Austen Road Surgery

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Austen Road Surgery was inspected on the 7 October 2014 as a comprehensive inspection.

We have rated the practice as good. The inspection team spoke with staff and patients and reviewed policies and procedures. Patient care was reviewed and communication with other services discussed. Safeguarding of children and vulnerable adults was understood and taken seriously by the practice. Their involvement of patients through the patient participation group was being developed. The practice's ethos was to provide good patient care and to support and train staff to help provide this.

Our key findings were as follows:

- Patient feedback was positive regarding accessing appointments in a timely manner.
- Patient feedback was positive regarding staff. Including being treated with kindness and respect.
- The practice had infection control procedures in place and was seen to be clean and tidy.
- Staff were careful to maintain confidentiality of patient information.
- The practice had systems to keep patients safe including safeguarding procedures and means of sharing information about patients who were vulnerable

However, there were also areas of practice where the provider should make improvements.

The provider should:

- Ensure the risk assessment for portable electrical equipment is recorded.
- The practice should ensure the chaperone policy defines the duties of staff when acting as chaperones

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?

Good

The practice is rated as good for safe. The practice operated a safe service to meet the needs of patients and staff.

The practice had safeguarding policies and procedures in place to protect children and vulnerable adults. Two safeguarding leads had been appointed who had undertaken appropriate safeguarding training. Staff told us they would raise any concerns they had with the GP if they suspected abuse. Significant events were discussed with the practice team and we saw that action to reduce the risk of recurrence was recorded and taken. Emergency procedures were in place to respond to medical emergencies. The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.

Are services effective?

Good

The practice is rated as good for effective. The practice operated an effective service to meet the needs of patients.

Data we reviewed showed us the practice had achieved 99% of the care targets contained in the national quality and outcome framework standards (QOF). Systems were in place to ensure evidence based practice including national and local guidelines were used and monitored through audits. Information was exchanged in an efficient manner between the practice and hospital departments. A range of health promotion material and services were available to patients. Multidisciplinary working was established and the practice worked closely with other services. For example, the health visitors and palliative care teams to provide patient centred care. The practice offered a range of health clinics to meet the needs of patients who used the practice. These included diabetes clinics, baby clinics and asthma clinics. All staff received regular appraisals and were supported to undertake further training to develop their role.

Are services caring?

Good

The practice is rated as good for caring. The practice was caring and compassionate in its approach

Data 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 care and treatment decisions. We spoke with six patients, who were very positive about all aspects of the care they received. This was supported by the 37 comment cards and e-mails which we received

Summary of findings

from the patient participation group. Accessible information was provided to help patients understand the care available to them. Patients had access to local groups for additional support. Appropriate support was provided to vulnerable patients. During the inspection we witnessed caring and compassionate interactions between staff and patients.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive.

The practice understood the different needs of the population it served and had developed services to meet their needs. Patients reported good access to the practice and a named GP and 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 had a system in place for handling complaints and concerns. Information for patients on the complaints procedure was available on the practice website and booklet.

Are services well-led?

Good

The practice is rated as good for well-led.

The ethos throughout the practice team was to deliver accessible patient care of the highest quality. The practice had a number of policies and procedures to govern activity and regular meetings had taken place. There were systems in place to monitor and improve quality and identify risk. The practice had a newly formed patient participation group (PPG). Staff were aware of their individual responsibilities and also described a supportive team environment to provide a patient centred service. All staff had been appraised in the last year and attended staff meetings and events. Staff told us they were comfortable to raise issues and concerns when they arose and were confident they would be dealt with constructively.

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

Good

The practice is rated as good for the care of older people. Older patients formed a significant proportion of the registered practice population. All patients had a named GP to provide a degree of continuity of care. The practice had arrangements in place to provide flu and pneumococcal immunisation to this group of patients. Patients were able to speak with or see a GP when needed and the practice was accessible for patients with mobility issues. Clinics included diabetic reviews, blood tests and blood pressure monitoring was available. Multidisciplinary meetings took place monthly to discuss at risk patients and those needing palliative care. There was good communication between the practice and other services including the community matron, social services and support organisation for carers. The practice had a safeguarding lead for vulnerable adults. GPs explained that their current focus was on high risk older patients who had unplanned hospital admissions. Patients identified as having had an unplanned hospital admission or an accident and emergency attendance were contacted or visited and their care plan reviewed. Staff informed us this population group had always represented a high proportion of their patients and had 10 years ago implemented their own 'Elderly at Risk' register. The practice had a system in place to follow up on patients who had attended accident and emergency.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions. The service supported patients with long term conditions to manage their health, care and treatment. Care plans had been created and agreed by themselves with a GP or nurse. The practice nurses were trained and experienced in providing diabetes and asthma care to ensure patients with these long term conditions were regularly reviewed and supported to manage their conditions. The GPs followed national guidance for reviewing all aspects of a patient's long term health. There were recall systems in place to ensure patients received monitoring and support. Flu vaccinations were routinely offered to patients with long term conditions to help protect them against the virus and associated illness. Patients were supported by clinics to monitor and manage their condition.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Specific services for this group of

Summary of findings

patients included family planning clinics, twice weekly antenatal clinics, childhood immunisations and child development clinics. The practice offered contraceptive implants and coil fitting. Patients could also book appointments with their GP or with the nurses for more convenient times if required. Child development checks were offered at intervals that are consistent with national guidelines and policy. Ante-natal care and screening was offered according to current local guidelines. Practice staff had received safeguarding training relevant to their role, and safeguarding policies and procedures were readily available to staff. All staff were aware of child safeguarding and how to respond if they suspected abuse. The practice ensured that children needing emergency appointments would be seen on the day. There was good communication between the practice and other services including midwives, health visitors and support organisations. Midwives and health visitors actively screened patients for postnatal depression.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of working-age people (including those recently retired and students). Patients could book appointments either by telephoning, in person or on line via the practice's website. This ensured patients were able to book appointments with the practice at times and in ways that were convenient to them. Patients reported that access was good. Patients were able to request a GP to telephone them instead of attending the practice. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The percentage of registered patients aged over 65 years was higher than the average for Guildford and Waverley Clinical Commissioning Group. The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice supported patients with a learning disability registered with the practice. There was a lead GP for patients with learning disabilities and patients received an annual health check and regular reviews. Translation services were available for patients who did not use English as a first language. Patients who had hearing impairments could request a signing service to support them during appointments. Signs throughout the practice were also in braille supporting those patients with a visual impairment. The practice had good access for those with limited mobility or who used wheelchairs. The practice supported patients who registered as a carer. The practice was aware and advertised other services that could provide support for this population group.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice offered a range of services to patients experiencing mental health problems. Patients were referred to counselling services when appropriate. A range of leaflets detailing support groups was available. Midwives and health visitors actively screened patients for postnatal depression. The practice held monthly multidisciplinary meetings which included the community psychiatric nurse**.** Patients with severe mental health needs had care plans and new cases had rapid access to community mental health teams. The practice was proactive at recognising patients who were at risk of dementia and were using questionnaires to aid screening.

Summary of findings

What people who use the service say

Patients told us how satisfied they were with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views on the practice. We received 37 comment cards which contained positive comments about the practice. We also contacted representatives of the patient participation group (PPG) via e-mail and spoke with six patients during the inspection.

All the patients we spoke with were extremely positive about the service they received. They told us they had no problems contacting the practice and appointments were readily available. They told us that staff were professional and treated them with respect.

Comments received through the patient participation group (PPG) group and the comments cards were all extremely positive about the service patients received. Comment cards about the practice included that patients felt listened to, supported and treated with dignity and respect. Comments also included that staff had showed understanding, professionalism and were caring.

We viewed the results for the National GP Survey completed in July 2014 of which 132 patients had responded. We noted that 91% of patients found it easy to get through to the practice by phone. We also noted that 100% had confidence and trust in the last GP they saw or spoke to and 96% describe their overall experience of the practice as good. When asked if they would recommend the practice to someone new to the area, 94% of patients replied they would.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the risk assessment for portable electrical equipment is recorded.
- The practice should ensure the chaperone policy defines the duties of staff when acting as chaperones

Austen Road 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 and a practice manager.

Background to Austen Road Surgery

The practice is located in a residential area of Guildford and provides a range of services to approximately 7,000 patients. The practice has four partner GPs and two salaried GPs. There are four female GPs and two male. The practice is open 8am to 6.30pm. Most morning GP sessions run from 9am to 11.30am, with most afternoon sessions running from 4pm till 6pm. This varies according to the working hours of individual GPs and times are displayed in the practice handbook and on the website. Every day there is a male and female GP available. The practice also employs a specialist nurse practitioner, a practice nurse and a healthcare assistant/phlebotomist. GPs and nursing staff are supported by a practice manager and office manager as well as a team of receptionists.

The practice runs a number of clinics for its patients which include child development and immunisations, diabetic, and antenatal clinics.

We visited the practice location at 1 Austen Road, Guildford, Surrey GU1 3NW

The practice had opted out of providing Out of Hours services to their own patients. There were arrangements in place for patients to access emergency care from an Out of Hours provider.

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. This 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

Prior to the inspection we contacted the local clinical commissioning group, NHS England local area team and local Health watch to seek their feedback about the service provided by Austen Road Surgery. We also spent time reviewing information that we hold about this practice. 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.

The inspection team carried out an announced visit on 7 October 2014. We spoke with six patients and 14 members of staff. This included the practice manager and office manager, five GPs, the practice nurse, nurse practitioner, phlebotomist and four reception staff. We also reviewed 37 comment cards from patients and contacted members of the patient participation group.

As part of the inspection we looked at the management of records, policies and procedures, and we observed how staff cared for patients and talked with them.

Detailed findings

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

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

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

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

The practice has a lower percentage of registered patients less than 18 years of age than the average for England. The percentage of registered patients aged over 65 years is higher than the average for England. The percentage of registered patients suffering deprivation (affecting both adults and children) is significantly lower than the average for England.

Good

Are services safe?

Our findings

Safe Track Record

The practice had implemented systems for reporting and responding to incidents. Staff told us incidents were investigated and discussed at meetings to ensure learning. We reviewed three untoward event (serious event analysis) reports that had been identified and recorded in the previous 12 months. The reports included actions that had been taken in response to the incidents. For example, a specimen vial that had been used was out of date and therefore not processed. The practice ensured that all staff were reminded to check dates on vials before use and that the member of staff who ordered supplies was also tasked to check dates when ordering stock.

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. Staff spoken with understood their responsibility to report incidents or concerns. For example, reception staff spoken with told us if they had any concerns over patient welfare they would discuss their concerns with the safeguarding leads.

Learning and improvement from safety incidents

The practice has a system in place for reporting, recording and monitoring significant events.

The practice kept records of untoward events that have occurred during the last 12 months and these were made available to us. There were weekly meetings that could be used to review and share learning from any incidents. There was evidence that appropriate learning had taken place where necessary and that the findings were disseminated to relevant staff. All staff were aware of the system for raising issues to be considered at meetings and felt encouraged to do so. Safety alerts were received by the practice manager and disseminated to relevant staff for action. In the absence of the practice manager the office manager would take on this role.

Reliable safety systems and processes including safeguarding

Staff we spoke with understood how to recognise signs of abuse and were aware of where to find the policy if they needed to. They told us if they had any concerns they would speak to the GPs and when possible this would be the lead GPs in safeguarding. All reception staff had completed vulnerable adults training and had completed level one training for child protection. The lead for safeguarding children and all GPs had completed level three training. We saw evidence of alerts on patient's records for children on the child protection register.

The practice provided a chaperone service for patients if requested. A chaperone is a person who can offer support to a patient who may require an intimate examination. We saw a notice on display in the reception area informing patients of this service. We reviewed the chaperone policy and noted there was no information to define the duties of staff when acting as chaperones. Administration staff were not used as chaperones.

Medicines Management

Medicines, including vaccines were kept in a locked fridge. We saw fridge temperatures were checked daily to ensure the fridge was always at the correct temperature. We noted the fridge was hard wired which ensured the plug could not be accidentally removed or the fridge turned off. We checked medicines in the fridge and emergency medicines which were all in date. There were no controlled drugs stored at the practice. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse.

There were arrangements in place for repeat prescriptions to be made available within 48 hours. Patients could make written requests, including using the practice's on line facility or attending the practice to re-order prescriptions. Repeat prescriptions requests were checked against the patient's records and passed to the GP to sign. Staff investigated if the prescription was requested earlier or later than expected and if needed this information was passed to the GP for further investigation.

Cleanliness & Infection Control

Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The practice has a lead for infection control who was the specialist nurse practitioner. The lead also carried out training for reception staff which included hand washing and dealing with spillages. We observed the premises to be clean, tidy and clutter free. We noted there was sufficient personal protective equipment available for staff. We observed that clinical waste was securely stored prior to collection. Curtains in the treatment rooms were disposable and changed every six months.

Good

Are services safe?

The infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures and to comply with relevant legislation. Policies included information regarding needle stick injuries and bodily fluid spillages.

The infection control lead completed annual audits of infection control following the code of practice. We saw evidence the infection control lead had carried out annual audits.

Hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. We saw evidence that regular service and calibration checks on equipment were performed, the last being in April 2014. We saw that the oxygen cylinder, air conditioning and intruder alarm had last been serviced in April 2014. We saw that fire extinguishers were serviced annually with the last one completed in March 2014.

Panic alarms were installed in all consulting and treatment rooms in case of emergency. All staff would respond if a call was raised. The practice had not completed a portable appliance test (PAT) for electrical items. The practice manager informed us that they checked all cables and electrical items during the annual fire risk assessment. However, when we reviewed the fire risk assessment these checks had not been recorded. The last assessment had been completed in April 2014.

Staffing & Recruitment

The majority of practice staff worked part time which allowed for some flexibility in the way the practice was managed. For example, staff were available to work overtime if needed and available for annual leave and sickness absence cover.

There were recruitment and selection processes in place. Most staff had been with the practice for a number of years and the newest member of staff had been employed three years ago. Recruitment files we reviewed contained the correct information. Reception staff had not received a criminal record check via the Disclosure and Barring Service (DBS). The practice had undertaken a risk assessment for reception staff and had determined the risk was minimal.

Monitoring Safety & Responding to Risk

The practice had some systems in place to identify, assess and manage risk within the practice. Staff had been trained in fire procedures. We reviewed the practice fire risk assessment and noted safety equipment such as fire extinguishers were checked and sited appropriately. Staff spoken with informed us they had last practiced an evacuation of the building in September 2014.

The practice had a health and safety policy and the practice manager had been appointed the health and safety officer. The policy contained information for staff regarding electrical equipment, accidents at work and dangerous substances stored at the practice.

Arrangements to deal with emergencies and major incidents

We saw records that all staff had received training in basic life support. Staff we spoke with knew the location of the emergency medicines, oxygen and Automated External Defibrillator. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A fire risk assessment had been undertaken that included actions required maintaining fire safety.

The practice had a continuity and recovery plan in place in case of emergency. Relevant contact numbers for staff and resources were recorded in the plan. These were to be used in the event of an incident that effected the operation of the service to ensure. Risks identified included power failure, adverse weather, unplanned sickness and access to the building.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

All GPs and nurses we interviewed were able to describe and demonstrate how they access both guidelines from the National Institute for Health and Care Excellence and from local health commissioners. Whilst there were no formal policies for ensuring GPs and nurses remained up-to-date, all the GPs interviewed were aware of their professional responsibilities to maintain their knowledge and took part in the annual GP appraisal process.

Patients had their needs assessed and care planned in accordance with best practice. A review of 12 case notes for patients showed that all were in receipt of appropriate treatment and received regular reviews. The practice used computerised tools to identify patient groups who were on registers for example, a carer's register, learning disabilities register or long term conditions register. We saw no evidence of discrimination when making care and treatment decisions.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being
used.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. Examples of clinical audits included contraceptive implant fittings, lithium therapy and suspected unitary tract infections (UTI) and antibiotic therapy.

The practice routinely collected information about patients care and outcomes. The Quality and Outcomes Framework was used to assess the practice's performance. The QOF is a national performance measurement tool. This practice was not an outlier for any QOF (or other national) clinical targets.

QOF data showed the practice was performing well in comparison to the national average. The practice achieved 99% of the maximum Quality and Outcomes Framework (QOF) results 2012/13 in the clinical domain. For example, the percentage of patients with diabetes whose last measured total cholesterol within the previous 15 months was 5mmol/l or less was recorded as 94.5%, with the national average being 81.2%

The practice provided specific appointments for patients to help them manage and improve their health and wellbeing. These clinics were relevant to patients needs and specific for the types of illnesses. For example, diabetic, asthma and hypertension clinics to help patients manage long term conditions and improve their quality of life.

Effective staffing

The practice had an induction policy and staff were given training and knowledge about the practice during their induction period. Staff who worked at the practice received annual appraisals. Staff told us that appraisals gave them the opportunity to discuss any concerns or training needs. Reception staff had received specific training in their role.

Reception staff spoken with told us they all had the same main duties however, each were given specific roles to undertake. For example, registration of new patients or temporary residents. We were told that every six months these specific roles would change. Staff felt this allowed them to expand their knowledge base of the roles needed and meant they could support colleagues in completing specific duties or when staff were off sick or on leave. They also told us this kept their role interesting and meant there was a consistent approach to learning within their duties.

Working with colleagues and other services

The practice worked with other service providers to meet patient needs and especially for patients whose health needs were complex. The practice identified patients who needed on-going support and helped them plan their care.

Multi-disciplinary meetings which included palliative care nurses, health visitors, social care workers and district nurses were held monthly. An example of the range of patients discussed included palliative care patients, children of concern to health visitors, those recently deceased and 'at risk' patients including where they may have has an unplanned hospital admission.

Information Sharing

Staff we spoke with told us that blood test results, hospital discharge summaries, accident and emergency

reports and reports from Out of Hours services were seen by the duty GP and information passed to the relevant GP.

Good

Are services effective?

(for example, treatment is effective)

The practice received hospital data on admissions and accident and emergency attendances daily. This data was checked against patient registers or patients from care homes and whether these patients had recently been contacted or visited. The practice then reviewed the patients care needs to ensure that appropriate care was in place and discussions were held to review if the hospital attendance could have been prevented.

Consent to care and treatment

Patients we spoke with told us that GPs always obtained consent before any examination took place. They told us they were able to express their views and said they felt involved in the decision making process about their care and treatment.

The practice had a Mental Capacity Act 2005 policy. The policy gave staff guidance on the core principals of the act and also contained an assessment of capacity checklist for staff to use if required. The policy also detailed the actions the practice would complete in order to help patients make decisions for themselves. This included providing relevant information in a way the patient would understand.

The practice consent policy gave clear guidelines to staff in obtaining consent prior to treatment. The policy also gave guidance about withdrawal of consent by a patient. A form was available to record consent where appropriate. Gillick competencies was also referred to in the policy. Gillick competencies relate to whether or not a child under the age of 16 has sufficient understanding and intelligence to enable them to understand fully what is proposed, then they will be competent to give consent for themselves**.** The GPs we spoke with told us they always sought consent from patients before proceeding with treatment. GPs told us they would give patients information on specific conditions to assist them in understanding their treatment and condition before consenting to treatment.

Health Promotion & Prevention

The practice offered all new patients registering with the practice a health check. GPs we spoke with told us that regular health checks were offered to those patients with long term conditions, learning difficulties and those experiencing mental health concerns. We also saw that medical reviews took place at appropriate timed intervals.

Health information was made available during consultation and GPs used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and on the practice website. The practice booklet included information on social services and voluntary organisations for patient reference.

Seasonal flu vaccinations were available to at risk patients such as patients aged 65 or over, patients with a serious medical condition or those living in a care home. Nursing staff informed us that letters to patients had been sent in August promoting the vaccination and they had already seen a high uptake of the vaccination. The practice had also arranged Saturday clinics for patients to attend for their flu vaccinations.

The nurses we spoke with us told us there were a number of clinics for health promotion and prevention. This included child immunisation and diabetes as fixed stand-alone clinics. Chronic obstructive pulmonary disease (COPD), asthma, hypertension, coronary heart disease (CHD), cervical screening and travel clinic appointments could be booked within normal nursing surgeries. We reviewed the Quality and Outcomes Framework (QOF) data for 2012/2013. Data we reviewed showed that 93% of female patients (aged from 25 to 64) had a cervical screening performed in the past five years.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the 2014 GP patient survey data for the practice on patient satisfaction. Data showed the practice scored above average for its satisfaction scores on consultations with GPs and nurses with 96% of patients who replied to the survey described the overall experience of their GP practice as good or very good. We noted that 90% said the last GP they saw or spoke to was good at explaining tests and treatments. Patients were asked if the last GP they saw or spoke involved them in decisions about their care and 83% replied that the GP was good in involving them.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 37 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were professional, supportive and caring. They said staff treated them with dignity and respect. We also spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 83% of practice respondents said the GP involved them in care decisions and 90% felt the GP was good at explaining treatment and results. Both these results were higher than average in the Guildford and Waverley CCG area.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations. Patient feedback on the comment cards we received was also positive and aligned with these views. GPs we spoke with told us that patients were able to request double appointments to ensure there was enough time to discuss all the patients concerns or treatment options.

We reviewed 12 patient records. We saw patient records with long term conditions contained care plans which were well recorded and evidenced patient involvement. GPs we spoke with told us of the various ways they supported patients to understand conditions and treatments. This included using diagrams or information that patients could read at home. Patient comments received also supported this.

We spoke with staff regarding those patients whose first language was not English. We were informed that patients would bring in family members to translate if needed. GPs told us they could use on-line translation services during appointments and there was information available to book interpretation services in the reception area. Reception staff we spoke with told us they had not needed to use this service however they were aware of patients who could benefit from this service. We noted that the on-screen booking in system had a range of languages for patients to book in with. The languages had been collated from patient registration forms.

Patient/carer support to cope emotionally with care and treatment

We looked at the results of the national GP survey that had collected 132 views of patients who used the practice. We noted that 93% of patients said the last GP they saw or spoke to was good at treating them with care and concern. This was higher than the average for Guildford and Waverley CCG area. The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and patient website also signposted patients to a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Notices in the waiting

Good

Are services caring?

room and a referral form were available for carers to access support groups. Staff told us they were made aware of patients or recently bereaved families so they could manage calls sensitively and refer to the GP if needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to patient needs and had sustainable systems in place to maintain the level of service provided. We found examples of how the practice had responded to specific needs of patients by referral to other services and signposting patients to support groups.

The percentage of registered patients aged over 65 years was higher than the average for Guildford and Waverley Clinical Commissioning Group area. The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patients and their families care and support needs. The practice also held a weekly meeting with the community matron to discuss patients. GPs explained that their current focus was on high risk older patients who had unplanned hospital admissions as they were seeking to improve their care and reduce the need for hospital attendance.

Patients who had been referred for treatment to other services said they were satisfied with the speed and quality of referral. Patients had a named GP to ensure a degree of continuity of care for patients, especially older patients and those with long term conditions.

There had been a low turnover of staff during the last three years which enabled good continuity of care and accessibility to appointments with a GP of choice. All patients who needed to be seen urgently were offered same-day appointments.

Tackling inequity and promoting equality

The practice was situated on three floors with all services for patients taking place on the ground floor. The premises and services had been adapted to meet the needs of patients with disabilities.

There was a sloping path into the practice for patients in wheelchairs or with prams. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Several of the chairs at the practice had high backs and different arm rests for patients who required this type of chair. Toilet facilities were available for all patients and contained grab rails for those with limited mobility and they also had an emergency pull cord. We saw that signs throughout the practice were also in braille for patients who were blind or partially sighted.

Sign language services were used for patients with hearing impairments and interpretation services were available for patients whose first language was not English.

Access to the service

Patients we spoke with were happy with the appointment system and they could see a GP on the same day if they needed to. Patients could pre-book appointments with the GP of their choice. Patients could also call on the day for appointments and we were told that all patients who required emergency appointments would be seen on the same day. On the day of the inspection we observed a call taken by a receptionist. The patient requested to see a GP later in the week and explained their symptoms. The receptionist asked the patient to wait and spoke with a GP who advised that the patient be given an appointment for the afternoon which the receptionist was able to do.

The practice opened at 8am and closed at 6.30pm. Appointments could be booked either by phone, in person or on-line via the practice website. This ensured patients were able to access the practice at times and in ways that were convenient to them. Appointments varied according to the working hours of individual GPs. The practice booklet and website gave the times of the individual GP's surgery times. GPs were able to call patients for a telephone consultation or visit patients at home if required. Double appointments could be booked upon request or on the advice of the GP.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. The practice stayed open but closed its telephone lines during lunch. There was an answer phone message giving the phone number for the duty GP if it was urgent. Patients attending the practice could make appointments or request / pick up repeat prescription during this time. After 6.30pm the answer phone message directed patients to call an Out of Hours service.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Complaints information was made available to patients in the practice booklet and on the practice website. However, we noted there was no information on display in the waiting area for patients to review.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at the complaints record and responses to patients over the last 12 months. We saw there were three complaints that the practice had received. The practice had investigated all the complaints and implemented actions and shared learning with staff.

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 positive outcomes for patients. GPs we spoke with told us they were committed to delivering high quality care which meets the needs of its patients. The practice benefited from dedicated long serving staff. Staff described a supportive and inclusive environment where individual roles were valued.

The practice website and booklet contained the practice's charter responsibilities. This included the practice's commitment to provide the best possible service, by treating patients as individuals and respecting them at all times.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. This included the whistleblowing, complaints, repeat prescribing, consent and safeguarding policies for both vulnerable adults and children. Staff told us they were made aware of any updates in policies and it was their responsibility to ensure they read and understood the policies.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with or above national standards. The practice had completed a number of clinical audits. For example, medicine audits and the effectiveness of joint injections and fitting of coils.

Meetings took place within the practice which enabled staff to keep up to date with practice developments and facilitated communication between the GPs and the staff team. Significant events and complaints were shared with the practice team to ensure they learnt from them and received advice on how to avoid similar incidents in the future. GPs led on specific areas of both clinical and general management. Staff told us they could go to either the practice manager or a GP if they needed additional support and advice.

Leadership, openness and transparency

All staff were aware of the leadership structure within the practice. Most staff were able to tell us there were named members of staff in lead roles. We noted there was a lead nurse for infection control and the two partner GPs were the safeguarding leads for children and vulnerable adults. We also noted there was also a lead for patients with learning difficulties.

Reception staff we spoke with were clear about their own roles and responsibilities. They all told us that they felt valued and well supported. They told us GPs often thanked them for tasks undertaken or handling difficult situations. The practice also had team building sessions away from the practice which the staff appreciated and made them feel valued.

We saw minutes from the weekly management meetings and the six monthly reception staff meeting. Each week there was a lunch meeting for all staff. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues outside of team meetings.

The practice manager was responsible for human resource policies and procedures which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, this included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from users, public and staff

The practice used a number of mechanisms to encourage and obtain patient feedback. This included, through the patient participation group (PPG), through the national GP patient survey and a comment box at the reception desk.

We viewed the national GP Patient survey. This indicated that 100% of patients who responded to the survey had confidence and trust in the last GP they saw or spoke to. We noted that 91% of patients rated their ability to get through on the phone as very easy or easy. When asked if they would recommend the practice to someone new to the area, 94% of patients replied they would.

We spoke with the lead GP for the patient participation group (PPG). The PPG was classed as a virtual group, which meant that communication was via e-mail or printed information rather than meetings. However, the PPG and the lead GP had met several times to discuss the growth of the group. The lead GP explained that the aim of the group was to become more pro-active and they were discussing with the chair ways in which to develop this.

Are services well-led?

Good

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

Currently, the membership of the group stood at virtual 70 members. The practice had actively tried to recruit patient members from underrepresented age groups. For example black and minority ethnic, and mothers with babies in order to get a more diverse and balanced representation. The group had completed an initial priorities survey to establish the area's most important to their patients. We were informed that the results from this survey were to be used to focus on key questions for a second survey planned within the next 12 months. It had already been recognised from comments received that patient access to the appointments would be included in the survey.

Management lead through learning & improvement

The practice manager appraised all reception staff on an annual basis. Staff told us they felt the appraisal was a meaningful process which identified areas for future personal development. We spoke with staff about training. They told us that they received yearly training in basic life support. Other training areas were for infection control, safeguarding children and vulnerable adults. We were able to see certificates for this training.

The practice completed reviews of significant events and other incidents and shared the learning with the staff team to ensure the practice learnt from incidents to improve outcomes for patients. Discussions on various subjects took place and training and key learning points were shared. We reviewed the reception meeting minutes dated January 2014 and June 2014, and saw topics such as complaints, changes to reception duties and new initiatives discussed. In addition, we saw the meeting had given staff the opportunity to give feedback regarding a communication concern with the GPs and had given examples of how working practices could be improved.

The practice participates in an external peer review with GP and nurse peer reviews being completed by Guildford and Waverley Clinical Commissioning Group (CCG). Nursing staff told us their appraisals were completed by the GPs and any performance issues were managed by the senior nurse.