

Parishes Bridge Medical Practice

Quality Report

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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 Parishes Bridge Medical Practice on 5 July 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice provided safe and effective clinical care.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- The practice worked closely with the other two practices in the health centre to make best use of the facilities. It worked with the local community and hospitals to provide extended health services at a convenient location for patients.
- The practice was well organised and had motivated staff who worked well as a team
- 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.

Summary of findings

The areas where the provider should make improvement are:

- Ensure the new phone system addresses the identified problems with phone access, and ensure there is regular monitoring of phone access.

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.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 had supported the opening of the new multidisciplinary hub at the local community hospital for elderly patients with complex conditions.
- 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.

Good



Are services well-led?

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

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided support for a number of care homes and the feedback from these homes was positive about the care patients received from the GPs.
- The practice identified older patients with complex health and social care needs for referral to the new locality hub that provided integrated care and a swift assessment by a multidisciplinary team at the local community hospital.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 88% of patients on the diabetes register had a record of a foot examination and classification which was in line with the clinical commissioning group (CCG) average of 89% and national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 96% of eligible female patients had a cervical screening test which was better than the CCG average of 80% and 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 health visitors were based in the health centre alongside the practice which aided communication.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered early morning appointments with GPs from 7am on Wednesdays
- A number of outpatient clinics were held in the same health centre which provided patients with a local alternative to travelling to hospital.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- 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).

- 75% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 83% and the national average of 84%.
- 93% of patients experiencing poor mental health had an agreed care plan, which was better than the CCG average 91% and 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 carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A local consultant psychiatrist ran a weekly community mental health outpatient clinic in the health centre.
- The practice had worked with the local community mental health team to review prevalence and coding of dementia diagnosis. The practice supported patients with dementia by offering longer appointments, dementia care planning, signposting of services and support for carers.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below the local and national averages. 238 survey forms were distributed and 109 were returned. This represented 1% of the practice's patient list.

- 33% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 64% and national average of 73%.
- 53% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 76%.
- 67% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and national average of 79%.

The practice had produced an action plan to address the issues raised by the national patient survey and we saw evidence that a number of actions had already been completed, for example recruiting a head receptionist and researching alternative phone providers. Training

had taken place for receptionists and the appointment system had been changed to increase the number of appointments available for patients. The practice expected to see the impact of these changes in the next patient survey due to be published later this year.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received, although a few cards mentioned difficulties in getting appointments with a preferred doctor and getting through to the practice by phone. Feedback showed that patients thought the service provided was good, in particular the availability of early morning appointments. Patients commented that doctors were very helpful and staff kind and caring. Many patients commented that this was an excellent practice with friendly and efficient staff.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, caring and treated them with dignity and respect. The friends and family test showed that 91% of patients would recommend the practice based on 75 responses from January to July 2016.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the new phone system addresses the identified problems with phone access, and ensure there is regular monitoring of phone access.

Parishes Bridge Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector together with a GP specialist adviser.

Background to Parishes Bridge Medical Practice

Parishes Bridge Medical Practice is located in West Byfleet Health Centre, a purpose built centre which houses two other general practices, a pharmacy and other health services. The practice shares some facilities with the other practices in the health centre such as some waiting areas, the minor operations suite and the information and technology/building manager. District nurses, health visitors and midwives are based in the health centre which aids communication.

The practice is in a central location in West Byfleet near the railway station.

The practice operates from:

West Byfleet Health Centre

Madeira Road

West Byfleet

Surrey

KT14 6DH

There are approximately 11,000 patients registered at the practice. Statistics show very little income deprivation

among the registered population. The registered population is lower than average for 20-34 year olds, and slightly higher than average for those aged 40-54 and those aged 65 and above.

The practice has five partners and three salaried GPs (one male and seven female). Four of the doctors work full time and the other four work part time. There are two practice nurses and two HCAs.

The practice is a training practice and there are regularly GP trainees working in the practice.

The practice is open from 8.00am to 6.30pm from Monday to Friday. Appointments are from 8.30am to 12pm and 3pm to 6pm. In addition the practice offers extended hours opening with appointments from 7am on Wednesdays. 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 General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 5 July 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, HCA, practice manager, receptionists and administrators) 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the reception team had dealt with a patient on the telephone who wanted to speak to a doctor straight away. The patient was added to the duty doctors phone list and given phone numbers of crisis centres to ring, but he phoned back on two further occasions and on the third occasion said he had taken an overdose of medicine. The receptionist phoned for an ambulance for him and he was taken to hospital. The practice reviewed this incident and a partner wrote a parasuicide protocol for the reception team to clarify how staff should handle a difficult situation like this.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to safeguarding level 2.

- 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 (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, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- 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. However there was no record of references having been taken out for locum doctors who had been working at the practice for a number of years. Training records were not available for the locum doctors on the day of the inspection but these were sent to us subsequently. The practice had created a checklist to ensure that these records were obtained in future.

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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and administrative staff were multiskilled to cover different roles.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been used recently when there was a loss of water supply and phone contact numbers had been updated for utility companies. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment 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 99.7% of the total number of points available, with an exception reporting rate of 9.5%. (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 the national average. Data showed 88% of patients on the diabetes register had a record of a foot examination and classification which was in line with the clinical commissioning group (CCG) average of 89% and the national average of 88%.
- Performance for mental health related indicators was better than the national average. Data showed 93% of patients experiencing poor mental health had an agreed care plan, which was better than the clinical commissioning group (CCG) average of 91% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been many clinical audits completed in the last two years, we reviewed two of these which 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, an audit on the use of antipsychotic medicine for patients with dementia had highlighted that best practice guidelines were not being followed in all cases. The practice adopted new protocols and worked with nursing homes to manage behavioural and psychological symptoms of dementia along best practice guidelines, reducing prescribing levels where possible. A further audit found that prescribing levels had reduced and all patients on this medicine were having regular reviews.

Information about patients' outcomes was used to make improvements such as: the practice ran a weekly 'well woman' clinic and where necessary referred patients to specialist services based in the health centre run by the three health centre practices. The specialist services included a continence service, ultra-sonography and gynaecological physiotherapy. They held quarterly audit meetings to maintain the quality of service.

Effective staffing

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

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

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a training practice and provided placements for medical students, practice nurses, a paramedic practitioner and doctors undertaking training to specialise in primary care.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 96%, which was better than the CCG average of 80% and the national average of 82%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that 73% of patients had been screened for breast cancer in the last 36 months compared to a national average of 72%. 65% of patients aged 60-69 had been screened for bowel cancer compared to a national average of 58% in the last 30 months.

Childhood immunisation rates for the vaccinations given were better than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 99% compared to 75% to 88% for the CCG and five year olds from 89% to 97% compared to 76% to 91% for the CCG.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted 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 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 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 in line with for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

However,

- Only 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice were aware of these results and had made a number of changes in the last year to address these issues. They had employed a new practice manager who had made changes to the appointment system to increase capacity and better handle demand, and they had employed a head receptionist who was introducing changes to how reception was run. These changes included developing training manuals, having regular feedback meetings with individuals and identifying training needs and addressing these. In addition they were establishing specialist teams to handle areas such as test results.

The practice was above average for its satisfaction scores for nurses, for example:

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

Care planning and involvement in decisions about care and treatment

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

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 82% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 184 patients as carers (1.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them and doctors referred carers for the carers break scheme.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice was participating in the new locality hub based at the local community hospital which had been established by the CCG. The hub provided coordinated care in the community for older people with multiple health problems, so they could be seen by health and social care professionals all in one place.

- The practice offered an early morning surgery on a Wednesday morning from 7am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to improve access to its facilities which were based on the first floor of the health centre.
- The practice had worked with the other two practices on site to establish additional services for patients at the health centre. These services included a comprehensive gynaecology service, echocardiography and pelvic and abdominal ultrasounds.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 3pm to 6pm in the afternoons. Extended hours appointments were offered on Wednesday mornings from 7am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 62% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and national average of 78%.
- 33% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and national average of 73%.

The practice had had significant issues with the phone system with callers getting into a queue and then being cut off. They had followed this up with the phone provider on many occasions without a satisfactory solution and were now seeking a new phone provider. We saw evidence that that the new phone system was due to be implemented in the next month. The practice had recently changed clinical system and now offered on line appointment booking and prescription requests; however this had only been available in the last month.

The appointment system was changed in October 2015 to increase the number of appointments available for patients, including increasing the number of early morning extended hours clinics offered.

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

The practice had a system in place to assess:

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

This was done by the receptionist taking comprehensive details of the home visit request and putting this on the duty doctors visit list. The duty doctor triaged the visit requests and allocated them to GPs at the morning meeting. If the receptionist had any concerns over the urgency of the visit they would phone the duty doctor immediately to request an assessment. Visits were prioritised according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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 poster in the waiting room explaining how to complain and a leaflet available from reception.

We looked at 27 complaints received in the last 12 months and found these were satisfactorily handled and dealt with

in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had received a complaint from a patient regarding the telephone system cutting them off when they were in a queue waiting to speak to the receptionist. The practice apologised and asked the patient for details of the call times so that the phone provider could follow up and investigate the fault. The practice explained to the patients the action they were taking to address this issue. As a result of this complaint, and other feedback, the practice have identified a new phone provider and will be changing to the new provider in the next few months.

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 mission statement to provide the highest quality patient centred, holistic care in a local setting.

- The practice vision was to work with their patients and multi-disciplinary team to provide the highest quality care according to current best practice
- Staff knew and understood the practice values.
- The practice had undergone a significant number of changes in the last two years (change of partners, practice manager and clinical system) and was developing a strategy for the future. We saw that an away day for partners was booked for 20 July 2016 facilitated by an external business consultant to review the practice vision, business strategy and workforce planning and capacity.

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 continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. There was a regular schedule of meetings which included both clinical and administrative staff which aided good communication.
- The practice was well organised and had well motivated staff who worked well as a team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was shared with the other two practices in the health centre. This group met twice a year and worked with the Friends

Are services well-led?

Good 

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

of West Byfleet Health Centre (a charitable trust) to improve patient care. The Friends group had recently funded the purchase of a new automated check in machine.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had supported the development of the locality hub for integrated care for older people and had recently changed their electronic clinical record keeping system in order to open up more options for record sharing and data analysis.