

Central 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 Central Surgery on 31 August 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.
- The practice had policies in place to cover its activities; however, these were not always sufficiently prescriptive. For example, their recruitment policy did not provide details of when Disclosure and Barring Service (DBS) checks would be required, and the chaperone policy did not detail whether DBS checks should be carried-out on staff who acted as chaperones (however, all staff who acted as chaperones had received a DBS check).
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Feedback from patients about access to appointments was mixed, with some patients reporting that there was a lack of pre-bookable appointments. On the day of the inspection we saw evidence that there were sufficient appointments available; however, we did observe that in some cases patients had to wait a long time after their appointment time before they were seen. The practice had done some analysis of this and had identified the average waiting times for each member of clinical staff, and was addressing the issue with individuals.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The Advance Nurse Practitioner (ANP) was the lead nurse for the Kingston CCG Clinical Education Network and led on the professional development of nursing staff at the practice. She had researched and introduced the HeART online revalidation and appraisal tool for nurses, which allowed nursing staff to keep track of the training and education they had completed, complete a training needs analysis, and gather the necessary evidence for their appraisal and revalidation. This tool was piloted at the practice, and having found it a success, the ANP had presented this

to the CCG and helped to roll-out the system to other practices across several neighbouring CCGs. She had also worked with a local further education college to introduce a Healthcare Assistant Diploma award.

The areas where the provider should make improvement are:

- Consider reviewing the appointment system to ensure that patients are not waiting too long to be seen once they arrive for their appointment.
- Ensure that the Patient Participation group is re-established in order to gather feedback and ideas from patients to improve patient experience.
- Review policies to ensure that they are practice-specific and contain sufficient detail.
- Consider establishing a failsafe process to check that results of cervical screening tests are received.

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.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff; however, non-clinical staff had not received an appraisal within the past year. We saw evidence that appraisals for all of these staff had been booked and would be completed within two weeks of the inspection.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was in the process of working with the CCG to set-up a walk-in service on the premises.
- 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; however, some patients commented that they had difficulty contacting the practice by phone and that they sometimes experienced a long wait for their appointment once they arrived at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- 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 it.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice did not have an active patient participation group at the time of the inspection, but was in the process of recruiting patients to a group, and was working with other practices who were housed in the same building to establish a cross-practice group.
- 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.

- 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.
- GPs at the practice had completed additional training in meeting the needs of frail older people.
- The practice looked after patients in several local nursing and care homes. They had 109 patients who resided in a nursing home, which was approximately three times the average for GP practices locally. They carried out weekly ward rounds for the two homes with the largest numbers of patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall, performance for diabetes related indicators was below the CCG and national average. The practice achieved 83% of the total QOF points available, compared with an average of 92% locally and 89% nationally.
- 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.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- Cervical screening had been carried-out for 81% of women registered at the practice aged 25-64, which was comparable to the CCG average of 83% and 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 and health visitors.

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).

- 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 provided an open-access sexual health clinic for both their own patients and patients who were registered elsewhere. This was provided during the evening so that patients could attend after work.

Good



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 people, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice had 87 patients diagnosed with dementia and 70% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 83% and national average of 84%.
- The practice had 87 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 84% of these patients, compared to a CCG average of 92% and 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighty one survey forms were distributed and 106 were returned. This represented less than 1% of the practice's patient list.

- 46% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 68% and national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patients commented that both clinical and administrative staff at the practice treated them with care and concern and that they were given sufficient time during consultations in order to fully discuss their concerns and treatment options.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring; however some of the patients we spoke to said that appointments did not run to time and that when this happens they are not informed that there is a delay.

Central 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, a Practice manager specialist advisor, and an Expert by Experience.

Background to Central Surgery

Central Surgery provides primary medical services in Surbiton to approximately 12,500 patients and is one of 26 practices in Kingston Clinical Commissioning Group (CCG).

The practice population is in the least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 10%, which is lower than the CCG average of 12%, and for older people the practice value is 13%, which is the same as the CCG average. The practice has a smaller proportion of patients aged 15 to 25 than the CCG average, and a larger proportion of patients aged 30 to 49 years. In the practice's locality, the largest group of patients by ethnicity are white (80%), followed by Asian (13%), mixed (4%), black (2%) and other non-white ethnic groups (2%).

The practice operates from a 3-storey purpose built premises, which also houses three other practices and a range of community services. Car parking is available on-site. The reception desk, waiting area and consultation rooms are situated on the ground floor. The practice manager's office and administrative office are situated on the second floor. The practice has access to 12 doctors' consultation rooms and three treatment rooms.

The practice team at the surgery is made up of one part time female GP, two full time male GPs and one part time male GP who are partners; in addition, five part time and two full time female salaried GPs and one full time male GP are employed by the practice. In total 75 GP sessions are available per week. The practice also employs one full time and one part time female advanced nurse practitioners who provide a total of 12 sessions per week, four female nurses, two nurse specialists, two healthcare assistants and a pharmacist. The clinical team are supported by a practice manager, deputy practice manager, reception team leader, nine reception staff and three administrative staff.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 6:30pm Monday to Friday. Extended hours surgeries are offered between 7:30am and 8am every day and between 6:30pm and 8pm Monday to Thursday.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 August 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, advanced nurse practitioner, reception supervisor and 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was also an incident book at reception where minor incidents were recorded by reception staff; we were told that this was reviewed weekly by the reception supervisor, but there was not always a record of this review or of the action taken as a result.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and we saw evidence that these were discussed in meetings clinical, nursing and administrative meetings depending on the nature of the incident.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had recorded a significant event where a stock of prescription sheets and a rubber stamp with the practice's name and address on had been stolen. The practice had conducted a thorough analysis of how the theft had occurred. As a result they took immediate action to ensure that none of the stolen prescriptions could be used. They also introduced additional security measures, for example, by limiting the number of prescription sheets that could be kept in consultation rooms, ordering new address stamps with "not for prescription use" included in the text, and ensuring that more robust arrangements were in place for restricting patient access to certain parts of the building.

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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3, and non-clinical staff were trained to level 2.
- 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 (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.) However, their chaperone policy did not state that staff should have received a DBS check before undertaking chaperoning.
- 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 with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). One of the nurses was the "cold chain" lead and had provided training to reception staff on handling vaccine deliveries to ensure that the cold chain was maintained.

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice had two Advance Nurse Practitioners who had qualified as independent prescribers 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 (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed two 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. However, the practice's recruitment policy did not include specific information about the background checks which should be carried-out prior to an offer of employment being made. For example, the policy stated that DBS checks would be carried out "if applicable", but did not provide details of the circumstances under which this would apply.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. Legionella testing was the responsibility of the building's landlord and the practice was able to provide evidence that testing had been completed within the past year; however, they did not have access to the landlord's Legionella risk assessment, so was unable to demonstrate that the testing carried-out adequately mitigated the risk of Legionella contamination. (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 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 stored securely.

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, in order to check that the correct process was being followed for issuing repeat prescriptions, the practice's pharmacist had issued a fictitious prescription for a dummy patient that contained errors, and passed this to GPs with their daily allocation of repeat prescriptions to approve. This was intended to check how vigilant GPs were at checking the patient information and content of the repeat prescriptions that they sign. This exercise revealed that some GPs were not carrying-out the necessary checks before signing the prescription. This was therefore recorded as a significant event and was discussed at a clinical meeting in order to raise awareness and develop a strategy to reduce the likelihood of errors occurring in the future.

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 94% of the total number of points available.

Data from 2014/15 showed:

- Overall performance for diabetes related indicators were below the CCG and national averages. The practice achieved 83% of the total QOF points available, compared with an average of 92% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the

preceding 12 months was 76%, which was comparable to the CCG average of 80% and national average of 78%; the proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 78%, compared to a CCG average of 80% and national average of 78%; and the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 82% (CCG and national average 88%); however, for this indicator the practice's exception reporting rate was higher than average (14% compared to a CCG average of 9% and national average of 8%).

- The practice had 87 patients diagnosed with dementia and 70% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 83% and national average of 84%. They also had 87 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 84% of these patients, compared to a CCG average of 92% and national average of 88%.
- The practice was an outlier for the proportion of patients with hypertension who had well controlled blood pressure; the practice's achievement for this indicator was 72% compared to a CCG average of 83% and national average of 84%.

During the inspection the practice explained that due to some internal management issues during the past year, their QOF achievement, particularly with regards to reviewing patients with long-term conditions and vulnerabilities, had not been as high as they would like. They explained that going forward they were planning on implementing a more robust re-call system for these patients to ensure that patients receive the appropriate reviews.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and benchmarking.
- Findings were used by the practice to monitor and improve services. For example, following changes to National Institute for Clinical Excellence (NICE) guidance

Are services effective?

(for example, treatment is effective)

on the management of patients with atrial fibrillation, the practice conducted an audit to check whether their patients were being treated in line with the new guidance. The results of the audit found that all of the patients reviewed were being treated appropriately; however, in the course of completing the audit, the practice had identified a number of patients who required a review to establish whether they met the criteria for treatment, and had identified the review of these patients as an action point. The practice had completed a brief interim re-audit to check that standards were being maintained, and following that had identified several additional areas for further in-depth consideration, and had planned a further re-audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff had lead roles in monitoring patients with conditions such as diabetes and asthma, and staff had completed specialist training in the management of these 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Two members of administrative staff had received an appraisal in the past 12 months. The practice was in

the process of preparing for appraisals for the remaining administrative staff, and the practice explained that their appraisals had not gone ahead previously due to the previous practice manager leaving suddenly and a delay in a new practice manager being appointed. Staff we spoke to confirmed that they had received a calendar invite for their appraisal.

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

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.
- 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a six-weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from the healthcare assistant.
- One of the doctors at the practice had been involved in developing an online health and wellbeing programme and website, in conjunction with the CCG and University of Surrey. This website allowed patients to set health and fitness goals and track their progress. A link to this website was available from the practice's website.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. Women were told to contact the practice if they did not receive the results of their test within a set period of time; however, the practice

did not have a failsafe system in place to check that results were received. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; their uptake for breast cancer screening was higher than the CCG average (69% compared to a CCG average of 59% and nation average of 72%). Their uptake for bowel cancer screening was 61% compared to a CCG average of 56% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 97% and five year olds from 86% to 89%.

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 helpful to patients and treated them with dignity and respect.

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

Most of the 39 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; however, six patients also commented that they had difficulty getting through to the practice by phone.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 286 patients as carers (approximately 2% of the practice list). The practice referred carers to Kingston Carers Network in order to access advice and support. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. Information about the process of reporting a death and gaining the necessary certificates was available on the practice's website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they were working with the CCG to help set up a walk-in centre on the premises.

- The practice offered a 'Commuter's Clinic' every morning and in the evenings on every day apart from Friday for working patients 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 had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Extended hours surgeries were offered between 7:30am and 8am every day and between 6:30pm and 8pm Monday to Thursday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages with the exception of the ease with which patients could access the practice by phone.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.

- 46% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

The practice explained that there had been difficulties with the phone system when they initially moved into their new building, as all four practices found that an inefficient telephone system had been installed by the landlord. These problems were resolved; however, following further negative patient feedback, the practice included a review of the phone system in their annual action plan for 2016. We saw evidence that they had completed work in streamlining the phone queueing system and in updating the recorded messages in order that patients could be more efficiently routed. They were also in discussions with the CCG, in conjunction with the other practices in the building, about a complete change of system. Some of the patient comments on the CQC comments cards noted problems with getting through to the practice by phone; however, others stated that they had recently noticed improvements.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice had a flow chart for reception staff to follow to help them to identify whether a patient required urgent treatment via the emergency services, or whether they should be scheduled for a telephone consultation by a GP or put directly onto the home visit list for the day. Patients identified as needing a home visit were also telephoned prior to the visit so that the GP could assess the urgency of need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- 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, for example, a leaflet was available and there was information on the process on the practice's website.

The practice had received 16 complaints in the past year and we looked at two in detail and found that these were

dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following three complaints about the availability of appointments, the practice changed its appointment booking system to provide a higher proportion of appointments that could be booked on the day.

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.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The partners and senior staff at the practice had a clear commitment to ensuring that staff felt valued and that they enjoyed coming to work. They had identified the development of a motivated team who told us that they felt fulfilled by their role as one of their values, and had demonstrated this by supporting individuals to pursue their interests as part of their role and by developing their staff and helping them to advance. They had also identified their aim to be an exemplary employer as a priority in their annual strategy and had identified areas for development in order to achieve this.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

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

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

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

- The practice had gathered feedback from patients through surveys and complaints received. They had previously had an active patient participation group (PPG) who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team; however, the majority of the group had been elderly and members had gradually become unable to participate. The practice's move to a new building, followed by a significant time without a practice manager had resulted in them not actively recruiting new members to the PPG and engagement with the few remaining members had been limited. During the inspection the practice explained that there were discussions in place to

Are services well-led?

Good 

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

create a new combined group made up of patients from each of the four practices within the health centre and the parent teacher association of the school which shared the site, in order to form a local “citizens” group. The practice had also considered the option of forming a virtual PPG, using social media to engage with patients, but had concluded that they did not have sufficient resource at this time to make this successful.

- 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. For example, reception staff had reported that they were finding it difficult to process new patient registrations within the target timeframe due to the high numbers of new patient registrations following the closure of three local practices. As a result of this being raised, the timeframe was increased. 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. For example, the practice provided GPs to carry-out daily ward rounds at Tolworth Hospital (a “step-down” hospital, which provided care to patients who were too ill to be at home but who did not need acute hospital treatment), in order to support the nurse-led teams on the wards. The practice did not receive funding to provide this service.

The Advance Nurse Practitioner (ANP) was the lead nurse for the Kingston CCG Clinical Education Network and led on the professional development of nursing staff at the practice. She had researched and introduced the HeART online revalidation and appraisal tool for nurses, which allowed nursing staff to keep track of the training and education they had completed, complete a training needs analysis, and gather the necessary evidence for their appraisal and revalidation. This tool was piloted at the practice, and having found it a success, the ANP had presented this to the CCG and helped to roll-out the system to other practices across several neighbouring CCGs. She had also worked with a local further education college to introduce a Healthcare Assistant Diploma award.