

Holly Tree Surgery

Quality Report

42 Boundstone Road,
Farnham,
Surrey,
GU10 4TG

Tel: 01252793183

Website: www.hollytreesurgery.com

Date of inspection visit: 12 May 2016

Date of publication: 01/07/2016

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Holly Tree Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Holly Tree Surgery on 12 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.

- The practice held daily walk-in clinics instead of an appointment system. Comments we received and patients we spoke with told us they were always able to get on the day appointments and thought this service worked well. Appointments with the nurse or healthcare assistants could be booked in advance as well as specific services with the GP. For example, contraception services or minor surgery.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas where the provider should make an improvement:

- Review the frequency of internal meetings. Ensure staff who may benefit from attending are invited to do so.

Summary of findings

- Review the recording of minutes or actions from meetings held to ensure the dissemination of information to staff not present and to support shared learning.

- Review future succession planning.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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 worked with the integrated care team to improve communication between different services, for those patients who were vulnerable or had complex needs.
- The practice referred patients to a support service, linked to Age UK Surrey. (The service helps those over the age of 50 to become involved in and join activities in Farnham and the local area).
- The practice held daily walk in clinics instead of an appointment system. Comments we received and patients we spoke with told us they were always able to get on the day appointments and thought this service worked well.
- The practice was part of the Surrey GP Carers Breaks scheme, which allows GPs to authorise a limited number of carers with a break worth up to £500, based on a clinical assessment of health.
- GPs had remote access to patients' notes and used this when conducting weekly visits to the local boarding school.
- The practice was able to dispense medicines to those patients living more than a one mile radius of a local pharmacy.
- A 12 month audit of patients who had died with care plans in place, indicated all 12 patients had died in the place of their choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and could prioritise appointments for those with enhanced needs.
- The practice referred patients to a support service, linked to Age UK Surrey. (The service helps those over the age of 50 to become involved in and join activities in Farnham and the local area).
- The practice worked with the integrated care team to improve communication between different services, for those patients who were vulnerable or had complex needs.
- The practice was able to refer patients to an older person's mental health practitioner who attended the practice weekly.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered regular anticoagulation clinics for patients on warfarin.
- Performance for diabetes related indicators was higher than the clinical commissioning group (CCG) and national average. For example, 96% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months with the national average being 88%.

Good



Families, children and young people

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

Good



Summary of findings

- 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 children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86%, which was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- GPs held weekly visits to the local boarding school and were able to remotely access patients' notes.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse.
- Safeguarding policies and procedures were readily available to staff.
- The practice held nurse led well-woman and well-man clinics including NHS Health Checks.
- When necessary young children were prioritised and if there was a significant parental concern would be seen outside of routine surgery times.
- The practice was part of the catch up programme for students aged 17 and above for MMR (measles, mumps and rubella) and the Meningitis C vaccination.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice.

Good



Summary of findings

- On-line ordering of repeat prescriptions was available and patients were able to collect medicines from a pharmacy of their choice.
- The practice held nurse led well-woman and well-man clinics including NHS Health Checks.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice could accommodate all patients including those patients with limited mobility or who used wheelchairs.
- The practice worked with the integrated care team to improve communication between different services, for those patients who were vulnerable or had complex needs.
- Carers and those patients who had carers, were flagged on the practice computer system and were signposted to the local carers support team.
- The practice was part of the Surrey GP Carers Breaks scheme which allows GPs to authorise a limited number of carers with a break worth up to £500, based on a clinical assessment of health.

Good



People experiencing poor mental health (including people with dementia)

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

- 92% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is higher than the national average of 84%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was higher than the national average of 88%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was able to refer patients to an older person's mental health practitioner who attended the practice weekly.
- All staff members had been trained on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLs)

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 229 survey forms were distributed and 123 were returned. This represented 4% of the practice's patient list.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73% and the clinical commissioning group (CCG) average of 74%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76% and the CCG average of 78%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85% and the CCG average of 88%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and the CCG average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. We received comments complimenting the practice on the care received by all staff. Patient comments we received told us that patients felt listened to and respected. Patients thought the staff were friendly and they received excellent care.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they

received and thought staff were approachable, committed and caring. Patients described the GPs and practice nurses as caring and professional. Patients told us they were listened to and were given advice about their care and treatment which they understood and which met their needs. They described the GPs and nurses as kind and told us they always had enough time to discuss their medical concerns.

We spoke with a member of the patient participation group (PPG), who gave us positive comments about the practice. The PPG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. They told us the practice listened and responded positively to their views. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comment cards and patients we spoke with also told us they appreciated the practice did not have on the day pre-bookable GP appointments and instead held walk in clinics. They told us this system ensured they had same day appointments. A list of each GPs working days was made available to patients through the website and practice leaflet. Patients we spoke with told us they were always able to see the GP of their choice, unless they needed an emergency appointment where instead they would be happy to see the next available GP.

A Friends and Family Test suggestion box was available within the reception area and an on line survey was available for patients to complete in the waiting area. Both invited patients to provide feedback on the service provided. Feedback over the last six months from 18 patients showed that all 18 patients would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Review the frequency of internal meetings. Ensure staff who may benefit from attending are invited to do so.
- Review the recording of minutes or actions from meetings held to ensure the dissemination of information to staff not present and to support shared learning.
- Review future succession planning.

Holly Tree 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, a practice manager specialist adviser and a pharmacy specialist adviser.

Background to Holly Tree Surgery

Holly Tree Surgery offers general medical services to the population of Farnham in Surrey. There are approximately 5,800 registered patients. The surgery is able to dispense medicines to those patients living outside a one mile radius of a local pharmacy.

Holly Tree Surgery is a training practice for GP registrars (doctors who are doing their final training to become GPs), FY2 doctors, (FY2 doctors are newly qualified doctors who are placed with a practice for four months and will have their own surgery where they see patients) and medical students.

Holly Tree Surgery is run by three partner GPs (two male and one female). The practice is also supported by a female GP retainer and a female GP registrar, three practice nurses and two healthcare assistants. The practice also has a team of administrative staff, a secretary and a practice manager. There is also a dispensing team consisting of a senior dispenser, three dispensers and a checker.

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

Services are provided from:-

42 Boundstone Road, Farnham, Surrey, GU10 4TG

Opening Hours are:-

Monday to Friday 8am to 6.30pm

Surgery Times are:-

Monday to Friday 8.30am to 10am and 3.30pm to 5.15pm

During the times when the practice is closed, the practice has arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients aged between 5 and 19, 40 and 59 and 70+ years of age than the national and local clinical commissioning group (CCG) average. The practice population also shows a lower number of patients aged from birth to 4, 20 to 39 and 60 to 64 years of age; than the national and local CCG average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

Why we carried out this inspection

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 May 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, two healthcare assistants, dispensary staff and administration staff and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence lessons were shared and action was taken to improve safety in the practice. For example, we saw a significant event had been raised due to a power failure and the vaccines in the fridge had been compromised. The practice had acted accordingly and had destroyed vaccines. The practice also used this as an opportunity to reinforce learning of cold chain management.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nurses and healthcare assistants were trained to level two and non clinical staff to level one.

- A notice in the waiting room and in the treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who kept 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 action was taken to address any improvements identified as a result. The practice had scored a compliance rate of 99% on their last infection control audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.

Are services safe?

Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

- The practice held stocks of controlled drugs (medicines which require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment which met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.9% of the total number of points available. The practice had a 5.8% exception rate. This was lower than the national average and local clinical commissioning group average of 9% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was higher than the national average. For example, 95% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the preceding 12 months), was higher than the national average of 80% and the clinical commissioning group (CCG) average of 85%.
- Ninety six percent of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months which was higher than the national average of 88% and the CCG average of 91%.

- 79% of patients with hypertension had regular blood pressure tests, which was slightly lower than the national average of 83% and the CCG average of 82%.
- Performance for mental health related indicators was higher than the national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan documented in the record, compared to the national and CCG average of 88%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. We reviewed four clinical audits which had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness. We noted the practice also completed audits for medicine management and infection control.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, the practice had audited patients prescribed a particular medicine for **atrial fibrillation**. We noted that patients prescribed this medicine had a medicine review. The audit was to ensure that prescribing was brought in line with National Institute for Health and Care Excellence (NICE) guidelines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Most staff had received an appraisal within the last 12 months. Those staff member who had yet to receive their appraisal had dates planned within the next couple of months.
- Staff received training which included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis where care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and

guidance, including the Mental Capacity Act 2005. All staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards in December 2015.

- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 86%, which was above the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age, were at 68% which was higher than the clinical commissioning group (CCG) average of 62% and a national average of 58%.
- Most childhood immunisation rates for vaccines given were either higher than or the same as the CCG average. For example, 100% of children under 24 months had received the MMR (measles, mumps and rubella) vaccine which was above the national average of 94%. A system was in place for the practice nurse to contact the parent or carer of those patients who did not attend for their immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The reception desk and waiting area were separate which helped with patient confidentiality.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 the local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 81%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us translation services were available for patients who did not have English as a first language or required British Sign Language.
- Information leaflets were available in easy read format.
- The practice website also had the functionality to translate the practice information into approximately 90 different languages.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. The practice had a notice board dedicated to local support groups and charities which could support patients if required. For example, we saw posters advertising a voluntary service to help with gardening or local transport.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as

carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice was part of the Surrey GP Carers Breaks scheme which allows GPs to authorise a limited number of carers with a break worth up to £500, based on a clinical assessment of health.

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 at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice held daily walk in clinics instead of an appointment system. Patients who attended the practice were told which GPs were working and the number of patients in front of them. All patients were able to have an appointment on the same day. Patients were positive about the walk in clinics. Patients had responded through patient feedback and surveys that they did not wish for this service to be changed. The patient participation group (PPG) had spoken with a local council member in order for the practice to retain its walk in service.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The waiting area was able to accommodate all patients including those with limited mobility or who used wheelchairs. There were also toilet facilities available for all patients, including an adapted aided toilet and a baby nappy changing facility.
- The practice remained open throughout the day so patients could ring the practice or drop off prescriptions or samples during the lunchtime period.
- The practice was able to review hospital data for any patient admitted or discharged in order to ensure continuity of care.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice.
- The practice offered NHS health-checks and advice for diet and weight reduction.
- The practice was able to dispense medicines to those patients living more than a one mile radius of a local pharmacy.

- The practice referred patients to a support service, linked to Age UK Surrey. (The service helps those over the age of 50 to become involved in and join activities in Farnham and the local area).
- The practice worked with the integrated care team to improve communication between different services, for those patients who were vulnerable or had complex needs.
- A 12 month audit of patients who had died with care plans in place, indicated all 12 patients had died in the place of their choice.
- GPs had remote access to patients' notes and used this when conducting weekly visits to the local boarding school.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Surgery times were from 8.30am to 10am and 3.30pm to 5.15pm daily. The practice held daily walk in clinics instead of an appointment system. This meant all patients attending the practice would be seen on the day. Pre-bookable appointments could be booked in advance for the nurses and healthcare assistants as well as specific services with the GPs. For example, contraception services or minor surgery.

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

- 76% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 80% and the national average of 78%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 97% of patients said the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 79% and the national average of 76%.

Patients told us on the day of the inspection they were happy with the service the practice provided and thought highly of the walk in service. They felt this service worked well and told us they had always been able to get an appointment on the same day. Patients told us they were able to get appointments with the GP of their choice. They

Are services responsive to people's needs?

(for example, to feedback?)

told us if the appointment was an emergency they would see the next available GP (if their GP was not working that day). The patient participation group (PPG) had conducted a patient survey which asked how long patients waited on average before seeing a GP. Results showed 50% of patients waited on average 15 to 30 minutes from first attending the practice.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Reception staff recorded information centrally for the GPs. If necessary the GP telephoned the patient or carer to gather further information. This ensured home visits were prioritised according to clinical need. In cases where the urgency of need was so great it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information was available to help patients understand the complaints system. There were posters on display in the waiting area, a complaints leaflet and information was on the practice website.
- A Friends and Family Test suggestion box was available within the reception area and an on line survey was available for patients to complete in the waiting area. Both invited patients to provide feedback on the service provided. Feedback over the last six months from 18 patients showed that all 18 patients would recommend the practice. Written patient feedback also included how they appreciated the walk in service.
- None of the patients we spoke with had needed to make a complaint about the practice.

We looked at three complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. We noted lessons learned from individual complaints had been acted on.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

The statement of purpose included the statements:-

- To provide the best possible quality service for patients within a confidential and safe environment through effective collaboration and teamwork.
- To involve patients in decisions regarding their treatment.
- To ensure that all member of the team have the right skills and training to carry out their duties competently, and they have opportunities to discuss and learn from problems or issues that arise at any time.
- To provide safe, effective health primary care services in a responsive way; meeting the needs of patients.

Staff we spoke with understood how they could support the practice in achieving the practice values.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice 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.

- The practice held some team meetings. Staff told us that they felt communication within the practice was good. However, some staff we spoke with told us they would like to have a more structured frequency of meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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

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 the patient participation group (PPG) and through surveys and complaints received. The PPG was long standing and had been running for 11 years. There was a small group of around six patients that attended face to face meetings and a virtual group of around 160

Are services well-led?

Good 

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

patients which only communicated by e-mail. The PPG met with the practice manager and a partner GP on a regular basis. Some of the ways the PPG had supported the practice was by carrying out patient surveys, submitted proposals for improvements and by speaking with a local council member in order for the practice to retain its walk in service.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:-

- The lead GP for diabetes was also the lead for diabetes within the clinical commissioning group (CCG) area. We noted that Holly Tree Surgery was the highest performing practice in 2015 when compared to other practices within the CCG area. They shared their knowledge with other practices and attended meetings to share learning.
- GPs had remote access to patients' notes and used this when conducting weekly visits to the local boarding school.
- The practice encouraged continuous learning for all staff. For example, the healthcare assistant was taking on extra training in order to give flu vaccinations.
- The practice referred patients to a support service, linked to Age UK Surrey. (The service helps those over the age of 50 to become involved in and join activities in Farnham and the local area).