. The practice experienced ongoing high levels of demand from patients who regularly transferred from a neighbouring practice.

Governance arrangements

There was a lack of an overarching governance framework within the practice to support the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice had policies and procedures in place to govern activity and these were available to staff. However, some policies were due for review.
- There was some understanding of the performance of the practice but a lack of clear processes to ensure ongoing review and continuous improvement.
- The practice lacked a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. However, we saw that some prescribing audits had been undertaken by the clinical commissioning group.
- There was a lack of arrangements in place to ensure that GPs and nurses had the opportunity for joint learning, supervision, review of treatment outcomes and best

practice guidance. Nurses within the practice told us they did not attend meetings with the GPs and were unable to meet as a nurse team as there was no overlap of the hours they worked.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, risk assessments associated with fire safety arrangements had not been undertaken.

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 and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and 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.

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

Are services well-led?

Requires improvement 

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

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

- The practice had gathered feedback from patients through their virtual patient participation group (PPG) and through surveys and complaints received. For example, the practice had conducted a patient survey over a 2 week period from 19 January 2015 which focused upon appointment access and availability. In response to findings from the survey the practice had reviewed their processes to enable patients to book routine appointments up to one month ahead. The practice had developed an action plan for 2015/16 which included a review of all GP activities in order to identify tasks which could be delegated to support staff; consideration of the appointment of a nurse practitioner and the establishment of a duty doctor system. At the time of our inspection these actions were still ongoing.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had a whistleblowing policy which was available to all staff. Staff we spoke with were aware of the policy and how they could whistleblow internally and externally to other organisations.

Continuous improvement

There were some processes in place to support continuous learning and improvement at all levels within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had taken an active role in the development of a locality community medical team which provided care on seven days each week in order to reduce the risk of hospital admission and improve care for vulnerable patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider had not ensured that effective systems were in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are healthcare associated.</p> <p>We found that the registered provider had not ensured the proper and safe management of medicines.</p> <p>This was in breach of regulation 12 (1) (2) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>We found that the registered provider had not established and operated effectively, accessible systems for receiving, recording handling and responding to complaints by service users.</p> <p>This was in breach of regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider had not always assessed, monitored and mitigated the risks relating to the health safety and welfare of service users and staff.</p>

This section is primarily information for the provider

Requirement notices

We found that the registered provider had not always assessed, monitored and improved the quality and safety of services provided.

We found that the registered provider had not always maintained records which are necessary to be kept in relation to the management of the regulated activity.

This was in breach of regulation 17 (1) (2) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found that the registered provider had not ensured that persons employed in the provision of a regulated activity had received appropriate support, training, professional development and appraisal to enable them to carry out the duties they were employed to perform.

This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.