

# Shere Surgery/Dispensary

## Quality Report

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We have rated the practice as good. We found that the practice provided an effective and responsive service to all patients. Feedback from patients showed that the practice was caring and responsive to their needs. Staff worked well as a team and aspired to deliver excellent patient care.

Our key findings were as follows:

- Information about significant events including accidents, near misses and complaints was recorded and monitored. The learning from these was used to support improvement.
- Staff received appropriate professional development and felt well supported in their roles.
- Patients consistently described the service they received as professional, efficient and caring.

We saw one area of outstanding practice. This was:

- The work the practice had undertaken to improve access to mental health services.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Handle blank prescription forms in line with current guidance from NHS Protect.
- Store all controlled drugs appropriately in line with the practice's procedures.
- Put safe processes in place for the remote collection of dispensed prescriptions.
- Undertake an audit of infection control on an annual basis.
- Use single use and disposable items used to cover patients during examinations.

In addition, the provider should;

- Consider monitoring the room temperatures where medicines are stored.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were sufficient staff to provide a safe level of service.

However, arrangements for printing, storing and recording blank prescriptions were not always in line with current guidance from NHS Protect on the security of prescription forms. The practice also needed to ensure that controlled drugs were stored appropriately in line with its own procedures. Secure and safe arrangements needed to be put in place for the remote collection of dispensed prescriptions. The practice had not undertaken regular audits of infection control and covers used for patients during examinations were not always single use and disposable.

Requires improvement



### Are services effective?

The practice is rated as good for effective. Data showed patient outcomes were at or above the average for the locality. The National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health. Staff had received training appropriate to their roles and further training needs had been identified and planned. The practice could identify appraisals and the personal development plans for its staff. Multidisciplinary working was evidenced.

Good



### Are services caring?

The practice is rated as good for caring. Data showed patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient centred culture and found strong evidence that staff were motivated and inspired to offer kind and compassionate care above and beyond patients' expectations. We found positive examples to demonstrate how patients' choices and preferences were valued and acted upon.

Good



### Are services responsive to people's needs?

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS local

Good



# Summary of findings

area team (LAT) and clinical commissioning group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and urgent appointments were available on the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence to demonstrate that the practice responded quickly to issues raised. There was evidence of shared learning from complaints.

## **Are services well-led?**

The practice is rated as good for well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients and this had been acted upon. The practice had an active patient group. Staff received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# 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 including weekly visits to the local residential care home and the provision of flu vaccinations for those who were house bound. The practice met the Gold Standards Framework for end of life care and was pro-active in ensuring people were supported to die at home if they wished. The practice had worked with the clinical commissioning group (CCG) to implement a mobile touch screen diagnostic tool that aided early diagnosis of dementia.

Good



### People with long term conditions

The practice is rated as good for the population group of people with long term conditions. Patients had structured and co-ordinated annual reviews to check their health and medication needs were being met. Where possible the practice ensured that appointments for patients with more than one long term condition were minimised in order to avoid duplication.

Good



### Families, children and young people

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and following up children identified as at risk. All staff had received training on child protection and were aware of their roles and responsibilities in relation to this. We were provided with good examples of joint working with midwives and health visitors. Staff were familiar with issues around maintaining confidentiality for teenagers. The practice nurses offered confidential contraception services and signposted young people to sexual health services and postal screening services for chlamydia.

Good



### Working age people (including those recently retired and students)

The practice is rated as good for the population group of the working-age people (including those recently retired and students). The needs of the working age population had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example, the practice offered opening times on a Monday evening and online appointment

Good



# Summary of findings

booking and repeat prescription services. The practice website provided access to a range of health advice and information. The practice used social media to keep patients up to date with health information and practice updates.

## **People whose circumstances may make them vulnerable**

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

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 and out of hours. The practice worked closely with local community groups to ensure vulnerable patients in the community were identified. The practice had facilities to accommodate wheelchairs and had its own car park with two spaces reserved for disabled visitors. There was also a disabled access toilet on the ground floor with a pull cord for assistance. The practice had a portable hearing induction loop which could be used in patient consultations for those who were hard of hearing. The practice had access to translation services for patients who did not have English as a first language.

**Good**



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as outstanding for the population group of people experiencing poor mental health (including people with dementia). The practice had pro-actively identified a gap in the service for people experiencing mental health problems. The practice approached a charitable trust, The Shere and Local Villages Health Trust (SALV) which agreed to fund a clinical psychology, counselling & cognitive behavioural service provided on the practice premises. The service operated on weekdays and weekends and had improved patient access to mental health services. The practice had worked with the CCG on the introduction of a new mobile, touch screen diagnostic tool that aided the screening and diagnoses of depression and dementia.

**Outstanding**



# Summary of findings

## What people who use the service say

We reviewed five comment cards where patients and members of the public shared their views and experiences of the service. We also spoke to four patients on the day of the inspection. All of the comments we received were very positive. Patients described the service as excellent and said that staff listened to them and were caring and helpful.

We reviewed the most recent data available for the practice on patient satisfaction. Results of the 2013

national patient survey showed the practice amongst the best in a number of areas. For example, 93 per cent of respondents described the overall experience of their GP surgery as fairly good or very good.

The results of the practice's own patient survey undertaken this year showed similar results. Of the 97 respondents, 96 per cent, in 2014 were very satisfied or satisfied with the surgery.

## Areas for improvement

### Action the service **MUST** take to improve

- Handle blank prescription forms in line with current guidance from NHS Protect
- Store all controlled drugs appropriately in line with the practice's procedures.
- Put safe processes in place for the remote collection of dispensed prescriptions.

- Undertake an audit of infection control on an annual basis.
- Use single use and disposable items used to cover patients during examinations.

### Action the service **SHOULD** take to improve

- Consider monitoring the room temperatures where medicines are stored

## Outstanding practice

The practice is rated as outstanding in relation to the service it provides to people experiencing poor mental health. The practice identified poor access to local mental health services for its patients and as a result approached a charitable trust, The Shere and Local Villages Health Trust (SALV) for funding to provide an

on-site service for its patients. The Trust agreed funding for clinical psychology, counselling and cognitive behavioural services which were provided on the practice premises. The service operated on weekdays and weekends and had improved patient access to mental health services that would not usually be available.



# Shere Surgery/Dispensary

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a Pharmacy Inspector, a GP Specialist Advisor and a Practice Manager Specialist Advisor.

### Background to Shere Surgery/Dispensary

The practice is situated in the village of Shere in Surrey and provides a range of primary care services to approximately 8000 patients. There are five GP partners and one associate GP. Four of the GPs are female and two are male. The practice also employs three practice nurses and one healthcare assistant. Opening hours are 8.30am until 7pm on a Monday and 8.30am until 6.30pm Tuesday to Friday. The practice has its own dispensary.

The practice provides a range of services to patients including infant and adult immunisations, wound dressing and removal of stitches and smoking cessation support. There are clinics to monitor blood pressure, asthma, diabetes, chronic heart disease and chronic obstructive airways disease. Two of the GPs also provide an ultrasound service. Other services provided on site include physiotherapy, clinical psychology and cognitive behavioural therapy, counselling services and minor surgery. The practice has its own dispensary.

The practice has a slightly higher than average number of registered patients between the ages of 5 and 14 years and under 18 years. This is partly due to the fact that the practice provides a service to a local boarding school. The practice has one residential care home in its locality.

The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

The practice has opted out of providing Out of Hours services to their own patients. Patients were able to access Out of Hours services through NHS 111.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This 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. This provider had not been inspected before and that was why we included them.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the Guildford and Waverley Clinical Commissioning Group (CCG), NHS England and Health Watch Surrey to share what they knew. We carried out an announced visit on 16 October 2014.

During our visit we spoke with a range of staff including, the GPs, the practice manager, the practice nurses, administrative staff, receptionists, pharmacy technicians and dispensary staff. We reviewed care records of patients

# Detailed findings

and examined practice management policies and procedures. We spoke with a representative from the Shere and Local Villages Trust (SALV) which also acted as a patient participation group.

We observed how staff talked to people on the telephone and in the reception and waiting area. We also reviewed five comment cards where patients and members of the public shared their views and experiences of the service. We spoke to four patients on the day of the inspection.

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 are provided for specific groups of people and what good care looks 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)

# Are services safe?

## Our findings

### Safe track record

The practice had systems in place to ensure that safety incidents, concerns, complaints and near misses were reported, recorded and acted upon. All the staff we spoke with understood their responsibilities in relation to this. They all knew how to raise and report concerns, incidents and near misses.

We looked at significant event and complaints records for the last year and the notes of meetings where they were discussed. We saw that the practice consistently reviewed and acted on issues raised and used them to improve safety.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We looked at significant events records for the last year. Records identified the date, the details of the event, the learning that had taken place and the action required as a result. The practice met to discuss significant events on a weekly basis. The findings were shared with all relevant staff including doctors, nurses, administrative and reception staff. Staff told us the practice operated with openness and transparency and that there was a 'no blame' culture. In the records we looked at, we saw examples that confirmed this to be the case.

The practice had a system for ensuring all external safety alerts were responded to appropriately. All incoming alerts were reviewed by the practice manager who ensured that information was disseminated to relevant staff and that appropriate action was taken. We saw evidence that action had been taken as a result.

There were systems in place to make sure any medicines alerts or recalls were actioned by staff. The practice logged all its dispensing errors and reviewed these for trends so that lessons could be learnt and procedures changed if necessary to reduce the risks in future.

### Reliable safety systems and processes including safeguarding

The practice had policies and procedures in place to safeguard children and vulnerable adults. The practice had designated GP leads for both child and adult safeguarding who had had the necessary training to enable them to fulfil their roles. Training records showed that all other staff had

undertaken training on safeguarding relevant to their role. All staff were aware of their roles and responsibilities in relation to safeguarding in general practice. They were able to describe the types of signs and symptoms of potential abuse and knew who to contact if they had concerns. Flow charts for referrals and contact details for the designated adult and child safeguarding leads in the clinical commissioning group were displayed in the consulting rooms and staff areas around the practice. We saw examples of a number safeguarding referrals the practice had made.

GPs used required codes on their electronic patient case notes to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed.

The practice had a chaperone policy in place and the details of how to access this service were posted on the walls in the consulting rooms. This allowed patients to have someone else present for any consultation, examination or procedure if they wished. This could be a family member or friend or a formal chaperone from the practice's clinical team.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There were refrigerators in the dispensary and in the treatment rooms for any items requiring cold storage and we saw that there was monitoring of temperatures. This included both manually recording temperatures and the use of data loggers to ensure that the cold chain was maintained, ensuring that these medicines would be safe and effective to use. We noted that systems were not in place to monitor room temperatures.

In the dispensary there were processes in place to check medicines were within their expiry date and suitable for use, but these had not been recorded in 2014. However we were assured that the expiry dates of all medicines were checked as part of the dispensing process. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. We saw up to date copies of patient

# Are services safe?

group directions and evidence that nurses had received appropriate training to administer vaccines. There were also appropriate arrangements in place for the nurses to administer medicines that had been prescribed and dispensed for patients including administration protocols.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff that generate prescriptions were trained and how changes to patients' repeat medicines were managed safely and effectively. All prescriptions were reviewed and signed by a GP before they were given to the patient or dispensed.

There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.

Blank prescription forms for printing were stored securely, and serial numbers were recorded on receipt. However, we saw that some blank prescription forms, pre-printed with the surgery details, were kept in an unlocked drawer in the dispensary and we were told by dispensary staff that it was not recorded if these were taken by doctors for their home visits or practice rooms. This is not in line with current guidance from NHS Protect on the security of prescription forms.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were not always followed by the dispensary staff. For example, the stocks of controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely, but the procedure for returned medicines was not being followed and these medicines were not being stored appropriately. There were arrangements in place for the destruction of controlled drugs.

All members of staff involved in the dispensing process had received appropriate training and had an annual check of their competence.

The practice had established a service for people to pick up their dispensed prescriptions at two locations. This involved patients leaving their repeat prescription requests in a basket in a porch in the village. These were then taken

to the practice where the prescriptions were generated and dispensed. The medicines were then returned in the basket to the porch for people to collect. There was no security for the medicines or any systems in place to ensure that the medicines were collected by the correct person or that patient confidentiality was protected.

## **Cleanliness and infection control**

The practice had a lead nurse for infection control whose role was to cascade information and keep all staff up to date with infection control policies and procedures. Training records showed that all staff covered infection control as part of their induction and completed on line training on an annual basis thereafter.

The practice had an up to date infection control policy with supporting procedures which were available for staff to refer to. For example, in relation to using personal protective equipment and the disposal of waste. This was intended to enable them to plan and implement control of infection measures and to comply with relevant legislation. There was a sharps injury policy that was easily accessible to staff. Clinical staff we spoke with were aware of what they needed to do in the event of an injury. Sharps bins were available in all treatment rooms and we observed that they were filled, signed, dated and locked appropriately.

There were arrangements in place for ensuring clinical waste was segregated from ordinary waste. Clinical waste bags were labelled and secured. There were clinical foot pedal operated waste bins in all treatment rooms with orange bags for the disposal of clinical waste. The practice had completed a healthcare pre-acceptance audit for the contractor who collected it. There were appropriate arrangements in place for nappy changing and sanitary waste.

Hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had not undertaken an audit of infection control during the last year. We also noted that the practice used blankets to cover patients during examinations. We were told these were washed once a week. However, all covers used for patients examinations should be single use and disposable to prevent cross infection.

# Are services safe?

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients told us they always found the practice to be clean and hygienic.

## **Equipment**

We observed that the practice had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw records to show that equipment was tested and maintained regularly. We saw evidence of calibration of relevant equipment, for example weighing scales.

## **Staffing and recruitment**

The staff records we looked at showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS). There was evidence that the practice had undertaken a risk assessment around its decision not to undertake criminal records checks for administrative staff.

The practice manager told us about the arrangements the practice had in place to ensure that there was always enough staff on duty to meet patient needs. If staff were sick or absent then cover was usually provided from the existing teams. If necessary the practice employed locums GPs and temporary staff to meet patient demand. The staff we spoke with told us that they felt there was enough staff in post to ensure the smooth running of the practice.

## **Monitoring safety and responding to risk**

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors

to the practice. The practice had undertaken an up to date health and safety audit of the practice premises which identified areas of non-compliance and the action required. There was evidence that actions had been implemented. Work place risk assessments had been undertaken in key areas. The practice experienced occasional losses to its electricity supply and there were robust plans in place to ensure disruption to patient care was minimised and that their safety was ensured.

## **Arrangements to deal with emergencies and major incidents**

There were arrangements in place to deal with on-site medical emergencies. We saw evidence that all staff had received up-to-date training in basic life support appropriate to their role.

Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency).

Emergency medicines were available in the treatment rooms and all GPs and nurses knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice had arrangements in place to deal with foreseeable emergencies. We saw that there was a comprehensive and up-to-date business continuity plan in place. The plan outlined the arrangements to deal with foreseeable events such as loss of energy supplies, severe weather, loss of the computer system and essential data and fire.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment**

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The GPs told us that new guidelines were disseminated at their weekly meeting, the implications for the practice's patients were discussed and required actions agreed. We looked at patients records and found from these and our discussions with the GPs and nurses that, in line with NICE guidelines, thorough assessments of patients' needs were undertaken and reviewed when appropriate.

The GPs told us they took the lead in specialist clinical areas such as diabetes, cardiology, urology, dermatology and ophthalmology. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

### **Management, monitoring and improving outcomes for people**

The practice showed us eight clinical audits that had been undertaken over the last year. The clinical audits were often linked to medicines management information from the clinical commissioning group (CCG), safety alerts or as a result of information from the quality and outcomes framework (QOF). The GPs told us that they shared and discussed the results of the audits at their weekly practice meetings. There was evidence that changes to clinical practice had been made as in light of audit results. For example, an audit of patients who had been prescribed a weight loss medicine. The result of the audit indicated alternative weight loss options were sometimes more successful than weight loss medicines for some patients.

The practice used the information they collected for the QOF and their performance against national screening programmes to monitor outcomes for patients. The practice met monthly to review its performance against the QOF and to agree what measures it needed to put in place to achieve the targets and improve outcomes for patients. For example, the practice had made changes to the annual reviews it offered to patients experiencing mental health problems to help encourage them to attend. We saw that in

2013/14 the practice had above average scores for the CCG across most of the clinical domains. For example, the practice achieved 100% of the QOF points available for asthma.

There was evidence that the practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar practices in the area. We were shown CCG comparative data which showed that the practice had a lower than average number of patient attendances at Accident and Emergency departments. Comparative data for the CCG was also used to analyse the practices use of medicines.

### **Effective staffing**

The training records we looked at showed that staff had completed on-line training in key areas which included safeguarding, information management and governance, infection control and fire safety. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

All staff had appraisals in the last year which identified key achievements, areas for improvement and learning and development needs. All the staff we spoke with felt well supported by the GPs and managers in their roles. They told us they had sufficient access to training opportunities and were encouraged to do so. The practice held regular in-house educational sessions that all staff could attend. Topics included safeguarding and infection control.

### **Working with colleagues and other services**

There was evidence that the practice worked closely with other organisations and health care professionals. We saw that the GPs had weekly meetings with representatives from the community nursing team to discuss frail elderly patients who may be at risk of admission and to ensure support was provided to patients who had been discharged. There were monthly multidisciplinary meetings to discuss the needs of patients on the "palliative care" register, as part of the Gold Standards Framework. This aimed to ensure that people at the end of their life had a high standard of care.

# Are services effective?

(for example, treatment is effective)

The practice had a designated GP for patients who lived at the local residential care home. The GP visited the home on a weekly basis to provide advice and support.

## **Information sharing**

The practice used electronic systems to communicate with other providers. Blood results were available on a system linked to the pathology laboratory. Letters from the local hospital including discharge summaries and reports from the Out of Hours providers were received both electronically and by post. These were scanned into the electronic patient records. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required.

## **Consent to care and treatment**

The practice had a consent policy in place. All of the GPs we spoke with were aware of their responsibilities in relation to obtaining consent to care and treatment. We saw that consent was clearly recorded in the patient records that we looked at. We found that GPs were aware of the Mental Capacity Act 2005 and their duties in fulfilling it.

## **Health promotion and prevention**

It was practice policy to offer all new patients registering with the practice a health check with the health care assistant. The practice also offered NHS Health Checks to all its patients aged 40-75. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Seasonal flu vaccinations were available to at risk patients such as patients aged 65 or over. The practice provided a smoking cessation clinic and offered a range of screening services including chlamydia testing and cervical screening. There was a range of patient literature on health promotion and prevention available for patients in the waiting area. The practice website provided patients with health advice and information about healthy lifestyles. The practice used social media to promote health awareness in a number of different areas, for example weight management. The Shere and Local Villages Trust (SALV) ran two health awareness events a year for the local community in conjunction with the practice. At the most recent one a consultant cardiologist came to talk to people about chest pain and heart conditions.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP survey and a survey of 91 patients undertaken by the practice undertaken during December 2013 and January 2014. The evidence from all these sources showed patients were very satisfied with how they were treated. They told us that staff were very caring and that they treated them with kindness and respect. Data from the national patient survey showed the practice amongst the best in all areas. For example, the 98 per cent of respondents to the national GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern was 97 per cent.

Staff told us that all consultations and treatments were carried out in the privacy of a consulting room and that doors could be locked if necessary. We observed that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. All staff were discreet and were careful to follow the practice's confidentiality policy when discussing patients in order that confidential information was kept private. We observed that reception staff were polite and kind to patients. Background music was played in the waiting areas to help obscure private conversations in the waiting areas and at the reception desk.

### **Care planning and involvement in decisions about care and treatment**

The patient's feedback we received and the results of surveys showed that patients were positive about their

involvement in planning and making decisions about their care and treatment. For example, results from the national GP survey showed that 97 per cent of respondents stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice had access to translation services for patients who did not have English as a first language. We were provided with examples of when this had been used.

### **Patient/carer support to cope emotionally with care and treatment**

All the patient feedback we received showed that patients were positive about the emotional support provided by the practice and rated it well in this area. All the comments cards described the staff as consistently caring and supportive.

The practice had its own clinical psychology, counselling & cognitive behavioural services provided on the premises. It was able to refer patients who required emotional support to these services.

There was a wide range of patient literature available in the waiting area signposted people to a number of support groups and organisations.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting people's needs**

The practice was able to demonstrate that it understood the needs of its population and that it addressed the needs identified. For example, in response to poor access to mental health services the practice approached a charitable trust The Shere and Local Villages Trust (SALV) which agreed to fund a clinical psychology, counselling & cognitive behavioural services provided on the practice premises. The service operated on weekdays and weekends and has improved patient access to mental health services.

The practice had a Virtual Patient Reference Group (VPRG) that input to the design of the practice's annual patient satisfaction survey. A virtual group means that communication is mainly via e-mail or printed information rather than meetings. The 2014 survey addressed five key areas identified by the VPRG. There was evidence that the practice had implemented suggestions for improvements and made changes to the way it delivered services in response to the survey results. For example, a newly installed patient calling/information screen was used to advise patients when a GP was running particularly late. The practice also updated its website in response to feedback from the patient survey.

The practice also met regularly with SALV which raised charitable funds for the practice but also acted as a patient participation group. The trust had representatives in each village who provided feedback from local patients.

### **Tackling inequity and promoting equality**

The practice had recognised the needs of different groups in the planning and delivery of its services. The practice was situated in a two storey building with all of its services for patients situated on the ground floor. The surgery had facilities to accommodate wheelchairs and had its own car park with two spaces reserved for disabled visitors. There was also a disabled access toilet on the ground floor with a pull cord for assistance. The practice had a portable hearing induction loop which could be used in patient consultations for those who were hard of hearing.

The practice website could be translated into over 80 languages and the website had the facility to change the size of displayed text for partially sighted patients.

### **Access to the service**

Appointments were available from 8.30am until 6.30pm Tuesday to Friday with extended hours until from 8.30am until 7pm every Monday. It was closed at weekends. Information about appointments and how to book them was available to patients on the practice website and in the practice leaflet. There were arrangements in place to ensure patients could access urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. The national GP survey showed that 88 per cent of patients were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours.

The patient feedback we received showed that patients were mostly happy with the appointment system.

### **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and 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 was on display for the public to see on the notice board. Details of how to complain were also set out on the practice website and in the practice information leaflet

We looked at the complaints record and responses to patients over the last twelve months. The practice had received nine complaints during this period. There was evidence that complaints were responded to in a timely way and that action points and learning were recorded and shared with relevant staff. The practice discussed any complaints received at its weekly meetings. The practice submitted an annual review of its complaints to the CCG and discussed them at a meeting held for all practice staff twice a year.

# Are services well-led?

(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 set of aims and objectives which it described in its statement of purpose. Its aim to provide a high standard of care and continually develop its services and the skills of its staff was also clearly described in its introduction on the practice website and in the practice leaflet. All the staff we spoke with were able to articulate their understanding of the practice ethos to provide a high standard of clinical care and a professional and caring service.

### **Governance arrangements**

The practice had a number of policies and procedures in place to govern activity which were easily accessible to staff via their computer desk top in the practice's document management system.

The practice had a clear structure and schedule of meetings to govern its business. This included weekly clinical meetings to discuss new guidelines, significant events, complaints, quality and outcomes framework (QOF). There were monthly multi-disciplinary meetings to discuss palliative care and quarterly practice business meetings.

The practice used the QOF to measure their performance. The QOF data for this practice showed achieved high scores in all of the clinical domains. There was evidence of monthly meetings to discuss QOF and that action had been implemented to improve performance.

The practice had completed a number of clinical audits and there was evidence that the results of these were shared and discussed. These included an audit of visits to patients in nursing homes and an audit of patients on the rheumatoid arthritis register. Learning was implemented to improve outcomes for patients.

The practice had arrangements for identifying, recording and managing risks to patients, staff and visitors. We saw that a range of up to date risk assessments had been undertaken which included the work environment, the premises and the risk of power failure.

### **Leadership, openness and transparency**

We were shown a clear leadership structure which had named members of staff for each position and clear lines of accountability. The staff we spoke with were all clear about their own roles and responsibilities. They all told us that they felt valued, well supported and knew who to go to in the practice with any concerns.

There were quarterly meetings for all practice staff. Staff told us that there was an open and transparent culture within the practice. They felt confident about raising concerns they had and that these would be listened to and acted on. Staff told us that there was a no blame culture. Significant events were used as an opportunity to learn and to make improvements for both staff and patients. We were provided with examples which confirmed this to be the case.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The practice had gathered feedback from patients through its patient support group, its virtual patient participation group (VPRG), annual surveys and complaints. The practice ran a survey to look at the areas that the VPRG had said were important to them. We looked at the practice's report on the last patient survey which provided an analysis of the results and identified areas for action. There was evidence that the practice had implemented an action plan as a result.

Staff told us they felt their views were valued and that they were involved in helping to improve services and outcomes for patients.

### **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and regular discussion of clinical practice. The staff records we looked at showed that appraisals happened yearly and that staff had personal development plans. Staff told us that the practice was very supportive of training and they had the skills and knowledge they needed to fulfil their roles. The practice held regular in-house educational sessions that all staff could attend. Recent topics included safeguarding and infection control.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations  
2010 Management of medicines  
**Patients were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe keeping of prescription forms or returned controlled drugs. Safe arrangements for the remote collections of medicines were not in place.**

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations  
2010 Cleanliness and infection control  
**Patients were not protected against identifiable risks of acquiring an infection by the means of ensuring all covers used for patients during examinations were single use and disposable.**  
**An audit to ensure infection control policies and procedures were implemented had not been undertaken in the last year.**