Shadbolt Park House Surgery

Quality Report

Shadbolt Park,
Worcester Park,
Surrey,
KT4 7BX
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Website: www.shadboltsurgery.com

Date of inspection visit: 8 November 2017
Date of publication: 04/01/2018

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?	Good
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Shadbolt Park House Surgery was previously inspected in January 2016 and was rated Good in all domains and overall.

At this inspection in November 2017 the practice is rated as RI overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires Improvement

The practice is rated as requires improvement for providing safe, effective and well led services and; this affects all six population groups:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We carried out an announced comprehensive inspection at Shadbolt Park House Surgery on 8 November 2017 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.

The Health and Social Care Act 2008 states that registered providers must have a registered manager. At the time of the inspection Shadbolt Park House Surgery had no registered manager in post. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. CQC have received confirmation of an application but this is yet to be completed.

At this inspection we found:

- The practice had an open and transparent approach to safety but did not have sufficient effective systems and

Summary of findings

processes in place to ensure patients were always kept safe. For example, the practice had not completed the required actions after the legionella assessment, a fire risk assessment or fixed wiring testing.
- Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. However, during our inspection we found that the practice's system for recording significant events needed improvement.
- The practice was unable to demonstrate that all staff were up to date with essential training.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed the results for practice management of patients with long-term conditions were good.
- Information about services and how to complain was available and easy to understand.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment
- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those with enhanced needs were also provided the same day.
- The practice was equipped to treat patients and meet their needs.
- We observed the premises to be visibly clean and tidy.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. By establishing more effective and timely ways to record, discuss and learn from significant events.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure that care and treatment is provided in a safe way for service users, by conducting the necessary checks required from the Legionella assessment.
- Ensure that premises and equipment used are properly maintained by conducting a fire risk assessment and fixed wire testing (as required every five years).

The areas where the provider **should** make improvements are:

- Consider ways to identify and support more patients who are carers.
- Review the number of GP appointments offered on a daily basis.
- Where prescriptions are uncollected review if these need to be seen by a GP before being destroyed.
- Strengthen the system for logging and monitoring hand written prescriptions
- Strengthen contingency plans to ensure there are sufficient numbers of staff in order to meet the requirements of the practice.

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

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	**Requires improvement**
People with long term conditions	**Requires improvement**
Families, children and young people	**Requires improvement**
Working age people (including those recently retired and students)	**Requires improvement**
People whose circumstances may make them vulnerable	**Requires improvement**
People experiencing poor mental health (including people with dementia)	**Requires improvement**

Shadbolt Park House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Shadbolt Park House Surgery

Shadbolt Park House Surgery offers personal medical services to the population of the Worcester Park area of Surrey. There are approximately 8,500 registered patients which has increased in the last year due to the retirement and closure of a nearby GP surgery.

The practice has a partnership with Integrated Medical Holdings (IMH) where two of the three GPs registered as a partner are members of IMH. The IMH GPs are not based at the practice and do not complete clinical work in the practice. IMH offer managerial and clinical leadership.

The practice is also supported by a lead GP and six salaried GPs (four female and three male), an advanced nurse practitioner, a pharmacist, a lead nurse and a practice nurse, two part time healthcare assistants, a team of administrative staff, an assistant practice manager and a practice manager.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccines and advice.

Shadbolt Park House Surgery is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

Services are provided from one location:

Shadbolt Park House Surgery,

Shadbolt Park, Salisbury Road, Worcester Park, Surrey, KT4 7BX

Opening hours are:-

Monday 8:30am - 8:30pmTuesday - Friday 8:30am - 6:30pm

Phone lines open at 8am.

The practice is part of a hub of GP practices that can offer evening appointments until 9:30pm and weekend appointments – Saturday and Sunday 9am until 1pm. These appointments are not run from the practice but from separate locations in Leatherhead, Epsom and on the Downs.

During the times when the practice was closed, the practice had arrangements for patients to access care from Care UK which is an Out of Hours provider.

The practice population has a higher number of patients between birth and fours years old as well as 35 -59 and 65 - 85+ years of age than the national and local CCG average. The practice population also shows a lower number of 10-14 and 20-34 year olds than the national and local CCG average. There is an average number of patients with a long standing health conditions and a health care problem in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

Requires improvement

Are services safe?

Our findings

We rated the practice as requires improvement for providing safe services. The issues identified as requiring improvement affected all patients including all population groups.

The practice was rated as requires improvement for providing safe services because:

- Not all staff had received safeguarding training.
- Some risk assessments for the maintenance of a safe environment had not been completed.
- The practices system for recording significant events needed improvement.
- The practice had no long term plan in how it would ensure there were sufficient numbers of staff to cover routine work with the knowledge that two nurses were leaving.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse. However, not all staff had received training for safeguarding children or vulnerable adults and there had not been a recent fire risk assessment or fixed wiring testing.

- The practice had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. They outlined clearly who to go to for further guidance.
- Not all staff had received up-to-date safeguarding training appropriate to their role. We saw there was no record of four non clinical staff having completed training in child safeguarding and there was no record of training for two nurses. Three non clinical staff and two nurses also had no record of training for safeguarding vulnerable adults. However, staff we spoke with knew how to identify and report concerns including safeguarding.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice had completed a legionella risk assessment in November 2017. However, we noted that the requirement to take monthly water temperatures and the running of water outlets had not been completed since the last risk assessment in October 2015.
- There was an effective system to manage infection prevention and control.
- The practice ensured that equipment were safe and maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The practice had not completed a recent fire risk assessment or had the fixed wiring tested every five years as required.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, these were not always robust.

- The arrangements for planning and monitoring the number and mix of staff needed were not always robust. The two healthcare assistants had both been on long term sick leave for over a year and were being supported to return to work on a phased return. The practice did not have a contingency plan to cover the HCA roles in the long term. Instead the practice had asked the nurses to take on the additional duties of the HCAs. The nurses informed us that this had meant them working additional hours to cover the roles and had impacted their ability to perform other tasks such as performance reviews or mandatory training.
- The practice informed us during their presentation that they had recently moved from having three GPs on duty a day to four. When we reviewed staff rotas we noted that during a four week period from 16 October 2017 to 6 November 2017 the equivalent of two GPs had been available on Fridays.

Requires improvement

Are services safe?

- When there were changes to services or staff the practice did not always assess or monitor the impact on safety. We were informed during the inspection that the two practice nurses were leaving the practice in November 2017. We were informed that the practice had advertised the roles but there had not been any successful candidates. They told us the Advanced Nurse Practitioner would take on some of the additional roles of the nurses and that a locum nurse would be used. When asked the practice could not give us a written short or long term contingency plan in how they were going to ensure there were sufficient numbers of staff to cover routine work.
- There was an induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines with the exception of monitoring prescription pads used for home visits.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice kept prescription stationery securely and monitored its use. However, prescription pads used for home visits were not always monitored and we found pads with doctors' names on who no longer worked for the practice.
- Staff told us that after a period of three months prescriptions were destroyed if the patient had not collected them. We noted these were not reviewed by a GP before being destroyed to ensure that patients were not missing needed medication.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice had employed a pharmacist who regular reviewed with the patient their medication.

Track record on safety

The practice had a good safety record with the exception of fire risk assessments and fixed wire testing.

- There were some risk assessments in relation to safety issues. However, the practice had not completed a fire risk assessment or a fixed wiring assessment. After the inspection the practice sent us confirmation that these had been booked for November 2017.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, this was not always in a timely manner.

- There was a system for recording and acting on significant events and incidents. We reviewed significant events raised and saw that in some cases there had been a delay from the event taking place, to being discussed with learning outcomes and to the event being recorded. For example, we saw an event had taken place in April 2017 discussed at a clinical meeting in July 2017 and had been recorded on the practice system in November 2017. We were able to see the meeting minutes where significant events had been discussed. It was also noted that all action were owned and signed off by the practice manager but there was no record of who was responsible for ensuring agreed actions were completed to a satisfactory standard.

Requires improvement

Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice but not always in a timely manner.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services. The issues identified as requiring improvement affected all patients including all population groups.

The practice was rated as requires improvement for providing effective services because:

- The practice did not keep an up to date training matrix and was unaware of the training staff had yet to complete.
- Not all staff had completed mandatory training as required by the practice.
- Some staff had not received an appraisal and some clinical staff had not received formal clinical supervision.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had installed a Health Pod for patients to use. This is a secure computer system which has the capability to accurately record patient data and take readings, such as weight and blood pressure measurements. Results are automatically recorded onto the patient computer record and are monitored by practice staff to highlight any readings that would need further investigation.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

The practice is rated as requires improvement for providing safe, effective and well led services and this affects all six population groups. Therefore all population groups are rated as requires improvement.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- GPs could refer patients needing assessments and referrals to local services, such as the Community Assessment and Diagnostic Unit (CADU) and could call CADU and refer patients directly to the unit for assessments to take place on the same day.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice had sent out 308 health check invites and 221 had been completed.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice nurses visited the local sheltered housing accommodation sites to carry out specific flu clinics.
- Patients on multiple medications have an annual medication review to try and prevent poly-pharmacy complications.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- A GP and the pharmacist at the practice had a special interest in diabetes and the practice ran clinics for six monthly diabetes reviews.
- 78% of patients with hypertension had regular blood pressure tests performed. This was in line with the CCG average 80% and national average 83%

Requires improvement

Are services effective?

(for example, treatment is effective)

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were just below the target percentage of 90% with two indicators being at 88% and one at 86%. The last indicator was at 93%
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 79%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice offered NHS health-checks and advice for diet and weight reduction.
- Nurses were trained to offer smoking cessation advice.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average of 84%.
- 81% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 92% of patients experiencing poor mental health had received a discussion and advice about alcohol consumption (CCG 90%, national 91%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the pharmacist completed regular medication reviews. Where appropriate, clinicians took part in local and national improvement initiatives. The practice used information about care and treatment to make improvements

The most recent published Quality Outcome Framework (QOF) results for 2016/2017 were 97.4% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95.5%. The overall exception reporting rate was 7% compared with a national and local average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- 75% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the preceding 12 months). This was in line with the CCG average 80% and national average 80%
- 74% of patients with asthma, had an asthma review in the preceding 12 months which included an assessment of asthma control. This was in line with the CCG average 74% and national average 76%
- 99% of patients with chronic obstructive pulmonary disease(COPD) had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months. This was above the CCG average 92% and national average 90%

Requires improvement

Are services effective?

(for example, treatment is effective)

- 78% of patients with hypertension had regular blood pressure tests performed. This was in line with the CCG average 80% and national average 83%

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, not all staff had completed the practices mandatory training.

- Staff were not up to date with their mandatory training. The practices' training matrix had not been completed and the practice manager was unable to provide an accurate account of training. We received an updated training matrix after the inspection which contained gaps in training. For example, from 12 clinical staff, six had not completed training in learning disabilities awareness. Five had not completed training in mental health awareness and four had not completed training in dementia awareness. We also noted that two new starters from March and June 2017 also had yet to complete this training. Non clinical staff also had gaps in training. For example, from 16 non clinical staff, six had not completed training in infection prevention or learning disabilities awareness. Eight had not completed training in information governance and 10 had not had training in mental health awareness. We noted there were four new starters, however, two had started in June 2017 and they also had not completed this training.
- Non clinical staff we spoke with told us that the practice provided protected time to complete training but were unaware that training was overdue. The nurses we spoke with told us that due to work schedules they had been unable to complete their mandatory training.
- The practice did not always provide staff with ongoing support. We spoke with the advanced nurse practitioner who told us that they had not been appraised and that they had not had the time to appraise the two practice nurses. A practice nurse confirmed this was the case. Two of the GPs we spoke with also told us that they had not had an internal appraisal. We reviewed five staff files and found that only two files contained an appraisal.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice as good for providing caring services. However, all population groups are rated as requires improvement as the practice was given this rating for providing safe, effective and well-led services. The issues identified as requiring improvement affected all patients including all population groups.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The three patient Care Quality Commission comment cards we received and the three patient participation group members we spoke with were positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 252 surveys were sent out and 125 were returned. This represented less than 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 87%; national average - 86%.
- 90% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 94% of patients who responded said the nurse gave them enough time; CCG – 93%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 95%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 86% of patients who responded said they found the receptionists at the practice helpful; CCG - 85%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers (Less than 1% of the practice list).

- Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice was part of the Surrey GP Carers Breaks scheme which allows GPs to prescribe a limited number of carers, a break worth up to £300, based on a clinical assessment of health.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services caring?

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

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 78% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services. However, all population groups are rated as requires improvement as the practice was given this rating for providing safe, effective and well-led services. The issues identified as requiring improvement affected all patients including all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. The practice was part of a hub of GP Practices that offer evening appointments until 9:30pm and weekend appointments – Saturday and Sunday 9am until 1pm. These appointments are not run from the practice but from separate locations in Leatherhead, Epsom and on the Downs.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, translation services were available and the practice was suitable for those with limited mobility.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

The practice is rated as requires improvement for providing safe, effective and well led services and this affects all six population groups. Therefore all population groups are rated as requires improvement.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Where possible, patients were offered appointments with their allocated GP within 24 hours either via a telephone or face to face appointment. If urgent they were offered an appointment with the duty doctor.
- Patients on multiple medications had an annual medication review to try and prevent complications due to medicines reacting with one another.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practices' pharmacist had a special interest in diabetes and the practice ran clinics for diabetes reviews.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances.
- The practice ensured that children needing emergency appointments would be seen on the same day or were offered telephone appointments to discuss any concerns.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was able to offer early viability scans through Surrey Ultrasound Services for at risk pregnant patients.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Weekend appointments were available for patients from the Hub (A joined up approach from practices within the Surrey Downs Clinical commissioning group areas that could offer extended appointments in four separate locations).

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice invited patients for an annual review which included a review of their medications and mental health care plan. The practice discussed warning signs of a potential relapse and crisis management if appropriate.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

The practice told us about an event that had been raised as a significant event where an emergency appointment with the duty GP had taken over an hour of the GPs time. Other GPs on duty that day were able to see the duty GPs patients in order to minimise waiting time. It was re-enforced with reception staff to inform patients if their GP was running late.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 252 surveys were sent out and 125 were returned. This represented less than 1% of the practice population.

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 71% of patients who responded said they could get through easily to the practice by phone; CCG – 66%; national average - 71%.
- 89% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 85%; national average - 84%.
- 81% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.
- 70% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 73%.
- 36% of patients who responded said they don't normally have to wait too long to be seen; CCG – 59%; national average - 58%.

The practice was aware that the patient survey had shown that only 36% of patients had responded that they did not normally have to wait too long to be seen which was below the national average. In contrast 94% of patients said the GP they saw or spoke to was good at giving them enough time. The practice had recruited more GPs and increased the number of appointments to address this concern.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed five complaints and found that they were satisfactorily handled in a timely way.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice as requires improvement for providing a well-led service. The issues identified as requiring improvement affected all patients including all population groups.

The practice was rated as requires improvement for well-led because arrangements for managing good governance required improvement.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges however the way the practice was going to address them was not always documented. For example, there was nothing documented as to how the practice was going to address the loss of key nursing staff.
- Staff told us they were not always aware of the leadership structure within IMH. They were aware of who they could speak with within the practice itself but not who to speak with for any other concerns.
- Leaders who worked within the practice were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. However this was not felt by all staff.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region.

Culture

The practice had a culture of high-quality sustainable care.

- Staff told us they were proud to work in the practice. However, some members stated that they did not always feel supported or valued.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns. However, some staff members told us that they did always feel confident that these would be addressed.
- Processes for providing staff with the development they needed was lacking for some staff members. Some staff had not received annual appraisals. It was noted that some administration staff had been promoted within the team and were being developed to further their careers within the practice.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff were given protected time for professional development and evaluation of their clinical work. However, some clinical staff informed us that due to work demands during the last 12 months they had been unable to complete mandatory training and they felt there was a lack of clinical supervision.
- The practice promoted equality and diversity. It identified and addressed the causes of any workforce inequality. However, not all staff had completed equality and diversity training.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

Are services well-led?

Requires improvement

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

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, not all staff had received safeguarding training.
- Practice leaders had established policies and procedures. However, some activities to ensure safety had not been completed. For example, the practice had not completed a fire risk assessment or had the fixed wiring tested every five years as required. We also found that the monthly taking of water temperatures and the running of water outlets had not been completed since the last Legionella assessment in October 2015.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There were not always effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. The practice had no written contingency plan in how they were going to address the situation of the two practice nurses leaving and ensuring there were sufficient numbers of staff to cover routine work.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information. However, we noted that there were delays in the recording and outcome learning of significant events.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- Information was used to monitor performance and the delivery of quality care. There was a system in place for reporting and recording significant events. However, these were not always completed in a timely manner and potentially impacted analyses and outcome learning. It was not always clear who owned the action plan and who was responsible for ensuring agreed actions were completed to a satisfactory standard.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group which gave feedback and suggestions to the practice on areas of possible improvement. They also produced the practice newsletter and organised fund raising events to provide the practice with additional equipment.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

Requires improvement

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.** **This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The service provider had failed to ensure that premises and equipment used were properly maintained. The service provider had not completed a fire risk assessment or a fixed wire test (as required every five years)** **This was in breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The service provider had failed to ensure that care and treatment was provided in a safe way for service users. The service provider had not assessed the risk of**

This section is primarily information for the provider

Requirement notices

preventing, detecting and controlling the spread of infections. The service provider had failed to conduct water temperature testing and the flushing of water outlets as required under the legionella assessment.

This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service provider had failed to ensure there were effective systems and processes established to assess, monitor and improve the quality and safety of the service provided. The service provider had failed to ensure that significant events were documented, discussed, lessons learnt and recorded onto the practice system in a timely manner. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.