

# Smallfield Surgery

## Quality Report

Wheeler Lane,  
Horley,  
Surrey,  
RH6 9PT

Tel: **01342 843 822**

Website: [www.smallfieldsurgery.nhs.uk](http://www.smallfieldsurgery.nhs.uk)

Date of inspection visit: 20 October 2016

Date of publication: 28/11/2016

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13

### Detailed findings from this inspection

Our inspection team	14
Background to Smallfield Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Smallfield Surgery on 20 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- There was a holistic approach to assessing, planning and delivering care and treatment to patients. For example, patients could attend a Chronic Disease Monitoring (CDM) appointment to assess all of their long term conditions needs. Therefore patients were not inconvenienced by having to attend several appointment and patients conditions were assessed as a whole rather than individually.
- 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.
- Risks to patients were assessed and well managed.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- Feedback from patients we spoke with or who provided feedback, (50 comments cards and five patients spoken with) were continuously positive about the way staff treated them and other patients. Patients said staff went the extra mile and the care they received exceeded their expectations. Patient's also told us that it was easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they meet patients' needs. For example, the practice was involved in the forgetmenot club and the Wellbeing Advisor Project (the Wellbeing Advisor Project provides services such as befriending to reduce the risk of social isolation on patients health and wellbeing).
- The practice was proactive in the identification of carers and had identified 244 patients as carers (4% of the practice list).

# Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was run efficiently and was well organised. 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 practice was part of a national pilot on preventing type 2 diabetes (National Diabetes Prevention Programme) as well as taking part in the National Diabetes Audit.
- The provider was aware of and complied with the requirements of the duty of candour.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff knew how to raise a safeguarding concern.
- Risks to patients including health and safety risk assessments were assessed and well managed. For example, a fire risk assessment, infection control audit and electrical equipment testing had been performed and were up to date.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- Information about safety was valued and was used to promote learning and improvement. All staff were encouraged to be open and transparent and fully committed to reporting incidents. Incident reporting was thorough and analysis of incidents gave a picture of safety.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plans included emergency contact numbers for staff.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- 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. For example, patients at high risk of hospital admission.

## 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. For example, 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 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.
- The practice was proactive in identifying carers, with 4% of the total patient numbers being supported. GPs had a comprehensive overview of their needs and created ways to provide timely support for them.
- The practice worked closely with local services including the Forgetmenots Club. This was an initiative set up by the practice three years ago and was now run from a local hall as a weekly drop in centre for carers and people living with a diagnosis of dementia.
- The practice had sponsored a children's play area and an outdoor gym area close to the practice.

Good



## 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 was a pilot site for hosting a wellbeing advisor. This was funded by Tandridge Council. The Wellbeing Counsellor runs a surgery from the practice one morning a week.

Good



# Summary of findings

- 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 reviewed the time patients required for their appointments. They had systems in place for patients to book a 10 minute or 15 minute appointment as well as inviting patients to a Chronic Disease Monitoring (CDM) appointment. Patients were able to book a 10 minute appointment within 24 hours of calling if they did not require to see a specific GP. Patients could also book a 15 minute appointment six weeks in advance and telephone appointments were available daily. The practice also offered patients a CDM appointment which reviewed all of the patients conditions in one appointment. This was set for the patients birth month.
- 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.
- There were high levels of patient satisfaction for appointment access, which highlighted that services were flexible, proactive and met patient's needs. For example, 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%. 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- The practice had reviewed the experience of patients with learning disabilities attending the practice. This had been a clinical commissioning group pilot together with MENCAP. Volunteers, including patients with learning disability, who had visited the practice to give feedback.

## 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.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Housebound patients could have an annual or biannual Chronic Disease Management review at home.
- Older patients with complex care needs and those at risk of hospital admission had care plans that were appropriately shared with local organisations to facilitate the continuity of care.
- Initiatives were run from the practice such as the Wellbeing Advisor Project which provided services such as befriending to reduce the risk of social isolation on patients health and wellbeing.
- The practice had helped to create the Forgetmenots Club. This was an initiative set up by the practice three years ago and was now run from a local hall as a weekly drop in centre for carers and people living with dementia.
- The practice worked closely with community teams to ensure there was good provision of care and support was in place when needed.
- A Memory Clinic run by the Older Adults Community Mental Health Team was held at the practice once a week.

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.
- Performance for diabetes related indicators was comparable with the local clinical commissioning group (CCG) and national averages. For example, 81% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the last 12 months). Which was the same as the clinical commissioning group (CCG) and national average.

Good



# Summary of findings

- 95% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness, which was comparable with the national average of 90%
- 80% of patients with asthma had an asthma review performed in the previous 12 months. This was higher than the national average of 75%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured bi-annual or annual review to check their health and medicines needs were being met. The practice offered patients a Chronic Disease Monitoring appointment which reviewed all of the patients conditions in one appointment and was set for the patients birth month.
- The practice could refer patients to exercise classes for those patients with diabetes and cardiovascular diseases to help manage their condition.
- 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

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

- 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.
- The practice ensured that children needing emergency appointments would be seen on the same day.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 83% which was comparable to the clinical commissioning group (CCG) 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, health visitors and school nurses.
- The practice provided eight week baby checks and postnatal checks.

Good



# Summary of findings

- GPs and nurses carried out family planning and contraceptive services which included coil and contraceptive implant fitting.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse. Safeguarding policies and procedures were readily available to staff.
- Appointments were available at the practice with the GP until 6pm and on Saturday mornings.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available at the practice with the GP until 6pm and on Saturday mornings.
- Telephone consultations were available during working hours.
- Electronic Prescription Services (EPS) and a repeat dispensing service helped patients to get their prescriptions easily.
- Travel health and vaccination appointments were available.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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.
- 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.

Good



# Summary of findings

- Translation services were available for patients who did not use English as a first language.
- The practice could accommodate those patients with limited mobility.
- Carers, and those patients who had carers, were flagged on the practice computer system and were signposted to the local services and the local carers support team.
- The practice support local groups and organisations available and provided information for patients about these. Staff demonstrated they were able to access these in a timely way to support vulnerable patients. For example, through the Carers' Coordinator, Crossroads (a local organisation who provide home and emergency respite care services) or the forgetmenot club.

## 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).

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, with the national average being 84%
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the last 12 months, with the national average being 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 number of staff had received training to be Dementia Friends and one of the GPs was attending training to become a local Dementia Champion.

Good



# Summary of findings

- Wellbeing advisors were located in the practice once a week . Patients could be referred to the advisor to help patients access local support available. For example, to help with weight loss, carer support, reducing social isolation and befriending services.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 250 survey forms were distributed and 123 were returned. This represented less than 2% of the practice's patient list. The results showed;

- 94% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 67% and the national average of 73%.
- 94% of patients who responded 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 the national average of 76%.
- 95% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 95% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards, which were all positive about the standard of care received. Patients described the GPs and nurses as caring, professional and told us that they were listened to. Comments written by patients included that they felt staff were efficient, excellent and would recommend the practice. A few of the comments we received praised individual GPs and nurses for the care they had received and one patient told us that they felt the determination of the GP to ensure they had a diagnosis saved their life.

We spoke with five patients during the inspection including three members of the patient participation group (PPG). All patients we spoke with said they were satisfied with the care they received and thought staff were friendly, caring, and went the extra mile. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They told us they always had enough time to discuss their medical concerns.

# Smallfield Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Smallfield Surgery

Smallfield Surgery offers primary medical services to the population of Smallfield in Surrey and the surrounding area. There are approximately 6,600 registered patients..

Smallfield Surgery is situated in a semi-rural location in Horley and offers services to patients in Smallfield, the surrounding villages and the Eastern part of Horley. The ground floor has disabled access with two seated waiting areas. All of the GP consulting rooms and treatment rooms are located on the ground floor. Staff offices and facilities are located on the first floor. There is an accessible toilet for patients on the ground floor and there are baby changing facilities.

Smallfield Surgery is run by four partner GPs (two male and two female). The practice is also supported by two salaried GPs and two registrars, a GP retainer, a specialist nurse practitioner, a practice nurse, two healthcare assistants and a phlebotomist. The practice also has a team of receptionists, administrative staff and a practice manager.

GP registrars are fully qualified and registered doctors who are on a three year GP training course. This involves further medical training in specialities and are attached to a practice under a supervising qualified GP. (The GP Retainer scheme enables GPs to work up to four sessions a week in

general practice, in an educationally protected environment. The scheme is intended to ensure that GPs are able to keep up to date and develop their career in general practice with the aim of returning to a more substantive post in general practice at some time in the future).

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

Services are provided from:-

Smallfield Surgery, Wheelers Lane, Smallfield, Horley, Surrey, RH6 9PT

Opening Times

Monday to Friday 8.30am to 1pm and 2pm to 6pm

Extended hours are on Saturday mornings 9am to 12pm.

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

The practice population has a higher number of patients aged between 40 and 69 years of age than the national and local clinical commissioning group (CCG) average. The practice population shows a lower number of patients aged from 15 to 39 years of age than the national and local clinical commissioning group (CCG) average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

The following regulated activities are carried out at the practice: Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services.

# Detailed findings

## Why we carried out this inspection

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

## 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 20 October 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, a healthcare assistant, secretaries, reception and administration staff and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 50 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. For example, we saw paperwork relating to an incident that had occurred. We saw that the incidents were investigated and where appropriate the patient had received an apology or an explanation.
- The practice carried out a thorough analysis of the significant events. There had been 17 significant events in the last 12 months. All of the significant events had been handled in line with the organisations policy. A thorough analysis had been carried out and learning recorded.

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. This including actions taken in response to Medicines and Healthcare Products Regulatory Agency alerts (MHRA).

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nurses were trained to child protection or child safeguarding level two and the administration staff to level one.

- A notice in the waiting rooms and in all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training and guidance. An infection control policy and supporting procedures were available for staff to refer to. This enabled staff to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. Infection control audits were undertaken every six months 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. One of the

## Are services safe?

nurses had qualified as 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.

- 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.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice used computerised tools to identify patients with complex needs and those that had multidisciplinary care plans documented in their case notes. This ensured that staff authorised to review patients' notes were aware of the most up to date information available
- Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of the patient's age, gender, race and culture as appropriate

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.8% of the total number of points available. The practice had a 10% clinical exception rate. This was around average when compared with the national average rate of 9% and local clinical commissioning group average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was comparable with the local clinical commissioning group

and national averages. For example, 81% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the last 12 months), was the same as the national average and the clinical commissioning group (CCG) average of 81%.

- 93% of patients on the diabetes register had a record of a foot examination within the last 12 months, which was comparable to the national average of 88% and the CCG average of 92%.
- 86% of patients with hypertension had regular blood pressure tests, which was comparable to the CCG average of 81% and the national average of 84%.
- Performance for mental health related indicators were comparable to the national average. For example, 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan, compared to the national average of 88% and the CCG average of 93%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We reviewed clinical audits that had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness.
- We saw that the practice also completed audits for medicine management and infection control. For example, the practice completed regular audits for medicines prescribed. The audits were to ensure that prescribing at the practice was in line with National Institute for Health and Care Excellence (NICE) guidelines. When necessary patients were invited for a medicine review to ensure they were on the optimal medicine for their needs.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice carried out two audits in June 2013 and in June 2015, looking at adult patients receiving treatment for vitamin D deficiency. The first audit included 27 patients and looked at whether they had been appropriately treated and been offered lifestyle advice. In

# Are services effective?

## (for example, treatment is effective)

the first cycle in 2013, 16 (59%) out of 27 had been appropriately treated. When the audit was repeated in June 2015 the number of patients identified had increased to 49 and 34 (67%) had been appropriately treated.

### Effective staffing

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

- The practice had an effective induction programme for all newly appointed staff. We saw there was separate role-specific inductions for new 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.
- 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 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 and basic life support. Staff had access to and made use of e-learning training modules and in-house training. The practice held educational sessions as part of their monthly meetings for administration staff. We saw from the agenda and minutes that at the last meeting in September 2016 staff had received fire training by an external company. Staff were encouraged to find relevant courses which they felt would be beneficial to their role and development and were supported to undertake any training. For example, a receptionist had undertaken further training and was the phlebotomist and assisted the GP in minor surgery and coil fitting.

- Two GPs attended the quarterly diabetes forum where all the 18 local practices and the local endocrine consultant met. Complex cases were discussed at this forum followed by updates on diabetes guidelines.

### 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 had a system to make sure that any 'two-week wait' cancer referrals sent had been received by the relevant hospital department
- 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 regular basis where care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients provided consent for specific interventions. For example, minor surgical procedures. The risk associated with the intervention was explained after which patients signed a consent form. The process for seeking consent was monitored through patient records audits.

# Are services effective?

(for example, treatment is effective)

## 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.
- Health information was made available during consultation and GPs used materials available from online services to support the advice given to patients. There was a variety of information available for health promotion and the prevention of ill health in the waiting area and on the practice website
- Midwives and counsellors were available at the practice.
- The practice offered family planning and routine contraception services including implant/coil insertion.
- The practice's uptake for the cervical screening programme was 83%, which was comparable with the clinical commissioning group (CCG) and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age, were at 60.5% which was comparable with the clinical commissioning group (CCG) average of 59% and the national average of 58%.
- Most childhood immunisation rates for vaccines given were higher with the CCG average. For example, 97% of children under 24 months had received the MMR (measles, mumps and rubella) vaccine compared to the CCG average of 80%. A system was in place for the practice to contact the parent or carer of those patients who did not attend for their immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. 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.
- The practice had installed an electronic booking-in system which helped with patient confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- GPs told us that on many occasions, visits were conducted outside of core hours to patients who required extra help.

All of the 50 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. Patients had written numerous examples of kindness and compassion.

We spoke with five patients including three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients said staff went the extra mile and the care they received exceeded their expectations. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 95% of patients who responded said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 97% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans. Unplanned admissions were also discussed at meetings to identify any improvements necessary.

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

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.

## Are services caring?

- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%

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.

The practice website also had the functionality to translate the practice information into approximately 90 different languages.

### **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 was proactive in identifying carers and had identified 244 patients as carers (4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. GPs explained this meeting was to ensure the physical and mental wellbeing of the family. One comment card highlighted the support they had been given by the whole team following a bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had a very good understanding of their local population. The GPs and staff were very aware of their patient base and services were reflective of this. For example, staff were aware of the local travelling community and ensured that where possible patients from this patient group were given on the day appointments.

- The practice offered extended hours on Saturday mornings 9am to 12pm for working 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.
- Electronic Prescribing was available which enabled patients to order their medicines on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice used text messaging to remind patients of appointments.
- The practice could accommodate those patients with limited mobility or those who used wheelchairs.
- There were toilet facilities available for all patients, including baby nappy changing facility.
- The practice worked strongly with the local community and patients told us there was a strong family feel and sense of community spirit.
- The practice had reviewed the time patients required in appointments. They had systems in place for patients to book a 10 minute or 15 minute appointment as well as inviting patients to a Chronic Disease Monitoring (CDM)

appointment. Patients were able to book a 10 minute appointment within 24 hours of calling, if they did not require to see a specific GP. Patients could also book a 15 minute appointment six weeks in advance. The practice also offered patients a CDM appointment which reviewed all of the patients conditions in one appointment and was set for the patients birth month.

### Access to the service

The practice was open between 8.30am and 1pm and 2pm and 6pm Monday to Friday. Appointments were available from 8.30am to 11.30am every morning and 3pm to 5.50pm daily. Extended hours appointments were offered on Saturday mornings 9am to 12pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments and telephone consultations were also available for patients that needed them.

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

- 91% of patients who responded were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 78% and the national average of 77%.
- 94% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

Patients 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.

Staff told us that any patient who called during morning opening hours would get a home visit on the day if the need was urgent. Patients we spoke with confirmed this. Reception staff recorded information centrally on the practices electronic appointment system. GPs tried to ensure that where possible the patient's regular GP conducted the home visit for continuity of care. Appointment slots were reserved with each GP to accommodate urgent home visits. In cases where the urgency of need was so great that it would be

# Are services responsive to people's needs?

(for example, to feedback?)

inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- There were posters on display in the waiting area and information was on the practice website. The practice also had complaints leaflets in the waiting areas.

- A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided.

We looked at complaints received in the last 12 months. The complaints related to both clinical and administration issues. We looked at three of the complaints in detail. We found the practice had responded within the appropriate time scales and explanations and apologies were given if applicable. We found complaints were discussed, reviewed and learning points noted. 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.

# 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 which was:

To help improve the health, well-being and lives of those they care for by providing a quality primary care service.

### The practice had a vision statement which was:

In order to provide a quality primary care service the practice will endeavor:

- to work in partnership with patients, other appropriate service providers and staff to be honest, reliable and trustworthy
- to be competent to run the service
- to be physically and mentally able to run the service
- work within local and national governance, guidance and regulations

Staff we spoke with demonstrated awareness of the practice vision and values, and knew what their responsibilities were in relation to these.

### 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 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 throughout the practice were proud of their work and there were high levels of staff satisfaction. They told us that felt there was pro-active culture and that there was no difference between clinical and non-clinical staff, everyone was treated the same. They told us that everyone in the practice, including partners, were approachable and always took the time to listen and they were actively encouraged to raise any concerns or suggestions.

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

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

- Staff told us they attended regular team meetings, as well as full practice meetings which were minuted. They told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so
- Staff told us they were proud to be part of the organisation and expressed high levels of satisfaction. They said they felt respected, valued and supported, particularly by the partners in 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 national patient survey and carried out

# Are services well-led?

Good 

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

their own patient surveys on a regular basis, in addition to patient feedback cards which were available in the waiting area. The practice reviewed the results and discussed ways to continually improve the results.

- Patient feedback was also gathered through the patient participation group (PPG), who completed questionnaires and gave feedback to proposals for improvements to the practice management team. For example, the PPG had been actively involved when re-designing the reception and waiting area to help aid privacy. The PPG had a core group of patients that meet twice a year and a virtual group membership of approximately 650 members. We spoke with three members of the PPG who reported that the practice worked well with the group and listened and acted on their views and comments. They told us they felt valued and were pro-active in gaining views from patients.
- Several of the staff had been employed at the practice for many years and all staff we spoke with told us they felt valued, involved and engaged with the practice in how to improve it.

## Continuous improvement

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

- Smallfield Practice has pledged to be a part of the Surrey Dementia Action Alliance. The practice was planning to become a Dementia Friendly practice and one of the GPs was attending training to become a local Dementia Champion.
- The practice had recommended a national volunteering charity to help promote and set up local volunteering initiatives in the area.
- The practice had reviewed the time patients required in appointments. They had systems in place for patients to book a 10 minute or 15 minute appointment as well as inviting patients to a Chronic Disease Monitoring (CDM) appointment. Patients were able to book a 10 minute appointment within 24 hours of calling, if they did not require to see a specific GP. Patients could also book a 15 minute appointment six weeks in advance. The practice also offered patients a CDM appointment which reviewed all of the patients conditions in one appointment and was set for the patients birth month.
- The practice was planning to employ a physician's associate.
- The practice was part of a national pilot on preventing type 2 diabetes (National Diabetes Prevention Programme) as well as taking part in the National Diabetes Audit.