

Fort House 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fort House Surgery on 26 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- There was a strong culture of team work and pulling together, throughout the whole practice.
- The practice were innovative and constantly looking to improve the services that they could offer their patients.
- The practice employed an external company to risk assess the practice on a quarterly basis.
- Risks to patients were assessed and well managed with the exception of fire safety and Legionella.
- 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.

Summary of findings

We saw one area of outstanding practice:

In response to a patient participation group (PPG) survey and subsequent audit work by an external organisation in 2013, the practice had completely overhauled its appointments system. Despite the practice patient numbers increasing by nearly 3000 patients in the last three years and no facility to extend the building, they had maintained satisfaction scores consistently above average in the national GP patient survey with regard to access to appointments.

The areas where the provider must make improvement are:

Ensure all fire safety equipment is regularly serviced and that it is clarified to fire marshals what their responsibilities are. Ensure that all actions identified following fire risk assessments are implemented.

Ensure that a Legionella risk assessment is carried out.

The areas where the provider should make improvement are:

Review how and where emergency medicines are stored.

Ensure that all samples are stored in a dedicated sample fridge.

To ensure all policies are reviewed regularly and that the reviews are signed and dated and old versions removed.

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 requires improvement for providing safe services.

Requires improvement



- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice carried out three monthly risk assessments of the building and annual clinical risk assessments with the aid of an independent advisor.
- Most risks to patients who used services were assessed with the exception that a risk assessment for Legionella had not been carried out, although the water had been tested to exclude its presence in the water supply. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had fire safety equipment available, but there was no record that the fire extinguishers had been serviced within the last year. Fire marshals were not entirely clear about their roles. The last fire risk assessment had advised locating a zonal plan next to the alarm, but this had not yet been done.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example they were in the process of reviewing about 100 patients who were taking eight or more medicines. This was in response to evidence that such reviews lead to a decrease in side effects, falls, admissions and also helped manage prescribing costs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- In response to a patient participation group (PPG) survey and subsequent audit work by an external organisation in 2013, the practice had completely overhauled its appointments system. Despite the practice patient numbers increasing by nearly 3000 patients in the last three years, and no facility to extend the building, they had maintained satisfaction scores consistently above average in the national GP patient survey with regard to access to appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an 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 practice had an embedded culture of teamwork, all work was divided equitably and staff would offer to help colleagues where appropriate
- 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 patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice engaged with Locality Hubs. By working with the local commissioner the practice had been supporting the development of a local hub (of community services) to support older people with frailty to live at home healthily, safely and happily for as long as possible.
- The practice applied the Edmonton Frailty Scale screening and management tool to their two per cent most 'at risk' patients during 2014/15 to assist with identifying the services required in the Locality Hub.
- The practice had a dedicated phone line for care homes, hospitals and ambulance staff.
- The practice had participated in a CCG initiated Nursing Home Project and ensured that the designated GP worked closely with the Community Matron and Pharmacist in order to provide continuity of care and reduce A&E / hospital admissions.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes indicators were comparable to, or better than, the national average. For example the percentage of patients on the diabetes register, who had a foot examination and risk classification recorded within the preceding 12 months was 94.6% (national average 88.3%).
- 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 multi-disciplinary package of care.

Summary of findings

- Care plans were developed for the two per cent of patients identified as at risk from unplanned admissions. The care plans were available, with the patient's consent, to the ambulance service and out of hours provider.
- The practice had regular multi-disciplinary team meetings and palliative care meetings.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control was 75.7% (national average 75.3%)
- 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.
- On the day appointments were released at 5am online, three hours before the phone lines opened.
- The percentage of women aged 25-64 whose notes record that they had had a cervical screening test performed in the preceding five years was 85.6% (national average 81.8%)
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors who attended monthly multi-disciplinary team meetings.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services including an email service and blood test booking service as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- Sexual health and contraception clinics were available and there was a GP sexual health lead.
- There was a text message reminder and cancellation service available.
- Electronic prescribing was available allowing patients to pick up prescriptions closer to their place of work.
- Telephone consultations were available.
- Patients could book some referrals to secondary care online.
- Travel clinics were available.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients with a learning disability and a carer's register.
- Homeless patients could register at the practice and use the practice address.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations including a drug and alcohol network.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96.5% (national average 88.5%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- 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 had undertaken a data analysis at the request of the local CCG to help improve the rate of early diagnosis of dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with or above national averages. 262 survey forms were distributed and 122 were returned. This represented 0.9% of the practice's patient list.

- 93% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 64% and a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 84% and national average 85%).
- 96% of patients described the overall experience of their GP surgery as good (CCG average 82% and national average 85%).

- 92% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 76% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients described the practice as excellent, well-run, friendly and responsive. Patients also said that they were treated with dignity and respect, that staff were caring, kind, friendly and helpful and that treatment was first class.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. The Friends and Family test data showed that 92.3% of patients that responded would recommend the practice to their friends and family

Areas for improvement

Action the service **MUST** take to improve

Ensure all fire safety equipment is regularly serviced and that it is clarified to fire marshals what their responsibilities are. Ensure that all actions identified following fire risk assessments are implemented.

Ensure that a Legionella risk assessment is carried out.

Action the service **SHOULD** take to improve

Review how and where emergency medicines are stored.

Ensure that all samples are stored in a dedicated sample fridge.

To ensure all policies are reviewed regularly and that the reviews are signed and dated and old versions removed.

Outstanding practice

In response to a patient participation group (PPG) survey and subsequent audit work by an external organisation in 2013, the practice had completely overhauled its appointments system. Despite the practice patient numbers increasing by nearly 3000 patients in the last

three years and no facility to extend the building, they had maintained satisfaction scores consistently above average in the national GP patient survey with regard to access to appointments.

Fort House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Fort House Surgery

- Fort House Surgery provides General Medical Services to the people of Walton-On-Thames. The practice is housed in a converted, extended residential property. The address is:

32 Hersham Road, Walton On Thames, Surrey KT12 1UX

- There are three GP partners and five salaried GPs. The GPs are supported by two practice nurses, two health care assistants (HCAs) and 14 managerial, administrative and reception staff.
- Three of the GPs are male and five are female. All practice nurses and health care assistants HCAs are female.
- The practice teaches medical students and F2 doctors (doctors in their second year following qualification.)
- The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 11.50am every morning and 3.30pm to 6.30pm every afternoon. Further emergency slots were available from 12pm. Extended surgery hours are offered at

the following times from 7.30am and to 7pm on Tuesdays and Thursdays and pre-bookable appointments are available from 8am-10am on Saturdays.

- When the practice is closed then an out of hours service is accessible through the NHS 111 helpline. Information regarding this is available on the website, in leaflets and on the answerphone message.

The practice serves approximately 13000 patients and the list size has been increasing by about 800 to 1000 patients a year for the last 3 years. The number of children under the age of 18 that the practice serves is about three per cent higher than the clinical commissioning group (CCG) average and about four per cent higher than the national average. The percentage of patients over 65, over 75 and over 85 are a little below the CCG and national averages. The area that the practice serves is one of low deprivation for both adults and children.

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.

Detailed findings

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 25 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, health care assistants, management, administrators and reception 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
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. A patient was prescribed the wrong medication following a request from the hospital. The error was picked up by the pharmacist before the medicine was dispensed and adjustments made to the patient's repeat prescription. The incident was discussed at a clinical meeting and learning recorded and disseminated.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had

received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams and attended nurse forums to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

The practice had carried out a risk assessment regarding the storage of clinical samples and as a result were storing wrapped samples in one of the vaccine fridges for short periods of time. Following the CQC inspection, they had reassessed the decision and we saw that they had ordered a new fridge for storing samples.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service where appropriate. Two of the staff whose files we checked had not had DBS checks, but had a documented risk assessment which showed that in their cases a DBS check was not necessary.

Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

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 and an audit had been carried out. The practice had a fire risk assessment dated May 2014. A rehearsal of evacuation procedures had been carried out within the last year and fire alarm tests were carried out weekly and recorded. An external company had checked the alarms within the last year. However the fire extinguishers had not been serviced since March 2014 and the fire marshals were not entirely clear about their roles. A fire action plan from 2014 had noted that there was no zonal plan next to the alarm, this was still the case. 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. The practice employed a cleaning company that was supervisor led and that carried out quarterly audits of their work. Legionella had been tested for in the water system within the last year and the result was negative at the time of the test. However a risk assessment for it had not been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Administration staff were multi skilled and cross covered one another during periods of leave.

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm built in to the computer software. This alerted all staff using a computer as to an emergency and where it was situated.
- All staff received annual basic life support training and there were emergency medicines available in the nurses' room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines for use in anaphylaxis were 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. The plan was stored off site with the partners, in a locked safe and also electronically.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.2% of the total number of points available, with 7.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79% (CCG 80%, national average 78%)
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (84.6%) was similar to the CCG and national average (CCG 82.8%, national 83.6%).
- Performance for mental health related the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care

plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 96.5% (CCG 91.7%, national average 88.5%).

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 77.5% (CCG 83.1%, national average 84%).

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following an audit of chaperoning, recent action taken as a result included improvement of signage raising awareness of the option for patients to request a chaperone for intimate examinations.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training, group sessions and formal courses.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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.
- There was a clear explanation of mental capacity and its assessment on the practice website.
- Staff had received training in confidentiality and consent from an outside agency.

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.
- Dietician and smoking cessation advice was available via referral.

The practice's uptake for the cervical screening programme was 85.6%, which was above the CCG average of 80.4% and the national average of 81.8%. The practice had a dedicated member of staff responsible for monitoring and re-calling patients who didn't attend for cervical smear testing. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.4% to 95.3% (CCG 81.2% to 83%) and five year olds from 81.3% to 90.7% (CCG 76.3% to 90.7%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were very happy 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:

- 95.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87.5% and national average of 88.6%.
- 95.1% of patients said the GP gave them enough time (CCG average 85.1% and national average 86.6%).
- 96.9% of patients said they had confidence and trust in the last GP they saw (CCG average 94.7% and national average 95.2%).

- 94.6% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 84% and national average 85.3%).
- 93.6% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90% and national average 90.6%).
- 91.8% of patients said they found the receptionists at the practice helpful (CCG average 83% and 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.

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. Most results were above local and national averages although some were below. For example:

- 95.8% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 85.1% and national average of 86%.
- 87.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 80% and national average 81.6%).
- 78.8% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84% and national average 85.1%).

Staff told us that translation services were available for patients who did not have English as a first language. Patients with a hearing disability were flagged up in the medical notes.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.9% of the practice list as carers. The practice had close links with a carers support organisation that came in to the practice and held carers days. The GPs also actively looked for patients who may be eligible for a carers grant. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation or by giving them advice on how to find a support service if appropriate.

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. For example the practice reviewed their appointments system in conjunction with an audit by an external organisation which subsequently led to a redevelopment of their appointments system.

- In response to a patient participation group (PPG) survey and subsequent audit work by an external organisation in 2013, the practice had completely overhauled its appointments system. Despite the practice patient numbers increasing by nearly 3000 patients in the last three years and no facility to extend the building, they had maintained satisfaction scores consistently above average in the national GP patient survey with regard to access to appointments.
- The practice offered extended hours on a Tuesday and Thursday mornings and evenings evening from 7.30am to 7.00pm and on Saturdays from 8am to 10am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A ramp was installed at the front door last year as well as removing the lip from the door.
- The reception area was remodelled to accommodate the increasing practice population and notes moved off site into secure storage. The telephones were then moved to an area away from the front desk which led to improved patient confidentiality.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.50am

every morning and 3pm to 5.50pm daily. Additional emergency patients were seen from 12pm. Extended surgery hours were offered from 7.30am and to 7pm on Tuesdays and Thursdays and pre-bookable appointments were available from 8am-10am on Saturdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. All patients who requested an appointment on the day received either a face to face appointment or a telephone consultation.

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

- 85.1% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 92.9% of patients said they could get through easily to the surgery by phone (national average 73.3%).
- 72% of patients said they usually get to see or speak to the GP they prefer (CCG average 53% and national average 59%).

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

The practice had introduced internet 'bookable on the day' appointments which were released at 5am. This was in response to an event where a mother who had been up all night with a child and found an online cancellation at 7am. This had avoided a visit to the accident and emergency department.

Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at 12 complaints received since April 2014. These were satisfactorily handled. They were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was

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

taken as a result to improve the quality of care. For example one patient saw a locum and provided a sample. The sample was sent to the laboratory, but could not be

processed because the locum had used an incorrect procedure. The sample had to be repeated. Following this the patient received an apology and the locum pack was amended to prevent a similar occurrence in the future.

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 philosophy to deliver high quality care in a relaxed, friendly and informal environment to all their patients.

- Staff knew and understood the philosophy and demonstrated the values required to put it in to practice.
- The practice were awaiting decisions on a planned move to a planned new development and future business plans were based on the outcome of the applications. The practice were currently putting in place plans to cover the retirement of one GP and the maternity leave of another.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks,

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept records of any written correspondence in response to a verbal complaint.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had a feedback box for patient comments and advertised any changes in a newsletter and via the website.
- The practice had gathered feedback from staff through staff meetings, appraisals and one to one discussion. Staff told us they would not hesitate to give feedback

Are services well-led?

Good 

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

and discuss any concerns or issues with colleagues and management. For example, the staff asked if GPs could sign repeat prescriptions earlier in the day, which they then arranged to do. Also one of the practice nurses suggested enlarging the nurses room and building work was carried out to do so.

- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice tended to be early adopters of new initiatives such as electronic prescribing (in 2014) and the frailty scoring and vulnerable patient identification scheme for North West Surrey CCG 'Hub' project development. The practice were regularly involved in research.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The fire safety equipment had not been serviced within the last year. Fire wardens required an update in training for their role and a zonal plan had not been situated next to the fire alarm system.</p> <p>The provider had not carried out a Legionella risk assessment.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>