

Dr. Wilks & Partners

Quality Report

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Date of inspection visit: 17 February 2016

Date of publication: 31/03/2016

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Witley Surgery on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

- Feedback from patients was consistently and strongly positive and patients said how caring the practice was.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.
- 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 two areas of outstanding practice:

Summary of findings

- The practice had recognised a problem with the services for night sitting for palliative care patients and had set up a charity which raised funds to provide night sitting services. This made a significant difference to palliative care patients.
- The practice had a dedicated GP focussing on frail patients and avoiding hospital admission.

The areas where the provider should make improvement are:

- Improve accessibility of the patient toilet by fitting a support rail and emergency pull cord.

- Review the practice training policy and ensure there is a means for staff to keep up to date with training if they are unable to attend an in house training session
- Consider arranging for an external audit of controlled drugs in the dispensary to provide reassurance of the control required for storage of these medicines.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

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 almost all aspects of care.
- We observed a strong patient-centred culture.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- 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 to secure improvements to services where these were identified. The practice participated in a local frailty initiative working with the CCG and other care providers to discuss the development of the locality service.
- The practice had a dedicated GP working two sessions each week to coordinate care for frail patients and work with other services to avoid hospital admission.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision to deliver high quality patient centred care. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and organised educational events for patients and carers.
- There was a 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 patients, and offered home visits and urgent appointments for those with enhanced needs. There were no residential care homes in the local area which meant that there were more older people living alone in the community.
- There was a GP lead for frail elderly who reviewed these patients every week and liaised with specialist elderly care teams, community nurses and social services to ensure they had the care they needed.

Good



People with long term conditions

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

- GPs had personal lists and saw their own patients for chronic disease management. 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 had identified the top 5% of patients at risk of hospital admission and had a dedicated GP to focus on admission avoidance.
- 93% of patients on the diabetes register had a record of a foot examination and classification which was better than the national average of 88%.
- Longer appointments and home visits were available when needed.
- The practice provided support to a care home for people with physical disabilities and a lead GP visited every two weeks.

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.
- 71% of patients with asthma, on the register, had an asthma review in the preceding 12 months compared to a national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 83% of eligible female patients had a cervical screening test which is comparable with the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The practice alternated appointments with the midwife for antenatal appointments and met with health visitors every two weeks.
- The practice had a page on a popular social media site giving surgery news and health advice.
- The practice provided support for a local boarding school with approximately 250 pupils.

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.
- Telephone discussions with GPs were available on request to increase accessibility.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.

Good



Summary of findings

- The practice had developed a long term relationship with a local traveller community, which resulted in health benefits such as the children having their childhood immunisations.
- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 73% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.
- 70% of patients experiencing poor mental health had an agreed care plan, which is worse than the national average of the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 120 were returned. This represented 1.2% of the practice's patient list.

- 93% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 79% and a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 90% and national average 85%).
- 95% of patients described the overall experience of their GP surgery as good (CCG average 90% and national average 85%).

- 92% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients commented that they received excellent service and were treated with courtesy and great care. Several patients stated that the surgery was clean and tidy.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. The friends and family report data was in line with this feedback.

Areas for improvement

Action the service **SHOULD** take to improve

- Improve accessibility of the patient toilet by fitting a support rail and emergency pull cord.
- Review the practice training policy and ensure there is a means for staff to keep up to date with training if they are unable to attend an in house training session

- Consider arranging for an external audit of controlled drugs in the dispensary to provide reassurance of the control required for storage of these medicines.

Outstanding practice

- The practice had recognised a problem with the services for night sitting for palliative care patients and had set up a charity which raised funds to provide night sitting services. This made a significant difference to palliative care patients.
- The practice had a dedicated GP focussing on frail patients and avoiding hospital admission.

Dr. Wilks & Partners

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 medicines manager specialist adviser.

Background to Dr. Wilks & Partners

Witley Surgery, together with its branch site in Milford, cover a semi-rural area around the villages of Witley and Milford in the south west of Surrey. The main surgery site at Witley is purpose built and has four consulting rooms, a treatment room and dispensary. Milford Surgery has four consulting rooms and two treatment rooms.

The practice operates from:

Witley Surgery

Wheeler Lane

Witley

GU8 5QR

Milford Crossroads Surgery

Church Road

Milford

Surrey

GU8 5JD

There are approximately 10,300 patients registered at the practice, approximately 5000 of these patients use the

dispensary at Witley Surgery. Statistics show very little income deprivation among the registered population. The registered population is lower than average for 20-40 year olds, and higher than average for those aged 5-19 and 40-60.

Care and treatment is delivered by six GP partners and two salaried GPs, plus one locum GP currently covering a GP who is on maternity leave. There are five female GPs and four male GPs. The nursing team consists of one nurse practitioner, two practice nurses, two healthcare assistants and one phlebotomist. Ten administration staff work at the practice and are led by the practice manager. There are six dispensers and a dispensary manager.

The practice is a training practice and regularly has GP trainees working in the practice. There were two registrars working at the practice at the time of the inspection. One of the GPs is a GP Tutor at Guildford Primary Care Education.

The practice is open from 8am to 6.30pm Monday to Friday. Extended surgery hours are offered for pre bookable appointments until 7.30pm on a Monday or Thursday and from 7.30am in the morning on a Tuesday, Wednesday and Friday. Patients can book appointments in person, by phone or on line.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

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

At the time of the inspection the practice was in the process of registering a new partner and we saw evidence to support this.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 February 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, health care assistant, receptionists, dispensers, dispensary manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there had been an incident where a child had removed a drawing pin from a noticeboard and put the drawing pin in its mouth. The mother had got the child to spit out the drawing pin and no harm was done but this led to a review of all noticeboards. Only flat headed drawing pins are now used for any noticeboard at child height.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three and one GP was trained to Safeguarding level four.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who

acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- There was a dispensary at Witley Surgery. Appropriate written procedures were in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. Dispensing staff had all completed appropriate training and had their competency annually reviewed. We observed the dispensing procedures and saw that medicines were always checked carefully before being dispensed, a GP checked all dispensed prescriptions. The dispensary recorded dispensing errors and took appropriate action to rectify these. We saw that a number of these errors were due to the cramped layout of the dispensary and the practice told us they had plans in place to change the layout as part of a building improvement project scheduled for later in the year.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage

Are services safe?

arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs and we saw that destruction of these medicines was carried out at regular intervals. We noted that there was no external audit of controlled drugs, which would have given an extra safeguard on control of these medicines.

- We reviewed eleven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the meeting room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire alarm testing. 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 that enough staff were on duty and staff had been trained to work across different areas. This gave the practice a number of options for cover as some staff were trained to cover across the reception area and the dispensary, and another worked in the dispensary and was training as a health care assistant.

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 emergency alert on the computers in all the administration areas and 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for key contacts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.6% of the total number of points available, with 5.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to or better than the national average. 93% of patients on the diabetes register had a record of a foot examination and classification which was better than the national average of 88%
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average (practice 88%, national 84%)
- Performance for mental health related indicators was lower than the national average. 70% of patients experiencing poor mental health had an agreed care plan, which is lower than the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following new local and national guidance, the practice reviewed the length of time patients were on certain medication that slows down or prevents bone damage. This review resulted in some patients having further tests to determine if it was appropriate for them to continue on this medication. The practice adherence to these guidelines increased as a result of this review.
- A practice audit of a specific blood test for diabetes highlighted patients who had not been placed on the diabetic register. The practice protocol was reviewed and a process agreed for following up patients with high test results outside the normal range. The practice had a policy of opportunistic screening for cholesterol and diabetes in the over 50s.

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 health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The majority of training was done in house by a GP lead. If staff did not attend this training session they were asked to read notes from the training session but there was no formal way of checking their understanding of the material covered.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice was working to mitigate the impact of community staff moving out of the practice to a central location by holding regular meetings with the health visitor and through the frailty lead GPs work with the multi-disciplinary team.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those needing counselling. Patients were then signposted to the relevant service.
- The practice ran weight loss and smoking cessation clinics.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to write personal letters as reminders for patients who did not attend for their cervical screening test. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than Clinical Commissioning Group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 97% and five year olds from 82% to 93%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. 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 that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 20 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 caring, courteous and friendly. Several patients commented that they could get an appointment quickly and that they had full trust in the care and advice they received. The dispensary was seen to be a positive feature at Witley Surgery, providing a convenient and helpful service.

We spoke with two members of the patient participation group (PPG). They also told us they were very 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 all but one of its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and national average of 89%.
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95%).
- 92% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90% and national average 85%).

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93% and national average 91%).
- 96% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 87%).
- 86% of patients said the GP gave them enough time (CCG average 90% and national average 87%).

The GPs had personal lists which meant they built up a long term relationship with their patients, giving continuity of care. They practised patient centred care and this was evident in all the staff we spoke to and the patient feedback we received.

Care planning and involvement in decisions about care and treatment

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

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 88% and national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87% and national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and arranged a consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had recognised a problem with the services for night sitting for palliative care patients and had set up a charity "Country Mice" which they raised funds for. This charity helped to pay for night sitting services which made a significant difference to palliative care patients by providing 70 nights of sitting service last year.

- The practice offered early morning and evening appointments for working patients who could not attend during normal opening hours.
- Doctors had a personal list of patients which allowed for continuity of care and doctors dealt with all medical conditions.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for all patients who had urgent medical needs.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had carried out a risk assessment for patients with mobility problems and this concluded that access was acceptable, however we noted that the patient toilet was accessible but did not have a supporting rail or emergency pull cord. We also saw that the reception desk and dispensary desk were both at a high level, making it more difficult for anyone in a wheelchair to talk to a receptionist. The practice had plans for building work later in the year at the Witley Surgery site and told us they were planning to make internal changes to improve workflow in the dispensary, improve confidentiality in reception and to improve access for disabled people by lowering the height of the reception desk.
- The dispensary provided a delivery service for patients who could not get to the dispensary.
- One of the GPs had worked over several years to develop a long term relationship with a traveller family and this had resulted in the family bringing their children to the practice for their childhood vaccinations.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available at varied times during the week from 8am to 11.30am in the mornings and from 3.50pm to 5.20pm in the afternoons. Urgent clinics were run at the end of morning and afternoon surgery which enabled patients with urgent needs to be seen quickly. Extended surgery hours were offered for pre-bookable appointments until 7.30pm on a Monday or Thursday and from 7.30am in the morning on a Tuesday, Wednesday and Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 85% of patients said they could get through easily to the surgery by phone (national average 73%).
- 70% of patients said they usually get to see or speak to the GP they prefer (Clinical Commissioning Group (CCG) average 61% and national average 60%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- A poster was displayed in the waiting area informing patients of the complaints policy. The reception staff kept a log of informal complaints in a "grumbles book" and these were discussed at practice meetings.

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

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

taken as a result to improve the quality of care. For example, the practice was discussing introducing a complex care clinic to give more time to patients with multiple conditions.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice was run as a traditional family practice with personal lists and patient centred care. Staff knew and understood this approach to running the practice.
- The practice had regular discussions about the future and informal notes were kept of these discussions.
- Active succession planning was carried out for GPs and the practice had successfully recruited previous trainees to become salaried GPs and partners.
- The practice had asked an external facilitator to speak to staff, patients and doctors ahead of a strategy meeting being held in late February. This meeting was being held to develop a long term plan for the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted practice team meetings were held for all staff except doctors every quarter.
- Clinical staff met weekly for an educational meeting including learning from significant events and complaints.
- 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. The practice listened to 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 had been working with the practice as a critical friend for over 10 years. They published an annual newsletter and had set up a health awareness day and organised a first aid talk for carers.
- The practice had gathered feedback from staff through informal discussion and staff meetings. Staff told us they

Are services well-led?

Good 

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

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, for example one member of staff had suggested improvements to how emergency medicines were stored in the emergency box to make it easier to access, and this suggestion was implemented.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This was

largely done through informal discussion between doctors and other staff. The practice was working with the local university to explore ways to expand their clinical team and train new staff. The practice had recently recruited a nurse practitioner. The practice nurses were trained as nurse mentors and worked with student nurses. One of the GPs was a GP tutor at the university and education lead for the Clinical Commissioning Group, and was working on the development of care pathways locally.