

Dr Dzung Nguyen (The Yellow Practice)

Quality Report

**Rodney Road
Walton-on-Thames
Surrey
KT12 3LB**

Tel: **01932 414136**

Website: **www.Yellowpractice.co.uk**

Date of inspection visit: 28 January 2016

Date of publication: 03/05/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Dzung Nguyen (The Yellow Practice)	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Dzung Nguyen (The Yellow Practice) on 28 January 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, investigations and analysis were not documented in a way which showed they had been shared with staff. Patients did receive a verbal and written apology when things went wrong.
- Risks to patients were assessed and well managed, with the exception of those relating to the security of prescription pads.
- Clinical governance meetings were not attended by all clinical staff and the meetings were not minuted to ensure all staff were aware of discussions which took place.

- There were some gaps identified in staff training particularly for health and safety related subjects and governance.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had proactively sought feedback from patients and had an active patient participation group.

Summary of findings

The areas where the provider must make improvements are:

- Ensure that mandatory training for staff is completed and monitored to ensure that time frames for renewal do not lapse. This includes ensuring staff have completed relevant training for fire safety, infection control, basic life support and information governance.

In addition the provider should:

- Review the systems in place for patients who have complained to ensure they receive further signposting to information should they wish to continue with their complaint.
- Ensure all staff are aware of the translation service available for patients who do not have English as a first language.

- Review the equipment available for use in medical emergencies, particularly for children.
- Consider the recording of minutes for meetings are maintained to assist in effective governance and ensure these are distributed to staff to inform better information sharing across all staff teams.
- Review the patient satisfaction results within the National GP Survey and consider what changes could be made to the areas that are lower than other practices so as to ensure greater satisfaction for patients.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. For example, there were no minutes of meetings where incidents were discussed and learning shared. This made it difficult for absent staff to keep up to date with the outcomes of investigations and learning which might improve service quality. The information was shared with staff involved in an event but not shared throughout the practice team thus missing the opportunity for all staff to utilise the learning areas.
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.
- The appointment of new staff was supported by recruitment checks.
- Although risks to patients who used services were assessed, some systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the tracking of blank prescription forms within the practice, though this was rectified during the inspection visit, and we identified some gaps in staff training.
- Procedures for dealing with medical emergencies were in place. Emergency medicines were stored in a central location.
- The practice did not always have well defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, the practice had failed to act on information received from Medicines and Healthcare products Regulatory Agency for those patients already on certain medicines but had a system that alerted them when attempting to prescribe these medicines to new patients.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



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

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Good health was promoted by the practice including help to self-manage long term conditions and offered a range of services including travel immunisations.
- Staff had received some training appropriate to their roles however, further training needs were identified but not yet provided. For example, infection control, fire training, basic life support and equality and diversity.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published January 2016 showed patients rated the practice lower than others for some aspects of care. For example, 79% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local Clinical Commissioning Group (CCG) average of 85% and a national average of 86%. However, the patient comment cards received on the inspection day were all positive.
- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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. However, the formal response letter did not contain the necessary signposting information for complainants, for example, to the Ombudsman, should they wish to take their complaint further.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy plan. Staff understood their duties and responsibilities. There was a documented leadership structure. However, some staff were not sure who to approach with issues or for support.
- The practice had not held regular staff meetings and no minutes were available.
- The practice had a number of policies and procedures to govern activity.
- The clinical governance meetings were not attended by the nursing staff and no minutes were available for these meetings.
- Training was not effectively monitored to ensure training and learning updates had taken place with the result that some staff had gaps in their mandatory training.
- The practice proactively sought feedback from patients utilising the families and friend test and had recently set up a patient participation group (PPG).
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty.

Requires improvement



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 provider was rated as requires improvement for effective and for well-led and good for safe, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered continuity of care with a named GP.
- The practice had a register of older patients with complex medical needs or who were at high risk of hospital admission.
- There was a weekly visit to a local residential home where the practice cared for approximately 50% of the residents.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for effective and for well-led and good for safe, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 97% compared to the local CCG average of 81% and the national average of 81%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for effective and for well-led and good for safe, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 93% compared to the local CCG average of 75% and the national average of 75%
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 81% compared to the local CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice ensured that children needing emergency appointments would be seen on the day or were offered a same day telephone appointment to discuss any concerns.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for effective and for well-led and good for safe, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 telephone consultations on the same day which were usually dealt with during lunch-time or after evening surgery.

Requires improvement



Summary of findings

- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice.
- The practice offered early morning appointments from 7:30am every day and also offered evening appointments until 7pm on Tuesday and Thursday to provide more flexible access to working patients and students.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for effective and for well-led and good for safe, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and carried out an annual health check.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for effective and for well-led and good for safe, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above both the local CCG average of 83% and the national average of 84%.

Requires improvement



Summary of findings

- 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 90% compared to the local CCG average of 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

Areas for improvement

Action the service **MUST** take to improve

- Ensure that mandatory training for staff is completed and monitored to ensure that time frames for renewal do not lapse. This includes ensuring staff have completed relevant training for fire safety, infection control, basic life support and information governance.

Action the service **SHOULD** take to improve

- Review the systems in place for patients who have complained to ensure they receive further signposting to information should they wish to continue with their complaint.

- Ensure all staff are aware of the translation service available for patients who do not have English as a first language.
- Review the equipment available for use in medical emergencies, particularly for children.
- Consider the recording of minutes for meetings are maintained to assist in effective governance and ensure these are distributed to staff to inform better information sharing across all staff teams.
- Review the patient satisfaction results within the National GP Survey and consider what changes could be made to the areas that are lower than other practices so as to ensure greater satisfaction for patients.

Dr Dzung Nguyen (The Yellow Practice)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and assisted by a GP specialist adviser.

Background to Dr Dzung Nguyen (The Yellow Practice)

Dr Dzung Nguyen, also known as The Yellow Practice, is a surgery offering general medical services to the population of Walton-on-Thames, Surrey. There are approximately 4,700 registered patients.

At the time of the inspection the practice had only registered for three regulated activities. We noted that family planning services and surgical procedures were not included within the activities.

Dr Dzung Nguyen's Practice is run by one principal GP. The principal GP has been trying to find a partner for the practice. The practice is also supported by one salaried GP, two long term Locum GPs, four practice nurses, a healthcare assistant, a phlebotomist, a team of administrative and reception staff, a clinical manager and a practice manager.

The clinical manager, phlebotomist, healthcare assistant and practice nurses are shared between the Yellow practice and the Red practice.

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

Services are provided from one location:

The Yellow Practice, Walton Health Centre, Rodney Road, Walton-on-Thames, Surrey, KT12 3LB

Opening hours are Monday to Friday 8:30am to 6:30pm.

Appointments were available each morning from 8:30am to 12:30pm and 3pm to 6:30pm each afternoon. The practice also offered extended hours appointments between 7:30am and 8:00am each weekday and 6:30pm and 7pm Tuesday and Thursday evening.

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

The practice shares its location with two other GP practices, the Red practice and White practice, along with other community health care staff.

The practice population has a higher number of patients between 0-4, 35-39, 45-49 and 85+ years of age than the national and local Clinical Commissioning Group (CCG) average. The practice population also shows a lower number of 10 - 29 year olds and 60-69 year olds than the national and local CCG average. There is a slightly higher number of patients with a long standing health condition and with 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.

Detailed findings

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

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS North West Surrey Clinical Commissioning Group. We carried out an announced visit on 28 January 2016.

During our visit we spoke with a range of staff, including GPs, practice nurses, administration staff and the practice manager.

The visit was announced and CQC comment cards were placed in the practice reception area so that patients could share their views and experiences of the service before and during the inspection visit. We reviewed 26 comment cards completed by patients. We reviewed policies, procedures and operational records such as risk assessments and audits.

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 an analysis of the significant events but the outcomes of these discussions were not disseminated to all clinical staff. There were no recorded minutes of meetings and this made it difficult for absent staff to keep up to date with the outcomes of investigations and learning which might improve service quality.

We reviewed safety records, incident reports and national patient safety alerts which the practice manager informed the clinical staff of.

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

Systems were in place to keep patients safe, although some aspects required improving. For example, the tracking and recording of blank prescription form numbers (though this was rectified during the inspection visit), training in safeguarding vulnerable patients, and training for staff performing chaperone duties.

- 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 though there were some training gaps identified with administrative staff. GPs were trained to Safeguarding level 3. Nurses had received safeguarding training two years ago but they were unsure of their level of training.

- A notice in the waiting room advised patients that chaperones were available if required. Nursing staff that we spoke to who acted as chaperones were not specifically trained for the role but had received a Disclosure and Barring Service check (DBS check), the practice did have in place a chaperoning policy for staff. (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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice were designed to keep 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.
- We found the practice had not ensured that the serial numbers of prescription forms were routinely recorded. Blank prescription pads and forms were stored within a locked cabinet in a room that could also be locked.
- 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 GP or nurse were on the premises.
- We reviewed one personnel file, as the practice had only recruited one member of staff in the preceding few years, 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 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.

Are services safe?

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. 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 however this was undertaken by NHS property services who were overdue in performing this task, evidence was seen that showed that the practice was being proactive in ensuring these tests were undertaken, 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 arrangements in place to respond to emergencies and major incidents; however, these were not well managed. Staff we spoke with were aware of what to do in an event of a fire but had not received updated fire awareness training.

- Not all administration staff had received annual basic life support training.
- There were emergency medicines available in the treatment room. All medicines were kept secure and they were within their expiry date.
- The practice had a defibrillator available on the premises and oxygen with an adult mask available but did not have a child size mask 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.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients needs. All updated information was disseminated to clinical staff by the practice manager.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were that 99.4% of the total number of points available were obtained, with 7.7% 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 2014/15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was better than both the local CCG and the national average. The practice achieved 93% compared to the local CCG average of 89% and the national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 94%. This was better than both the local CCG average of 83% and the national average of 84%.
- 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 90% which was similar to the local CCG average of 91% and the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, one of these was a completed audit 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, recent action taken as a result included the need to review the medicines prescribed to diabetic patients so as to allow a more stable treatment regime in case of renal impairment (Kidney function).

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, staff we spoke with, and the training matrix we reviewed, showed that not all staff training was up to date. For example, basic life support, safeguarding vulnerable adults, fire safety, information governance and infection control.

- The practice had an induction programme for newly appointed non-clinical members of staff which included new staff, shadowing long standing staff members. New staff underwent a probationary period in which their competencies were reviewed.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- 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 however, there were gaps identified in some of the training records. All staff had had an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training. However, the governance arrangements to check staff completed training had not identified the gaps in staff training records.

Are services effective?

(for example, treatment is effective)

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. We saw evidence that palliative care meetings with district nurses and community matrons took place every four to six weeks. These meetings were used to discuss patients with complex and palliative care needs and ensured 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.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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 used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and the practice website referenced websites for patients looking for further information about medical conditions.
- A dietician was available at a local hospital which patients could be referred to. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to both the local CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 96% and five year olds from 74% to 95%. The CCG averages ranged from 75% to 88% for those under two years of age and 76% to 91% for five year old patients.

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-up appointments 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 and screens 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 of the 26 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.

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 lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 90% of patients said the GP gave them enough time (CCG average 85%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 74% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).

- 86% of patients said they found the receptionists at the practice helpful (CCG average 83%, 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. All patient feedback on the comment cards we received was very positive and aligned with these views.

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Not all staff were aware that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients, approximately 2% of the practice list, as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement that there was an alert placed on the computer system to inform all members of staff so that they could treat the patients accordingly.

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 early morning appointments from 7:30am every day and later evening appointments until 7pm for patients on Tuesday and Thursday who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- 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 and translation services available. However, not all staff were aware that translation services were available for patients.
- The practice offered telephone consultations with a GP who gave advice and if necessary arranged for the patient to be seen at the practice.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday. Appointments were available from 8:30am to 11:40am every morning and 3pm to 6pm daily. Extended surgery hours were offered at the following times, 7:30am to 8:30am on weekday mornings and 6:30pm to 7pm on Tuesdays and Thursdays. 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.

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% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 78%.
- 73% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 69% patients said they always or almost always see or speak to the GP they prefer (CCG average 32%, national average 36%).

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. 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 discussed at the partners meetings but learning was not routinely shared with other members of staff. However, the final response letter from the practice omitted the information needed should the complainant wish to take the matter further.
- 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.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

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

Governance arrangements

The arrangements for governance and performance management did not always operate effectively and required improvement in some areas.

- Arrangements for identifying, recording and managing risks and issues were not always effective or managed consistently. Learning outcomes from incidents were not made available to all staff.
- The nursing staff did not attend clinical governance meetings and no minutes were available for these staff. Training was not effectively monitored to ensure updates had taken place and staff were up to date with some elements of training.
- 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.

Leadership and culture

Not all leaders had the necessary experience, knowledge, capacity or capability to lead effectively.

Some staff told us that the practice manager was visible in the practice and 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 written records of verbal interactions as well as written correspondence.

The leadership structure was sometimes unclear and not all staff felt supported.

- Leaders are not always clear about their roles and their accountability for quality.
- Operational management and systems required additional support from leaders in the practice to ensure these remain effective.
- There was a documented leadership structure. However, some staff were not sure who to approach with issues or for support.
- Staff told us the practice did not hold regular team meetings.
- Meetings about opportunities to improve the service were of an informal nature and not minuted. However, staff told us they felt respected, valued and supported, particularly by the practice management in the surgery. All staff said they 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.
- Staff told us there was an open culture within the practice and they felt confident in raising any issues and felt supported if they did.

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

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

- The practice had gathered feedback from patients through the friends and families test and had recently organised a patient participation group (PPG). The PPG at the time of inspection had only one meeting but evidence was seen of a timetable of meetings to assist in this activity. A change to the appointments system had recently started in response to patient and staff feedback which was to be reassessed after three months to establish if there had been a positive impact.

Are services well-led?

Requires improvement



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

- The practice had gathered feedback from staff through informal discussions and appraisals. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They were part of a group of practices within their CCG area that were setting up a locality hub at Weybridge hospital to deliver further care to patients with long standing conditions who were deemed to be in the top 2% of vulnerable patients.

This section is primarily information for the provider

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Maternity and midwifery services	How the regulation was not being met:
Treatment of disease, disorder or injury	The practice could not demonstrate that all staff had received appropriate training or was monitoring the training in order to take action when training requirements were not being met.
	This was in breach of regulation Regulation 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014