

Dr Monella & Partners

Quality Report

Medwyn Surgery
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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	Outstanding	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Outstanding	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Monella & Partners – Medwyn Surgery on 9 December 2015. Overall the practice is rated as outstanding.

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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice :

The practice was extremely pro-active in supporting the well-being of its patients by engaging with and participating in numerous community support groups. The culture of the practice focused on community engagement and being central to community life. This

Summary of findings

culture benefited the emotional and physical well-being of the patients. In addition we noted many individual acts of care, compassion and kindness towards patients, by members of the practice team, often in their own time.

The areas where the provider should make improvements are:

- Establish systems and processes to facilitate the efficient on-going monitoring of staff training and registration with professional bodies.

- Ensure that all formal documents are dated or version controlled and records maintained to facilitate efficient review of such documents.
- Ensure that infection control was addressed as part of the practice induction programme for all staff.
- Establish robust systems and processes to ensure that all necessary and relevant recruitment checks are undertaken for all staff prior to employment.

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 as there are areas where it must make improvements:

- There was an effective system in place for reporting and recording significant events. All staff spoken to demonstrated knowledge of the process and the outcomes of significant events.
- Lessons were shared via meetings or email to ensure that relevant personnel were informed and action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, open and 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 defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff were in receipt of safeguarding training to the level appropriate for their role and in relation to both adults and children. All staff spoken to demonstrated knowledge of the policies and procedures in relation to safeguarding.
- Risks to patients were generally assessed and well managed. However, the systems and processes to address these risks in relation to recruitment and staffing were not always robustly implemented.
- The practice recruitment process included the requirement for a satisfactory Disclosure and Barring Service (DBS) check in relation to staff carrying out registered activities. Our inspection identified that this had not been followed in relation to two members of staff. This was promptly resolved, evidence submitted to the inspection team, and the regulations have now been met. Staff management processes also did not always ensure that continuing registration with the relevant professional bodies was maintained.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.

Good



Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance. There was a system in place for clinical and other alerts and guidance to be received by the practice. management team and disseminated to all clinical staff. The relevant clinical lead then took any action or monitoring required.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Individual care plans were offered to those patients with long term debilitating conditions.
- There was evidence of appraisals and personal development plans for all staff. Staff we spoke to and data obtained from the staff survey showed that 80% of staff believed that their appraisal helped them to improve, 100% felt that their work was valued and 100% felt that the appraisal system identified learning and development needs.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. 94.8% of patients said that the last GP they saw was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 90.7% and the national average of 88.6%. 91.3% of patients said that they were treated with care and concern compared to the CCG average of 87.5% and the national average of 85.1%.
- Feedback from patients who used the service and those close to them was continually and consistently positive about the care and treatment received. Patients thought that staff went the extra mile and the care received exceeded their expectations. We received 27 comment cards, all of which were overwhelmingly positive about the care, respect and dignity shown to them by all members of the practice team. We spoke to nine patients during the inspection who were all positive about the care and treatment received. We also spoke to a further five patients on the telephone following the inspection at their request. All of their feedback was also very positive.
- We observed a strong patient-centred culture. People's emotional and social needs were seen to be as important as their physical needs.

Outstanding



Summary of findings

The practice had an identified member of the team as a Carer's champion. This member of staff coordinated the registering of carers and provided relevant information and signposting to those patients.

- There were numerous examples of staff members calling in to patients on their way home and in their own time, to deliver medicines or change dressings, when that patient had been unable to attend the surgery.
- One GP regularly visited a site where the homeless congregated to talk to them, discuss their needs and challenges, encourage them to attend the practice and offer medical care.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as outstanding 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 (CCG) to secure improvements to services where these were identified. Partners attended CCG meetings in rotation and then cascaded information to other clinicians at the following partners meeting. Dorking Healthcare, a group of local GPs, was set up to reduce referral waiting times.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. Routine appointments were available up to four weeks in advance. Telephone appointments where appropriate, double appointments, commuter appointments and same day urgent appointments were also available.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was co-located with a number of other independent health services which benefited patients and enabled efficient close liaison between those services.
- 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.
- We saw numerous examples of the practice referring to and engaging with, relevant community organisations to benefit both the physical and emotional health of the patients.

Outstanding



Summary of findings

Are services well-led?

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

- The Partners at the practice recognised that without strong leadership, they would be unable to deliver the quality of care to which they aspired.
- There was a clear, strong leadership structure and staff felt very supported by management.
- There were a number of approaches to ensure staff were supported and felt valued. The practice had a mentorship programme, held staff meetings and surveys, had initiated a 'Going the Extra Mile' monthly staff award and various social team building activities.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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 practice was supported by the 'Friends of Medwyn'. This group of patients had been actively supporting patients and the practice for more than 11 years.
- The Friends of Medwyn were complimented by a Virtual Patient Reference Group that enabled the working population and others to actively participate. Overall membership of both groups stood at 193.
- There was a strong focus on continuous learning, training and improvement at all levels. Staff were in receipt of annual appraisals.

Outstanding



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 outstanding for the care of older people.

- All patients falling within this population group had a named GP. There was a GP lead for older people within the practice.
- GPs attended meetings in local care homes and associated social events in their own time.
- Patients with long-term conditions, subject to end of life care or vulnerable due to a variety of circumstances were in receipt of a care plan which was reviewed regularly
- There were raised chairs in the waiting areas for the comfort of older or immobile patients
- The practice engaged with a community organisation focussed on providing physical and mental activities and learning for older people. Members of this group were invited to practice meetings to educate GPs in relation to what they could offer older people and patients were pro-actively encouraged to join.
- The practice engaged with the Community Garden Project, a social horticultural project for those experiencing isolation, bereavement or recovery from psychological or physical ill health. A member of the practice staff volunteered at this project and patients were actively referred.
- The practice engaged with an organisation designed to support patients and families following a Stroke. This group was set up by a patient and his or her family to deliver arts, crafts, excursions and other activities for members. Patients were referred to this group for support following a Stroke.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Outstanding



People with long term conditions

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

- Nursing staff were trained and had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- One GP at the practice had a special interest in diabetes
- Performance data showed that the practice generally performed well in relation to diabetes indicators. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding

Outstanding



Summary of findings

12 months was 93.13% compared to the CCG average of 88.3%.(01/04/2014 to 31/03/2015) The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015)

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- Antenatal clinics were held twice weekly, as part of the shared care programme.
- Family planning clinics were available with specialist nurses.
- The practice held baby clinics and met with the Health Visiting team on a monthly basis.
- The practice was proactive in identifying and supporting young carers.
- 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 Accident and Emergency attendances.
- 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 percentage of women aged 24-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 81.43% compared to the CCG average of 81.83%. (01/04/2014 to 31/03/2015)
- 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.

Outstanding



Working age people (including those recently retired and students)

The practice is rated as outstanding for the care of working age people.

Outstanding



Summary of findings

- 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.
- Late night surgeries (commuter appointments) were offered twice weekly.
- The practice operated an open-list policy to allow patients working but not living locally to register.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had also provided Saturday Flu Clinics to meet the needs of this population group.
- A Virtual Patient Reference Group (VPRG) was in place, which complimented the Friends of Medwyn and facilitated patient engagement with this population group.

People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of vulnerable people.

- The practice engaged with many community organisations in order to meet the patient's emotional and social needs.
- The practice had a system in place to register patients who were homeless. Staff informed us that it was the only practice locally to offer this service. One of the GPs regularly visited a local site where homeless persons gathered to talk and encourage them to come forward for health checks and care.
- Foodbank – The practice was a hub for the Dorking Food bank. The GPs had been allocated vouchers to give to patients of the practice they identified as being in crisis. The vouchers could be exchanged for three days of emergency food from the bank.
- The practice offered an Interpreter service for those patients who required assistance. The practice also offered a hearing loop to assist the hard of hearing.
- Vulnerable patients were identifiable via prompts on the computer system enabling staff to make appropriate adjustments to meet each individual patient's needs.
- Longer appointments were automatically offered to those patients with complex needs or vulnerabilities.
- 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.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health.

- The percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 94.64% compared to the national average of 89.55%
- 94.55% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the national average of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice offered care to residents of a local residential mental health care facility. Residents were automatically provided with double time appointments to meet their needs.
- The practice supported a local mental health project called 'Art Matters', by showing the work of its members on the practice premises.
- 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.
- The practice supported a locally based parent support group for parents of children on the autistic spectrum.

Outstanding



Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 305 survey forms were distributed and 110 were returned. This represented a 36.1% response rate and 1.07% of the total number of patients registered.

- 83.9% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 67.5% and a national average of 73.3%.
- 84.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.6%, national average 85.2%).
- 85.9% described the overall experience of their GP surgery as fairly good or very good (CCG average 85.2%, national average 84.8%).
- 83.7% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79.3%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all extremely positive about the standard of care received. Many patients stated that they couldn't speak more highly about the care and support received from this practice. We spoke to a further five patients on the telephone following the inspection. Their details had been supplied to us at their request and with their consent. The feedback from these patients was also extremely positive and many described the care and treatment received at the practice as being caring, helpful and understanding.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice received a total of 57 Friends and Family Test forms between June and November 2015. Of those 49 stated that they were extremely likely to recommend the practice to others and eight stated that they were likely to recommend the practice to others.

Areas for improvement

Action the service SHOULD take to improve

- Establish systems and processes to facilitate the efficient on-going monitoring of staff training and registration with professional bodies.
- Ensure that all formal documents are dated or version controlled and records maintained to facilitate efficient review of such documents.
- Ensure that infection control was addressed as part of the practice induction programme for all staff.
- Establish robust systems and processes to ensure that all necessary and relevant recruitment checks are undertaken for all staff prior to employment.

Outstanding practice

The practice was extremely pro-active in supporting the well-being of its patients by engaging with and participating in numerous community support groups. The culture of the practice focused on community engagement and being central to community life. This

culture benefited the emotional and physical well-being of the patients. In addition we noted many individual acts of care, compassion and kindness towards patients, by members of the practice team, often in their own time.

Dr Monella & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Monella & Partners

Dr Monella & Partners- Medwyn Surgery is located in a residential area on the outskirts of Dorking. There are 10,197 patients on the practice list and the majority of patients are of white British background.

The population distribution as recorded by Public Health England indicates a high working population. Dorking is situated in prime commuter belt.

The practice is a training practice. The training is managed by a GP Training Lead and there are two GP registrars at the practice. The practice also hosts up to 10 attachments of medical students per year from St Georges Medical School as well as Paramedic Practitioners from South East Coast Ambulance Service.

There are a total of five GP partners (three male and two female).

There are four Practice Nurses (PN) and three Health Care Assistants (HCA) based at the surgery. Support staff consists of a Practice Business Manager, Reception Manager, reception and administration teams.

The practice is open from 8am to 6.30pm Monday to Friday with extended hours on a Tuesday and Wednesday to 8pm. Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hour's service via 111.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 December 2015. During our visit we:

- Spoke with a range of staff, including GPs, Nurses, Management and administration staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

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

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time. (01/04/2014-31/03/2015)

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- There was an effective system in place for reporting and recording significant events. All staff spoken to demonstrated knowledge of the process and the outcomes of significant events. Lessons were shared via meetings or email to ensure that relevant personnel were informed and action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, open and truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of significant events. One example was a training need identified when audiology equipment was set up incorrectly, resulting in the audiogram procedure failing and significant delay to patients and clinicians. Further training to relevant staff was delivered and no further problems have been identified.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke to demonstrated clear knowledge and understanding of their responsibilities and all had received training relevant to their role. GPs were all trained to Safeguarding level 3 in relation to children. One example of this was when a member of the reception team reported concerns about the behaviour of a patient towards their young child. This resulted in a referral to the Health Visitor and identification of the neglect of that child.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff we spoke demonstrated knowledge of chaperoning, including the purpose of chaperoning and correct positioning during the examination process.
- The practice maintained appropriate standards of cleanliness and hygiene. Personal Protection Equipment (PPE) was provided as appropriate and clinical waste was managed in line with Health and Safety guidance. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. We saw evidence of infection control training for staff although the training records were not always dated. Some of the staff we spoke to stated that infection control was not incorporated into the induction programme. Annual infection control audits were undertaken.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were extensive auditing processes in place to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants had received training and confirmed to be competent to administer vaccines under Patient Specific Directions.
- All patients in receipt of high risk medicines were flagged on the computer system for the reference of all staff. A monthly audit of these patients was conducted to ensure that relevant blood tests had been taken and results logged on to the patient management system. Any patient in this group who was identified as not having attended for a blood test was referred to the GP for further assessment/action.

Are services safe?

- We reviewed personnel files and found that appropriate Disclosure and Barring Service (DBS) checks had been undertaken for the vast majority of relevant staff. However, checks were absent for two members of staff. This situation was promptly addressed by the management team and evidence submitted to the inspection team. All regulations in this respect have been met.
- There was no formal system in place to ensure that an up to date record was maintained of nursing staff in relation to registration with the relevant professional nursing body. The register was checked during the inspection and all nursing staff were confirmed to be correctly registered.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).

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

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 was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

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 peoples' needs. Clinical and other alerts and guidance were received by the practice management team and disseminated to all clinical staff. The relevant clinical lead then took any action or monitoring required.

- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed;

- Performance for diabetes related indicators was similar to the national average. The percentage of patents on the diabetes register, with a record of a foot examination and risk classification was 93.13% as compared to the national average of 88.3%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmmol/l or less was 81.31% compared to the national average of 80.53%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. 85.48% of patients with hypertension had, in the preceding 12 months, a blood pressure reading of 150/90mmHg or less, compared to the national average of 83.65%.
- Performance for mental health related indicators was similar to the national average 94.64% of patients

diagnosed with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months compared to the national average of 89.55%. The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months was 72.97% compared to the national average of 84.01%.

Clinical audits demonstrated quality improvement.

- There had been 14 clinical audits completed in the last year, all of these were completed audits resulting in proposals being reported for post audit improvement activity which have been taken forward.
- Audits conducted had been used to improve patient outcomes. For example, frequent 999 calls were being received from patients experiencing hypoglycaemic episodes. This resulted in a hypoglycaemic pathway being developed with South East Coast Ambulance Service in January 2015 incorporating all five Surrey CCGs. The process included a notification alert to the relevant surgery and improved patient monitoring had led to a decrease in emergency calls by 50% in the first 11 months.
- Another example was an audit to identify whether or not those patients diagnosed with Gestational Diabetes Mellitus (GDM) were being appropriately followed up at their six week post-natal check. GDM is a key precipitating factor in Type two Diabetes Mellitus and therefore these patients should be monitored and provided with medical and lifestyle guidance. The first audit identified 12 patients and 13 pregnancies between 15/06/2012 and 27/12/2013 to be examined. 23% of those patients were followed up appropriately. Awareness had been improved and training needs addressed. Patients at risk were also provided with additional guidance. A second audit was conducted in September 2015, identifying seven relevant pregnancies. 100% of those patients had received the appropriate follow up care and activity.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. Individual care plans were offered to those patients with long term debilitating conditions.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training was undertaken 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 up to date knowledge of the changes to the immunisation programmes. However, the practice management team highlighted a shortage of independent refresher training for a number of clinical skill areas and in view of this, were in the process of sourcing training to be delivered locally and offered to other GP practices.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Non-clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring. All staff had had an appraisal within the last 12 months. There was evidence of appraisals and personal development plans for all staff. Staff we spoke to and data obtained from the staff survey showed that 80% of staff believed that their appraisal helped them to improve, 100% felt that their work was valued and 100% felt that the appraisal system identified learning and development needs.
- All staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Training records were inefficient and stored in several locations. They were not always up to date. However we were able to access relevant records to complete our enquires.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The following services were available at the surgery:- Phlebotomy; Anticoagulation; NHS Health Checks; Minor Surgery and Joint injections; Family Planning; Full range of immunisations (Children, Flu, Shingles etc.); Travel clinic; Diabetic clinic; Asthma clinic; COPD clinic; Smoking Cessation; Ambulatory BP; Complex wound care including Dopplers.

Are services effective?

(for example, treatment is effective)

- The practice's uptake for the cervical screening programme was 81.43%, which was comparable to the national average of 81.83%.
- Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74.3% to 87.9% compared to the CCG average of 75.1 % to 87.5% and five year olds from 4.0% to 82.2% compared to the CCG average of 3.0% to 84.4%.
- Flu vaccination rates for the over 65s were 72.07%, and at risk groups 58.13%. These were also comparable the national averages of 73.24% and 44.82% respectively.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and a Health Promotion Clinic offering a variety of health checks and monitoring including weight management. 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 a strong, visible, patient-centred culture and high level of community engagement. Staff we spoke to were highly motivated and inspired to offer care that was kind and promoted people's dignity.

Staff recognised and respected the totality of people's needs. They always took people's

personal, cultural, social and religious needs into account. We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Improving and/or maintaining quality of life was seen as a key element of a patient's wellbeing and health and a patient's emotional and social needs were viewed as being as important as their physical needs. This culture extended into the wider community and the practice engaged in and supported numerous community organisations and projects. In particular, these organisations supported people with disabilities, the bereaved, those with psychological illness and long-term conditions.

Community organisations were regularly invited into the practice to meet the clinical and non-clinical teams in order to educate staff and promote their services. They were also, where appropriate, offered the opportunity to set up information 'pop-up' style events in the practice where direct engagement with patients could be facilitated. There was a referral system in place for many of the community organisations.

The practice had an identified member of the team as a Carer's champion. This member of staff coordinated the

registering of carers and provided relevant information and signposting to those patients. The practice had identified 167 adult patients with caring responsibilities and nine young carers.

The practice was extremely proactive in supporting carers and had the highest referral rate and uptake of the Carer Grant in Surrey. This led to unused funds from other practices being diverted to the practice to provide additional support to those in need. The practice had an original allocation of 20 grants during the last financial year which was increased by 25% to 25 following the diversion of funds due to their proactivity in relation to this programme. We also observed that staff were highly motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. They were fully committed to working in partnership with patients and other agencies to achieve the highest standard of care. We also heard of many acts of kindness by members of staff in their own time, which supported patients to receive the high quality of physical and emotional care and support that the practice continually strove to achieve. For example:

- Staff members told us of numerous occasions when they had visited a patient in their home on their own way home and therefore in their own time to deliver medicines or change dressings, when that patient had been unable to attend the surgery.

The level of community engagement and caring culture demonstrated at this practice has had many benefits. Examples included:

- The staff at the practice held a fundraising event at one of the flu clinics. The money raised was used to provide much needed equipment for a young patient.
- One member of the reception team identified that some newly diagnosed patients were struggling to cope emotionally with their evolving situation. That member of staff researched the patient list and initiated a small support group

All of the 27 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 commented that they were treated with the utmost respect" and that nothing was too much trouble for the staff. One



Are services caring?

commented that “the GP’s always go the extra mile. The reception team were described as polite, helpful and professional. The staff were viewed as compassionate and caring.

We spoke with one member of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94.8% said the GP was good at listening to them compared to the CCG average of 90.7% and national average of 88.6%.
- 89% said the GP gave them enough time (CCG average 88.2%, national average 86.6%).
- 93.1% said they had confidence and trust in the last GP they saw (CCG average 96.5%, national average 95.2%)
- 91.3% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.5%, national average 85.1%).
- 96.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.8%, national average 90.4%).
- 85.2% said they found the receptionists at the practice helpful (CCG average 83.6%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback on the comment cards we received was also positive and aligned with these views. One patient commented that the GP was professional and attentive and provided relevant printed information. Another commented that their dignity was maintained and they felt listened to.

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

- 87.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.3% and national average of 86%.
- 84.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 83.1%, national average 81.4%)
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83.4%, national average 84.8%)

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

Patient and carer support to cope emotionally with care and treatment

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

The practice’s computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. This was in the form of a Carers Pack. The practice had identified a member of the team to co-ordinate support for carers and the practice produced a carer’s newsletter three times a year which was distributed to all patients who registered as a carer.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

The practice was proactive in identifying and meeting the needs of their patients.

- The patients survey indicated a positive response to the introduction of telephone appointments. The practice responded by increasing the capacity of this popular service by 10%.
- The patients survey also indicated a need to increase the availability of phlebotomy. The practice responded by employing an additional phlebotomist to meet this need.
- The practice offered a 'Commuter's Clinic' on a Tuesday and Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, mental health concerns and complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. There were disabled facilities, a hearing loop and translation services available.
- There was a separate notice board containing useful information situated in the waiting areas allocated to each of the following patient groups: Working People; Long-term health conditions, Children and Young People, Mental Health and Carers. The practice held a register of 167 adult carers and nine young carers.
- The practice engaged with the Community Garden Project, a social horticultural project for those experiencing isolation, bereavement or recovery from psychological or physical ill health. A member of the practice staff volunteered at this project and patients were actively referred.
- The practice engaged with an organisation designed to support patients and families following a Stroke. This

group was set up by a patient and his or her family to deliver arts, crafts, excursions and other activities for members. Patients were referred to this group for support following a Stroke

- Foodbank – The practice was a hub for the Dorking Food bank. The GPs had been allocated vouchers to give to patients of the practice they identified as being in crisis. The vouchers could be exchanged for three days of emergency food from the bank. The practice also acted as a depository for donations and we saw evidence that the practice had collected 257kg of food since June 2015, which had supported 500 local families in crisis.
- The practice engaged with a community organisation focussed on providing physical and mental activities and learning for older people. Members of this group were invited to practice meetings to educate GPs in relation to what they could offer older people and patients were pro-actively encouraged to join.
- The practice had a system in place to register patients who were homeless. Staff informed us that it was the only practice locally to offer this service. Staff also informed us that one of the GPs regularly visited a local site where homeless persons gathered to talk and encourage them to come forward for health checks and care. One homeless person, who had previously refused to engage with any of the statutory organisations, had since attended the practice and was now in receipt of foodbank vouchers.
- The practice supported a locally based parent support group for parents of children on the autistic spectrum. They held monthly meetings and offered emotional support as well as a confidential parent forum. Members of the group attended and presented their work at clinical and Multi-disciplinary meetings. They were also invited by the practice to be present during children's clinics to offer advice and support to any family requiring it. The practice had referred a number of families to this group and this had had a positive impact upon those families.
- The practice also supported a local mental health project called 'Art Matters', by showing the work of its members on the practice premises.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12pm every morning and 2pm to 6.30 daily. Extended surgery hours



Are services responsive to people's needs?

(for example, to feedback?)

were offered at the following times on 6.30pm to 8pm on Tuesdays and Wednesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent and telephone appointments were also available for people that needed them.

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

- 86.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 67.4% and national average of 73.8%.
- 83.9% of patients said they could get through easily to the surgery by phone (CCG average 67.5%, national average 73.3%).
- 85.2% of patients said they found the receptionists at the practice to be helpful (CCG average 83.6%, national average 86.8%).
- 92.8% of patients stated that the last appointment they made was convenient (CCG average 89.8%, national average 91.8%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was readily available to help patients understand the complaints system. We saw information in the reception area and on the website in relation to the practice complaints procedure and other avenues for making a complaint.

We looked at the seven complaints received during the last 12 month reporting period. We also looked at the system for managing complaints. We found that complaints were recorded appropriately and managed within the timescales as set out in the practice policy. There was a clear process to ensure that learning was disseminated to relevant staff members and all complaints were the subject of discussion at multidisciplinary meetings which were minuted. One complaint was found to be completely upheld, five partially upheld and one not upheld. Appropriate action was taken and recorded to prevent any reoccurrence. For example, a complaint in relation to delayed administration processes led to the practice funding additional typing hours and closer monitoring of those administration processes.

Are services well-led?

Outstanding



(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. There was a systematic approach to working closely with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. It was also available on the practice website.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 and accessible to all staff via the practice intranet. However, whilst all policies noted a review date, some documents did not have an initiated date or version control.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The leaders at the practice demonstrated an inspired, shared purpose, to strive to deliver and motivate staff to succeed. The partners and the management team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Staff we spoke to stated that they felt very

supported by the management team at the practice. There was strong collaboration and support between all staff and a common focus on improving quality of care and quality of life for all patients.

Retention of staff at this practice was clearly not a challenge and many staff members had been working at the practice for a long period of time. There were high levels of staff satisfaction. The staff were proud of the organisation as a place to work and spoke very highly of the culture and management. All staff were actively encouraged to raise concerns and make suggestions.

Morale was clearly high and we observed the team to be dedicated and enthusiastic about their work. One member of staff that we spoke to stated that they looked forward to coming back to work following a period of leave.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. Some meetings were multidisciplinary and others were dedicated to either the clinical team or the administrative team. We saw evidence that efficient communication between all staff at the practice was a key element of the practice culture.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The practice

Are services well-led?

Outstanding



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

operated a monthly 'Going the Extra Mile' award for staff in appreciation and recognition of good work and dedication. Any member of staff could be nominated by another colleague to receive the award.

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 was supported by the 'Friends of Medwyn'. This group of patients had been active for more than 11 years. It provided a means of communication between patients and the practice, newsletters, information on a variety of medical conditions and support groups, kept patients up to date with news from the practice and organised health and fundraising events. Funds raised were used to support the purchase of additional equipment for the benefit of the patients. For example, one fund-raising event held recently raised funds towards the purchase of a spirometer.
- The Friends of Medwyn also carried out patient surveys and submitted proposals for improvements to the practice management team. One example was the improvement to information on the practice website in relation to the role of the Clinical Commissioning Groups following the feedback gathered during the patient survey.
- The practice had also gathered feedback from patients through the virtual patient reference group (VPRG), and also from complaints received.

- This VPRG were asked to complete patient surveys and provide regular feedback to the practice. The practice was pro-active in its recruitment campaign to this group and particularly encouraged patients from all population groups and ethnic backgrounds to join.
- The practice gathered feedback from staff through an annual staff survey and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had produced an action plan in response to the staff survey which included actions to address matters raised by staff including; the level of staff consultation prior to management decisions; pay scales and core training. Staff told us they felt involved and engaged to improve how the practice was run. 90% of staff stated that they were very satisfied with management support and 10% stated that they were satisfied.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice and a clear, proactive approach to finding new ways of providing care and treatment. The practice operated a mentorship programme for staff. It was forward thinking and participated in local schemes to improve outcomes for patients in the area. The practice made the best use of its existing resources. One GP delivered I.T. training to staff. The practice had set up a programme of locally based refresher training and invited other practices to participate thereby ensuring that refresher training could be delivered in a more cost effective way.

The practice also made good use of the knowledge and expertise held by trainee GPs in other clinical areas by inviting them to present at clinical meetings.