

Shadbolt Park 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shadbolt Park House Surgery on 12 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.
- Risks to patients were assessed and well managed.
- 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.
- Feedback from patients about their care was consistently and strongly positive. 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 sometimes had to wait two weeks to make an appointment with a named GP but felt there was always a continuity of care. Urgent appointments were 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 implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Views of an external stakeholder were positive and aligned with our findings.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

Summary of findings

- The practice was able to offer evening appointments (until 9:30pm) and weekend appointments to all their patients. The practice was part of a hub of doctors' practices that jointly ran these services.
- The practice had installed a Health Pod for patients to use. This is a secure computer system which has the capability to accurately record patient data and take readings, such as weight and blood pressure measurements. Results are automatically recorded onto the patient computer record and are monitored by practice staff to highlight any readings that would need further investigation.

The areas where the provider should make improvement are:

- Ensure that where risk assessments have highlighted areas of improvement, that action plans are created which include completion dates.
- Ensure that overdue appraisals are completed as required.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.
- Risks to patients were assessed and well managed.
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.

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 some appraisals and personal development plans for staff. We noted that some appraisal were overdue but we saw evidence that dates were planned for these. Staff told us that they would not wait for their appraisal to address any concerns or training 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 good for providing caring services.

Good



Summary of findings

- 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 that 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 that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We observed a strong patient-centred culture.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they sometimes had to wait two weeks to make an appointment with a named GP but felt there was always a continuity of care. Urgent appointments were available for the same day.
- The practice was able to offer evening appointments (until 9:30pm) and weekend appointments to all their patients. The practice was part of a hub of doctors' practices that jointly ran these services.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had installed a Health Pod for patients to use. This is a secure computer system which has the capability to accurately record patient data and take readings, such as weight and blood pressure measurements. Results are automatically recorded onto the patient computer record and are monitored by practice staff to highlight any readings that would need further investigation.
- 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 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.
- Elderly patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- GPs could refer patients needing assessments and referrals to local services, such as the Community Assessment and Diagnostic Unit (CADU) and could call CADU and refer patients directly to the unit for assessments to take place on the same day.
- Patients over the age of 75 were allocated a GP.
- Where possible, patients were offered appointments with their allocated GP within 24 hours either via a telephone or face to face appointment. If urgent they were offered an appointment with the duty doctor.
- The practice nurses visited the local sheltered housing accommodation sites to carry out specific flu clinics.
- Patients on multiple medications have an annual medication review to try and prevent poly-pharmacy complications.

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.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.
- For patients with more complex diabetic needs there was a fortnightly clinic with the Diabetic Specialist Nurse.
- A GP at the practice had a special interest in diabetes and the practice ran clinics for six monthly diabetes reviews.
- Performance for diabetes related indicators was higher than the Clinical Commissioning Group (CCG) and national average. The practice QOF score was 92% with the CCG average being 85% and the national average at 89%.
- The practice offered regular anticoagulation clinics for patients on warfarin.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice was pro-active in contacting new mothers to arrange immunisations and book eight week baby checks.
- The practice offered fortnightly ante-natal clinics with a midwife led clinic from Epsom Hospital
- The practice was able to offer early viability scans through Surrey Ultrasound Services for at risk pregnant patients.
- The practice ensured that children needing emergency appointments would be seen on the same day or were offered a same day telephone appointment to discuss any concerns.

Good



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



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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice and there were daily evening emergency appointments available.
- Patients could book evening appointments until 9:30pm and weekend appointments.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice offered NHS health-checks and advice for diet and weight reduction.
- Nurses were trained to offer smoking cessation advice

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability.
- 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.
- 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.
- Patients were allocated a GP and where possible were offered appointments with their allocated GP within 24 hours either via a telephone or face to face appointment. If urgent they were offered an appointment with the duty doctor.
- Translation services were available for patients who did not use English as a first language Staff also told us they used a sign language service for those patients who had a hearing impairment.

Good



Summary of findings

- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers, and those patients who had carers, were flagged on the practice computer system and were signposted to the local carers support team.

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).

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 77%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had formed firm relationships with the Local Mental Health Community Team consultant and contact them directly for urgent advice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing above local and national averages.

There were 235 survey forms distributed for Shadbolt Park House Surgery and 108 forms were returned. This was a response rate of 46% and represented 1% of the total number of patients registered at the practice.

- 79% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 67% and a national average of 73%.
- 90% of patients were able 86% and national average 85%).
- 92% of patients described the overall experience of their GP surgery as good (CCG average 85% and national average 85%).
- 90% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 79% and national average 78%).

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received 19 comment cards and all contained positive comments about the practice. We also spoke with five patients on the day of the inspection and three members of the Patient Participation Group, who also gave us positive comments about the practice.

Patients told us that they were respected, well cared for and treated with compassion. Patients described the GPs and nurses as caring, professional and told us that they were listened to. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They described the GPs and nurses as kind and told us they always had enough time to discuss their medical concerns.

Areas for improvement

Action the service MUST take to improve

Action the service SHOULD take to improve

Outstanding practice

Shadbolt Park 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 Shadbolt Park House Surgery

Shadbolt Park House Surgery offers personal medical services to the population of the Worcester Park area of Surrey. There are approximately 7,900 registered patients.

Shadbolt Park House Surgery is run by four partners. The practice is also supported by four salaried GPs, a nurse practitioner, a lead nurse and a practice nurse, two healthcare assistants, a team of administrative staff, an office manager, an assistant practice manager and a practice manager.

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

Shadbolt Park House Surgery is a teaching practice for medical students and is also a training practice for GP trainees and FY2 doctors.

Services are provided from one location:

Shadbolt Park House Surgery,

Shadbolt Park, Salisbury Road, Worcester Park, Surrey, KT4 7BX

Opening hours are:-

Monday 8:30am - 8:30pm Tuesday Friday 8:30am - 6:30pm

The practice is part of a hub of GP Practices that can offer evening appointments until 9:30pm and weekend appointments – Saturday 9am until 2pm and Sunday 9am until 1pm. These appointments are not run from the practice but from two separate locations in Leatherhead and Epsom.

During the times when the practice was closed, the practice had arrangements for patients to access care from Care UK which is an Out of Hours provider.

The practice population has a higher number of patients between 35–54 and 60–74 than the national and local CCG average. The practice population also shows a lower number of 00–04 and 20–34 year olds than the national and local CCG average. There is a lower than average number of patients with long standing health conditions and a health care problem in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

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 12 January 2016. During our visit we:

- Spoke with a range of staff including, GPs, practice nurses, administration staff, the assistant practice manager and the practice manager and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The 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. For example, we saw entered onto the significant events spreadsheet details of a power cut that happened over night. We saw recorded the actions taken and the learning outcomes of the event.

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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training 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. The practice nurse was the infection control clinical lead who liaised kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We reviewed the latest annual infection control audit and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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 vaccines after specific training when a doctor or nurse were on the premises.
- We reviewed 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.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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 were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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

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 patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs and nurses shared their knowledge and expertise with each other and referred to recognised clinical publications and completed training to ensure they were up to date with any new practice or innovations in healthcare.
- The practice used computerised tools to identify patients with complex needs and who had multidisciplinary care plans documented in their case notes.
- Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available, with 5% 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 was higher than the Clinical Commissioning Group (CCG) and national average. The practice QOF score was 92% with the CCG average being 85% and the national average at 89%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. The practice QOF score was 81% with the national average at 84%.
- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 77%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was at 100%, with the national average at 96%.
- 68% of patients with asthma had a review in the preceding 12 months which included an assessment of asthma control. This was comparable to the national average of 75%.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and patient's outcomes. We reviewed three clinical audits that had been carried out within the last 18 months. All identified where improvements had been made and monitored for their effectiveness. We noted that the practice also completed audits for medicines management. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice has completed an audit on patients who were at risk of fragility fractures. This had resulted in the practice ensuring they were working to National Institute for Health and Care Excellence (NICE) guidelines and we saw evidence that the audit would be repeated in January 2016.

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.

Are services effective?

(for example, treatment is effective)

- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. Some staff we spoke with, told us there had been a delay in receiving their appraisal and this was now overdue. We saw evidence that staff had planned dates for the next month to complete their appraisals. Staff also told us that they were able to discuss any concerns or training needs as required and felt that they were adequately supported and given learning opportunities.
- 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. We also saw evidence that staff members had been encouraged to take on further learning. Two members of staff informed us that they had taken part in National Vocational Qualification (NVQ) training and felt that the practice was open and supportive to learning.

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 professionals to understand and meet the range and complexity of patients needs and to assess and plan on-going care and treatment. This included when patients moved between services or after they were discharged from hospital.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.
- We also saw that the practice worked closely with the CCG and their medicine management team in relation to prescribing activity at the practice.

Consent to care and treatment

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

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

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.
- Health information was made available during consultation and materials available from online services to support the advice given to patients. There was a variety of information available for health

Are services effective?

(for example, treatment is effective)

promotion and prevention in the waiting area and on the practice website. The practice website also referenced websites for patients looking for further information about medical conditions.

- Up-to-date care plans were in place that were shared with other providers such as the out-of-hours provider and with multidisciplinary case management teams. Patients aged 75 years or over and patients with long term conditions were provided with a named GP.
- The practice's uptake for the cervical screening programme was 81%, which was the same as the national average. There was a policy to send reminder letters to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, 84% of children under 24 months had received the MMR vaccination with the national average being 81%, and 96% of children under 12 months had received the meningitis C vaccination compared to a national average of 87%.
- Flu vaccination rates for the over 65s were 67% and at risk groups 41%. These were also comparable to the national averages.
- 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 encouraged patients to inform them when they wanted to discuss sensitive issues. They told us they would offer to discuss issues with a patient in an unoccupied room.
- The reception desk and waiting area were in one room and it was recognised that patients could potentially overhear conversations taking place. We noted there was a sign asking patients to wait until the reception desk was free. During our inspection we noted that patients adhered to the request. Reception staff informed us that it was policy not to discuss patients at the desk and to ensure that paperwork was not left on display. Any calls to patients were taken away from the desk so that they could not be overheard.
- We noted that the practice had installed an electronic booking-in system.

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 satisfied with the care provided by the practice and that 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 published on 7 January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 89%.
- 90% of patients said the GP gave them enough time (CCG average 88% and national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%).
- 83% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87% and national average 85%).
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92% and national average 91%).
- 82% of patients said they found the receptionists at the practice helpful (CCG average 83% and national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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. Results were in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% and national average 82%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85% and national average 85%).

The practice participated in the avoidance of unplanned hospital admissions scheme. There were regular meetings to discuss patients on the scheme and care plans were

Are services caring?

regularly reviewed with the patients. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions

Staff told us that translation services were available for patients who did not have English as a first language. The practice website also had the functionality to translate the practice information into approximately 90 different languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on the patient website also told patients how to access a number of

support groups and organisations. The practice's computer system issued an alert if a patient was also a carer. We saw information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice was able to use the services of an on-site bereavement counsellor when required.

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 offered pre-bookable evening appointments until 9:30pm and weekend appointments. This helped working patients who potentially could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- GPs could refer patients needing assessments and referrals to local services, to the Community Assessment and Diagnostic Unit (CADU) and could call CADU and refer patients directly to the unit for such assessments to take place on the same day.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required
- There were disabled facilities and translation services available.
- The practice used text messaging to remind patients of appointments.
- For patients with more complex diabetic needs there was a fortnightly clinic with the Diabetic Specialist Nurse
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Staff had received equality and diversity training.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday. The practice offered an extended service until 8:30pm every Monday. The practice was part of a hub of GP Practices that could offer pre-bookable evening appointments until 9:30pm and weekend appointments –

Saturday 9am until 2pm and Sunday 9am until 1pm. These appointments were not run from the practice but from two separate locations in Leatherhead and Epsom.

Pre-bookable appointments could be booked in advance via telephone, on-line or in person up to four weeks in advance. Patients could also request appointments on the day, telephone consultations or home visits when appropriate. Urgent appointments were also available for patients that needed them with the duty Doctor.

Results from the national GP patient survey published on 7 January 2016, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 69% and national average of 75%.
- 79% of patients said they could get through easily to the surgery by phone (CCG average 67% and national average 73%).
- 49% of patients said they usually get to see or speak to the GP they prefer (CCG average 59% and national average 59%).

Patients said they sometimes had to wait two weeks to make an appointment with a named GP but felt there was always a continuity of care. Patients told us on the day of the inspection that they were able to get urgent appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. We saw that information was in the practice leaflet, on the practice website and on display in the waiting area. A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with had ever needed to make a complaint about the practice.

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

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning

points noted. We saw these were handled and dealt with in a timely way. Complaints were a standing agenda item on the monthly meetings and we saw evidence that lessons learned from individual complaints had been acted on.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the aims, objectives and values in their statement of purpose. The statement of purpose included:

- To provide high standards of Medical Care
- To be dedicated to patients needs
- To regard all patients and staff with dignity, respect and honesty.
- To operate with integrity, discretion and complete confidentiality
- To provide motivated and skilled work teams
- To provide high quality of care through continuous learning and development opportunities.

The practice had recently assessed the managerial aspects of the practice and was working with a separate company to identify where improvements were needed. The practice had recognised that there had previously been gaps in some health and safety risk assessments, HR procedures and practice management. Actions to improve had been implemented but some actions had not had time to be fully embedded at the time of our inspection but demonstrated that the practice had an awareness of the need for change. For example, we saw that the practice had improved the recording of fridge temperatures and improved the timings to calibrate the health pod but these changes had only been in place a short time.

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.
- There was excellent team work and the practice worked well with others.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.

- A programme of continuous clinical and internal audit, which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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. Several staff told us how the practice had supported them when dealing with personal matters. All staff told us there was a culture of respect and honesty amongst all staff members and that they enjoyed working at the practice and for the partners.

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 patients 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.
- Staff told us there was an open culture within the practice, that they had the opportunity to raise any issues at team meetings and that they felt confident and supported if they did. We noted team away days were held every 12 months.
- 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

Are services well-led?

Good 

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

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.

- There was an active Patient Participation Group (PPG) who were active in supporting the practice.
- The three PPG members we spoke with felt the practice was well-led and involved them in decisions about improving the practice. They told us that a partner and the assistant practice manager always attended meetings, but that the practice also ensured that when required other relevant members of the practice team attended. They also said they enjoyed their work and felt their role was valued and well supported.
- The PPG members gave examples of where improvements had been made as a result of their input. This included helping to raise funds for a Health Pod for patients to use, updating the waiting room to include a child friendly area and producing a practice newsletter.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice was participating in the 'Friends and Family Test' where patients were asked to record if they would

recommend the practice to others. The practice manager submitted monthly reports to the local CCG. We saw there was also a comments box which patients were encouraged to use for suggestions to the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all staff levels within the practice. The practice team was forward thinking and strived to improve outcomes for patient. For example,

- The practice was part of a hub of doctors who were able to jointly offer pre-bookable evening appointments (until 9:30pm) and weekend appointments to all their patients at two separate locations.
- The practice had regular speakers talk at team meetings and invited other practices to join in these meetings.
- The lead GP for minor surgery had piloted a telehealth service with the consultant at St Heliers hospital for minor surgery and dermatology. Where necessary photos and action plans were sent to the consultant to review before surgery. This ensured that patients had a high standard of care and were able to be treated at the practice rather than having to go to the hospital.
- The practice had installed a Health Pod for patients to use. This is a secure computer system which has the capability to accurately record patient data and take readings, such as weight and blood pressure measurements. Results are automatically recorded onto the patient computer record and are monitored by practice staff to highlight any readings that would need further investigation.