The Molebridge Practice

Quality Report

North Leatherhead Medical Centre
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Date of inspection visit: 22/03/2016
Date of publication: 04/07/2016

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
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 The Molebridge Practice on 22 March 2016. Overall, the practice is rated as requires improvement.

The Molebridge Practice was subject to a previous comprehensive inspection in August 2015 when the practice was rated as inadequate and was placed into Special Measures. Following our inspection of the practice in August 2015, the practice sent us an action plan detailing what they would do to meet the regulations. We undertook this comprehensive inspection on 22 March 2016 to check that the provider had followed their action plan and to confirm that they now met the regulations. We found that many improvements had been made since our previous inspection.

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

- There was an open and transparent approach to safety and improved, effective systems in place for reporting and recording significant events.
- Health and safety processes and procedures were not clearly defined. There was a lack of guidance for staff in this regard.
- The practice had commissioned a full survey to assess the risk of legionella in January 2016. The practice had reviewed the findings of the report and had taken action to minimise any risks.
- The practice carried out internal risk assessments for electrical equipment. Any concerns or faults were reported to the practice manager who organised repairs or new equipment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had implemented improved processes to ensure that staff had the skills, knowledge and experience to deliver effective care and treatment and were kept up to date with best practice guidance.
- 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.

Summary of findings

- Patients were able to access urgent appointments on the same day. However, patients continued to rate the practice below average for several aspects of their ability to access services.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients. The practice implemented suggestions for improvements and made some changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Implement clear procedures for staff to support health and safety processes within the practice.
- Ensure further action is taken in response to feedback gathered from patients, in order to improve access to the practice.

The areas where the provider should make improvements are:

- Implement processes to ensure that complaints information and correspondence is accessible and can be readily reviewed in order to promote continuous improvement.

I confirm that this practice has improved sufficiently to be rated requires improvement overall. The practice will be removed from special measures.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. Since the last inspection of the practice, the provider had taken action to address many of the concerns we had previously found, however, some further improvements were needed.

- There were improved systems 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, information and 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 safeguarded from abuse.
- The practice had commissioned a full survey to assess the risk of legionella in January 2016. The practice had reviewed the findings of the report and had taken action to minimise any risks.
- The practice carried out internal risk assessments for electrical equipment. Any concerns or faults were reported to the practice manager who organised repairs or new equipment.
- Health and safety processes and procedures were not clearly defined. There was a lack of guidance for staff in this regard.
- Emergency procedures were in place to respond to medical emergencies.
- The practice had policies and procedures in place to help with the continued running of the service in the event of an emergency.
- Improvements had made been made to ensure the safe management of medicines within the practice since our last inspection.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.

Are services effective?

Good

The practice is rated as good for providing effective services. The provider had made improvements since our last inspection.

Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. For example: the percentage of patients with hypertension having regular blood pressure tests was 81.64% compared with the national average of 83.65%; the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 86.63% compared with a national average of 88.3%.
- 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?

Requires improvement

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

- Data from the National GP Patient Survey showed patients rated the practice less positively for several aspects of care when compared to the national and clinical commissioning group average.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services as further improvements were required.

- The practice operated over two sites. With the North Leatherhead Medical Centre being open from 8.00am to 1.00pm three days each week and from 1pm to 6.30pm on two days each week. Services are provided from the practice's second site in Fetcham during the hours when the North Leatherhead Medical Centre is closed. Services are available between 8am and 6.30pm on each weekday across the two practice locations.

Summary of findings

The practice provides extended hours appointments two mornings each week and one evening each week. Data from the national GP patient survey showed patients rated the practice below average for several aspects of their ability to access services. For example, 44% of patients were satisfied with the practice's opening hours, compared to the CCG average of 69% and national average of 75%; 64% of patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and national average of 73%; 55% of patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.The practice had not shown improvement since our last inspection in this regard.

- 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 made weekly visits to one residential facility which cared for patients with physical and learning disabilities and acquired brain injuries.
- Patients with a learning disability were well supported by the practice. Those patients were able to access longer appointments and nurses had received specific training to provide appropriate care and support.
- 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?

Good

The practice is rated as good for being well-led. The practice had made significant improvements since our last inspection.

- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an improved overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and patient treatment outcomes.

Summary of findings

- 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
- 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

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Care and support was provided to patients living in local nursing and residential homes.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs and nurse practitioners utilised dementia testing tools and maintained a register of patients with dementia.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for providing safe, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for many long-term conditions were above national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85.84% compared with a national average of 78.03%; the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 85.76% compared with a national average of 80.53%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 76.04% compared with a national average of 81.83%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice is rated as requires improvement for providing safe, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Summary of findings

- Electronic prescribing services enabled patients to request repeat prescriptions and have them sent directly to their pharmacy of choice.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for providing safe, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice made weekly visits to one residential facility which cared for patients with physical and learning disabilities and acquired brain injuries.
- 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)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for providing safe, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with depression.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice provides accommodation for psychologists and therapists to facilitate local provision and assist patients with transport problems to access such therapies.
- 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.
- Performance for mental health related indicators was comparable with or above the national average. 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.47%. The percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 91.67% compared with a national average of 89.55%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 83.67% compared with a national average of 84.01%.

Summary of findings

What people who use the service say

We reviewed recent GP national survey data available for the practice on patient satisfaction. The national GP patient survey results published in January 2016 showed the practice was rated below local and national averages in some areas. There were 107 responses which represented a response rate of 43%.

- 64% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 71% found the receptionists at this surgery helpful compared to a CCG average of 83% and a national average of 87%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- 88% said the last appointment they got was convenient compared to a CCG average of 91% and a national average of 92%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received only one completed CQC comment card which was positive about the service experienced. The patient said they felt the practice offered a good service and GPs and nurses were helpful, caring and treated them with dignity and respect. We also spoke with three patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Areas for improvement

Action the service MUST take to improve

- Implement clear procedures for staff to support health and safety processes within the practice.
- Ensure further action is taken in response to feedback gathered from patients, in order to improve access to the practice.

Action the service SHOULD take to improve

- Implement processes to ensure that complaints information and correspondence is accessible and can be readily reviewed in order to promote continuous improvement.

The Molebridge Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor and a practice manager specialist advisor.

Background to The Molebridge Practice

The Molebridge Practice provides general medical services to approximately 6,350 registered patients. The practice delivers services to a slightly higher number of patients who are aged 65 years and over, when compared with the national average. Care is provided to patients living in residential and nursing home facilities and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average.

Care and treatment is delivered by two GP partners and locum GPs. The two GP partners are male. The practice employs a team of one nurse practitioner, two practice nurses and one healthcare assistant /phlebotomist. GPs and nurses are supported by the practice manager, an assistant practice manager and a team of reception and administration staff.

Services are provided from:

North Leatherhead Medical Centre, 148 - 152 Kingston Road, Leatherhead, Surrey, KT22 7PZ.

Services are also provided from the practice's second location at 3 Cannonside, Fetcham, Leatherhead, Surrey, KT22 9LE. Patients registering with the practice can access care and services at either practice location. GPs, nursing staff and some reception and administrative staff work within both locations. We did not visit the practice at 3 Cannonside, Fetcham, Leatherhead, Surrey, KT22 9LE as part of this inspection.

The practice at North Leatherhead Medical Centre is open from 8.00am to 1.00pm on three days each week and from 1pm to 6.30pm on two days each week. Services are provided from the practice's second site in Fetcham during the hours when the North Leatherhead Medical Centre is closed. Services are available between 8am and 6.30pm on each weekday across the two practice locations which provide general medical services under a shared contract. The practice provides extended hours appointments on two mornings each week and one evening each week.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken place in August 2015 after which the practice was rated as inadequate and was placed into special measures. The purpose of this most recent inspection was to check that improvements had been made.

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 the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Surrey Downs Clinical Commissioning Group (CCG). We carried out an announced visit on 22 March 2016. During our visit we spoke with a range of staff, including GPs, a nurse practitioner, nurses and administration staff.

We observed staff and patient interaction and spoke with three patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed one comment card completed by a patient, who shared their views and experiences of the service in the two weeks prior to our visit.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

At our previous inspection we found that there was a lack of reporting of incidents, near misses and concerns within the practice. There was minimal evidence of learning and communication with staff. Since our previous inspection the practice had implemented improved systems for reporting and recording significant events. The practice had recorded 23 incidents over the past 12 months.

- 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 and national patient safety alerts and minutes of monthly team meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had conducted a review of their referral processes following the incorrect referral of one patient to particular specialist services.

We saw that 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

During our last inspection, in August 2015, we identified that some of the practice's systems, processes and procedures did not promote patient safety. At this inspection we found that the practice had put in place clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- During our previous inspection in August 2015, the practice was not able to demonstrate that they had safeguarding policies and procedures in place which were consistent with local authority guidelines. The majority of staff had not received training in the safeguarding of vulnerable adults. At this inspection we found that there were improved arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and that 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.
- 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. 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.
- At our previous inspection we found that medicines were not appropriately managed within the practice and the practice could not be sure that all medicines were safe for use. At this inspection we found that improved arrangements for managing medicines, including emergency medicines and vaccines, in the practice, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We checked medicines stored in treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed that fridge temperature checks were carried out daily which ensured medicines were stored at appropriate temperatures. Processes were in place to check medicines were within their expiry date and suitable for use. This included regular checks of stock

and expiry dates. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, 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. The nurse practitioner was an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- At our previous inspection we found that appropriate recruitment checks on staff had not been undertaken prior to their employment. At this inspection we reviewed five 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

During our previous inspection we found that risks to staff, patients and visitors were not always formally assessed and monitored. At this inspection we found that further improvements were required to ensure that risks were adequately assessed and minimised.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. However, there was a lack of health and safety policies available to guide and inform staff. Following our inspection the practice sent us some documents which they told us represented their health and safety policies and protocols. Those documents were made up of extracts and images from health and safety websites and other resources but did not provide information and guidance to staff on health and safety processes within the practice.
- We saw that clinical equipment had been checked and calibrated to ensure it was working properly. The practice carried out internal risk assessments for electrical equipment. Any concerns or faults were reported to the practice manager who organised repairs or new equipment.
- The practice had employed an external supplier to carry out a legionella risk assessment of the premises in January 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The risk assessment report made a number of recommendations relating to remedial actions required and control measures which needed to be put in place, such as the weekly flushing of some water outlets and monthly water temperature testing. The practice had reviewed the findings of the report and had taken action to minimise the risk of exposure to Legionella bacteria.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

During our previous inspection in August 2015 we found that emergency equipment within the practice was poorly maintained and monitored. At this inspection we found that the practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a supply of oxygen on the premises with adult and children's masks available.
- At our previous inspection in August 2015 we found that the practice did not have a defibrillator and had not carried out a risk assessment to identify the risks associated with managing emergencies which required access to a defibrillator. At this inspection we noted that the practice had acquired a defibrillator.

Requires improvement

Are services safe?

- 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.
- A first aid kit and accident book were available.
- 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.

Good

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.

- We found that the practice had introduced enhanced systems to keep all clinical staff up to date since our last inspection. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had introduced a series of monthly meetings attended by clinical staff and led by the lead GP for quality within the practice. Staff told us that monthly 'clinical discussion sessions' provided them with the opportunity to discuss individual patient care in detail and to keep up to date with best practice guidance. We saw that the practice held detailed records relating to those meetings which staff demonstrated provided ongoing reference guidance in assisting them in the management of some complex conditions and clinical presentations. For example, we reviewed the minutes of one discussion meeting in which practice staff had reviewed the NICE guidance related to the management of patients with type 2 diabetes and also those with fungal nail infections. Comprehensive written information about those conditions and patient management protocols were circulated to staff following the meeting.

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 99% of the total number of points available. The practice had an 8% exception rate which was comparable to 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 2014/15 showed;

- Performance for diabetes related indicators was at or above the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85.84% compared with a national average of 78.03%; the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 86.63% compared with a national average of 88.3%; the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 85.76% compared with a national average of 80.53%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 81.64% which was comparable with the national average of 83.65%.
- Performance for mental health related indicators was comparable with the national average. 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.47%. The percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 91.67% compared with a national average of 89.55%.

We saw evidence of completed clinical audit cycles within the practice which supported quality improvement.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings from clinical audits undertaken were used by the practice to improve services. For example, the practice had undertaken a completed audit cycle of patients with chronic kidney disease who had been prescribed a specific medicine as glucose-lowering therapy in order to manage their diabetes. The completed audit cycle had demonstrated improvements in the management of patients with diabetes within the practice and had led to the development of revised practice prescribing guidelines for such patients.

Good

Are services effective?

(for example, treatment is effective)

- We saw that progress towards the practice audit programme and audit outcomes were routinely discussed at regular team meetings.

Effective staffing

During our previous inspection of the practice in August 2015, we found that although staff felt well supported, they had not always received training appropriate to their roles. Further training needs had not always been identified and planned. Some staff had not received an induction or regular appraisal of their performance. At this inspection we found that the practice had implemented improved processes to ensure that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. The nurse practitioner had recently developed a comprehensive induction programme for new nurses joining the practice. There was a locum pack available to support locum GPs working within the practice which had been recently developed.
- 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 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. We spoke to nurses who were able to provide examples of ways in which they were supported in ensuring training updates covered their scope of work. For example, one nurse practitioner had recently undertaken training in the management of minor illnesses and one practice nurse was being supported by the practice to train as a nurse prescriber. We spoke to a healthcare assistant who described the ongoing support and supervision provided by nurses within the practice to enable them to complete a care certificate.
- 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 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. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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. Staff had undertaken training in the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Good

Are services effective?

(for example, treatment is effective)

- 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 substance abuse. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 76.04% compared with a national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable with or higher than CCG/national averages. For example, childhood immunisation rates for the MMR vaccinations given to under two year olds was 81% compared with a CCG average of 82%. Rates for the Infant Men C given to five year olds was 88.9% compared with a CCG average of 80.8%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

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.

The one patient Care Quality Commission comment card we received was positive about the service experienced. We spoke with three patients, including one member of the patient participation group. Patients said they felt satisfied with the care provided by the practice and staff were helpful, caring and treated them with dignity and respect.

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

- 84% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 89% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.

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.

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 slightly below or comparable with local and national averages. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 89% said the last nurse they saw was good at listening to them compared to the CCG average of 92% and national average of 91%.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had recorded that 106 patients were also carers which represented 1.7% of the total patient population. Written information was available to direct carers to the various avenues of support available to them. The practice worked closely with the most local support groups.

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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours appointments on two mornings each week and one evening each week for working patients who could not attend during normal opening hours.
- The practice supported 39 patients with a learning disability. There were longer appointments available for those patients.
- Nurses within the practice had undertaken training in supporting patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice made weekly visits to one residential facility which cared for patients with physical and learning disabilities and acquired brain injuries.
- There were disabled facilities and translation services available.
- The practice was supported by a diabetes nurse specialist who visited the practice on a fortnightly basis to assist in the management of more complex patients.
- The practice supported patients with complex needs and those who were at risk of unplanned hospital admission. Personalised care plans were produced and were used to support patients to remain healthy and in their own homes.
- Patients with palliative care needs were well supported using the Gold Standards Framework. The practice had a palliative care register and held regular multidisciplinary meetings to discuss patients and their families' care and support needs.

Access to the service

The practice at North Leatherhead Medical Centre was open from 8.00am to 1.00pm on three days each week and from 1pm to 6.30pm on two days each week. Services were provided from the practice's second site during the hours when the North Leatherhead Medical Centre was closed. Services were available between 8am and 6.30pm on each weekday across the two practice locations. The practice provided extended hours appointments on two mornings each week and one evening each week. The practice manager told us that the practice had received some complaints from patients about the clarity of information provided surrounding the opening hours of the practice. The practice had made improvements to information posted on their website and on the front doors to the premises in this regard.

In addition to some pre-bookable appointments which could be booked up to eight weeks in advance, urgent and non-urgent same-day appointments were also available for patients that needed them. A senior practice nurse provided triage services for patients presenting with urgent problems who could not be seen by a GP. The practice provided open access to GPs by telephone. Patients were able to request a telephone call from a GP with no restriction upon the total number of requests that could be made during the day.

Patients told us they were usually able to obtain an urgent same-day appointment when they needed one and that routine appointments were usually available with a nurse practitioner. The GP partners told us that the nurse practitioner roles had been implemented to address difficulties associated with recruiting additional GPs and enabled them to provide more time in supporting frail elderly patients and those with complex conditions.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was below local and national averages. Patient satisfaction rates had not improved since our last inspection in this regard:

- 44% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 64% of patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and national average of 73%.
- 55% of patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 64% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 39% of patients said they usually got to see or speak to their preferred GP, compared to the CCG average of 59% and national average of 59%.

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 that information was available to help patients understand the complaints system. There was a summary leaflet available to patients within the practice.

We looked at complaints received by the practice in the last 12 months and found these had all been acknowledged, reviewed and responded to appropriately. At our previous inspection in August 2015 we found that discussions surrounding the review of complaints were not recorded by the practice. Learning points and actions taken were not shared with the wider practice team to ensure learning and continuous improvement. At this inspection we noted that complaints were discussed at monthly team meetings and were a standing agenda item. The practice had implemented processes to ensure that lessons were learnt from concerns and complaints and action was taken as a result in order to improve the quality of care. For example the practice had reviewed their systems for leaving telephone messages for patients following a complaint from one patient who had become unduly concerned by the information received.

However, we noted that practice processes involved the storing of all related complaints correspondence within the patient's electronic record. Although referencing to each complaint was held outside of the electronic system, this presented difficulties in identifying each piece of correspondence for further review and monitoring of processes.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement and a set of core values which were reflected by the practice team.
- The practice had a documented business strategy which reflected the vision and values and were regularly monitored.

The GP partners continued to recognise the impact of the difficulties associated with GP recruitment in implementing their vision for the practice.

Governance arrangements

At our previous inspection of the practice in August 2015, we found that governance arrangements lacked structure and formality. Meetings within the practice were informal. There were no agendas for meetings and minutes were often not recorded. Practice policies did not reflect the processes which staff followed within the practice and required review.

At this inspection visit we found that the practice had implemented 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.
- Improved recording of all processes, including regular team, clinical and multi-disciplinary meetings, had led to improved communication at all levels and improved review of actions taken and sharing of learning outcomes.
- A comprehensive understanding of the performance of the practice was maintained. We reviewed minutes of monthly meetings and saw that progress towards QOF outcomes, unplanned admissions and prescribing practices were discussed routinely.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. The practice discussed audit planning and outcomes at regular monthly meetings.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw that monthly meetings included for example, a comprehensive review of all complaints, significant events, alerts and safeguarding concerns.

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

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

- Staff told us the practice held regular team meetings. We saw that these were now clearly documented and information sharing processes had been improved and formalised since our last inspection.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a virtual PPG who worked alongside one lead patient representative. The practice had carried out a comprehensive patient survey in November 2015 which had led to the development of an action plan. The survey highlighted patient feedback concerning a lack of satisfaction around the practice's opening hours and the confusion sometimes caused by part time opening across two sites. The practice had noted that they were unable to address those concerns due to the increase in staff numbers which would be required to support this.
- The practice gathered feedback from staff through informal discussions and via team meetings. Staff told us they felt able 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 healthcare assistant told us they had developed a specific test request form which could be completed by patients and was now in use across the practice.

Continuous improvement

There was a focus upon continuous learning and improvement at all levels within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks. This was in breach of regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered provider had not always improved their practice in respect of the processing of feedback from relevant persons. This was in breach of regulation 17 (1) (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.