

Lightwater 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?

Outstanding



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 Lightwater Surgery on 9 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice participated in multidisciplinary telephone meetings with the integrated care team to improve communication between different services for patients.
- 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 areas of outstanding practice:

- The practice engaged with the community by helping to arrange local talks. There was a strong ethos within the practice for community development and engagement work. The practice had arranged local

Summary of findings

talks for their patients and those people living in the vicinity. For example, post-natal depression focus group, dementia workshop, a carers event, the role of the modern pharmacist and Sunday afternoon tea get together for its older patients. We received feedback from PPG members and the pharmacist explaining how these talks had been invaluable and how they believed there had been a positive impact on patients.

We also saw areas where the provider should make an improvement:

- Review the low number of patients currently registered as a carer at the practice
- Review the exceptional reporting rate as higher than the local and national average percentage

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had considered the needs of its population group and helped to organise talks on many subjects that patients would find useful. This included dementia, carers, making the best use of your GP and appointment and the role of the modern pharmacist. The practice had seen an increase in patients registering as a carer and the local pharmacist had seen an increase in the peoples knowledge of their prescriptions including medicine usage reviews and the different roles the pharmacy could be used for.
- The practice had helped to create a post-natal depression focus group to map out services in the local area and any gaps. It was recognised that there was a lack of a regular support group which parents could attend. Therefore a support group was started and the practice was able to sign post parents to this group for support.
- The practice ran an extended hours women's clinic on Thursday evenings.
- The practice had hosted a Sunday afternoon tea get together for its older patients in partnership with a charitable organisation.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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



Summary of findings

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- The practice had organised a dementia workshop which had raised awareness of support available.
- The practice had hosted a Sunday afternoon tea get together for its older patients in partnership with a charitable organisation and plans were in place for this to be hosted again.
- 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.
- Elderly patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- The practice was proactive in inviting patients to the practice for an over 75 health check.
- The practice had a member of staff who was the care co-ordinator. They telephoned patients on discharge from hospital to offer support, and enquire whether a GP visit or other assistance was required.

People with long term conditions

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

Good



- The practice had helped organised an event for its patients called the role of the modern pharmacist. This had helped patients understand their prescriptions and had resulted in an increase in the pharmacists completing medicine usage reviews.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered regular anticoagulation clinics for patients on warfarin.
- The practice provide spirometry and smoking cessation services for chronic obstructive pulmonary disease(COPD) patients.

Families, children and young people

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

- The practice had helped to organised a post-natal depression focus group which had resulted in a local support group being started. Patients could be signposted to this group.
- The practice was able to support younger patients by the use of a teen counsellor.
- Evening women's health clinics were run by a female GP and nurse on a Thursday evening.
- 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.
- The practice's uptake for the cervical screening programme was 92%, which was higher than the national average of 82%.
- The practice actively promote cancer screening by opportunistic health promotion.
- 76% of female patients aged 50-70, had attended a breast cancer screening within 6 months of invitation which was comparable to the CCG average of 74%.
- 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.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse.
- Safeguarding policies and procedures were readily available to staff.

Outstanding



Summary of findings

- The practice ensured that children needing emergency appointments would be seen on the day.

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 offered advice by telephone each day for those patients who had difficulty in attending the practice and there were daily evening emergency appointments available.
- Patients could book evening appointments until 8:30pm on Mondays, until 8pm on Wednesday and Thursdays and until 8pm Friday on a rota basis with two other practices.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice offered NHS health-checks and advice for diet and weight reduction.
- The nurse was trained to offer smoking cessation advice.

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 invulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- The practice provided an auditory loop in the practice for those patients with hearing difficulties.
- The practice had organised a carers event which had raised awareness of support available and had resulted in more patients registering themselves as carers.
- Carers and those patients who had carers, were flagged on the practice computer system and were signposted to the local carers support team.

People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 which was higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results was published on January 2016. The results showed the practice was performing above or in line with local and national averages. 237 survey forms were distributed and 104 were returned. This represented less than 1% of the practice's patient list.

- 80% of patients found it easy to get through to this surgery by phone compared to a CCG average of 83% and a national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 95% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 92%, national average 85%).
- 92% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 89%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received.

We spoke with eight patients during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients described the GPs and nurses as caring, and professional and told us that they were listened to. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We also spoke with two members of the Patient Participation Group (PPG), who also gave us positive comments about the practice. The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the low number of patients currently registered as a carer at the practice
- Review the exceptional reporting rate as higher than the local and national average percentage

Outstanding practice

- The practice engaged with the community by helping to arrange local talks. There was a strong ethos within the practice for community development and engagement work. The practice had arranged local talks for their patients and those people living in the vicinity. For example, post-natal depression focus group, dementia workshop, a carers event, the role of the modern pharmacist and Sunday afternoon tea get together for its older patients. We received feedback from PPG members and the pharmacist explaining how these talks had been invaluable and how they believed there had been a positive impact on patients.

Lightwater Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lightwater Surgery

Lightwater Surgery offers general medical services to the population of the Lightwater in Surrey and to the surrounding population of Surrey and Berkshire. There are approximately 11,400 registered patients.

Lightwater Surgery is run by five partners (three male and two female). The practice is also supported by five practice nurses, a healthcare assistant, two phlebotomist, a team of administrative staff, a senior receptionist, a deputy practice manager and two practice managers.

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

Services are provided from one location:

Lightwater Surgery,

39 All Saints Road, Lightwater, Surrey, GU18 5SQ

Opening hours are:-

Monday 8am – 8:30pm

Tuesday 8am – 6:30pm

Wednesday 8am – 8:00pm

Thursday 8am – 8:00pm

Friday 8am - 6:30 (08:00 - 20:00 on a rota basis with two other practices)

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

The practice population has a higher number of patients between 05-14, and 40-79 than the national and local CCG average. The practice population also shows a lower number of 00-04, 15-35 year olds than the national and local CCG average. There is a lower than average number of patients with a long standing health conditions and a health care problem in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 February 2016. During our visit we:

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

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three and we saw evidence that nurses were trained to level two. All administrative roles were trained to level one. Staff had also received training in safeguarding vulnerable adults.
- A notice in the waiting room and in all of the treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify

whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager who also had a dual role of practice nurse was the infection control clinical lead who kept 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 in the practice, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 a staff area which identified local health and safety

Are services safe?

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in one of the treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs shared a morning break session with each other. This was used as an informal way to share their knowledge and expertise. They told us and we saw evidence that they referred to recognised clinical publications and completed training to ensure they were up to date with any new practice or innovations in healthcare.
- The practice used computerised tools to identify patients with complex needs and those that had multidisciplinary care plans documented in their case notes.
- Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 12.5% exception reporting with the national average being 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015 showed:

- Performance for diabetes related indicators was higher than the national average. For example, 87% percentage of patients with diabetes, whose last measured total cholesterol (within the preceding 12 months) was 5 mmol/l or less compared to the national average of 77%
 - The percentage of patients with hypertension having regular blood pressure tests was comparable national average. The practice QOF score was 77% with the national average at 83%.
 - Performance for mental health related indicators was higher than the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan documented in the record, compared with the national average of 88%

Clinical audits demonstrated quality improvement.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients outcomes. We reviewed seven clinical audits that had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness. We noted that the practice also completed audits for medicine management and infection control.
- Findings were used by the practice to improve services. For example, the practice has completed an audit on patients who were prescribed the combined oral contraceptive pill (COCP), and if their blood pressure was being monitored regularly. The practice had set a bench mark that 90% of patients should have a blood pressure check every 12 months. The first audit indicated that 85% of relevant patients had received a blood pressure check. Those patients who had not been checked were then invited to the practice to have the required check. The practice completed a re-audit where it then recorded an improvement of 95% of patients who had received a blood pressure check within the recommended time frames set by the practice.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It 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. 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 on-going support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they

were discharged from hospital. We saw evidence that monthly multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Health information was made available during consultation and GPs used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and on the practice website. The practice website also referenced websites for patients looking for further information about medical conditions.
- Patients had access to appropriate health assessments and checks. These included health checks for new

Are services effective?

(for example, treatment is effective)

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.

- The practice's uptake for the cervical screening programme was 91%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Most childhood immunisation rates for the vaccinations given were either higher or comparable to the Clinical Commissioning Group (CCG) average. For example, 95% of children had received the MMR vaccine with the national average being 87%.
- The practice had a low A+E attendance in comparison with the local clinical commissioning group and national average. The practice was also a low antibiotic prescribing practice.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be over heard as rooms had been sound- proofed.
- Reception staff encouraged patients to inform them when they wanted to discuss sensitive issues. They told us they would offer to discuss issues with a patient in an unoccupied room. Staff knew their patients well and offered this when needed or requested.
- The reception desk and waiting area were separate to help aid confidentiality.
- We noted that the practice had installed an electronic booking-in system to help maintain patient privacy which was available to patients in seven different languages.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was either on par or above national and Clinical Commissioning Group (CCG) averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.

- 92% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 88% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 95%, national average 91%).
- 86% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85% , national average 82%)
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% , national average 85%)

The practice participated in the avoidance of unplanned hospital admissions scheme. There were regular meetings to discuss patients on the scheme and care plans were regularly reviewed with the patients. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.



Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the waiting area informing patients this service was available. The practice website also had the functionality to translate the practice information into approximately 90 different languages. The practice also provided an auditory loop for those with a hearing impairment and the electronic booking in system was accessible in seven different languages.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- The practice engaged with the community by helping to arrange local talks. There was a strong ethos within the practice for community development and engagement work. The practice had arranged local talks for their patients and those people living in the vicinity. We received feedback from PPG members, the carers lead and the local pharmacist explaining how these talks had been invaluable and how they believed there had been a positive impact on patients. For example,
- The practice had organised in collaboration with the PPG and Sure Start a post-natal depression focus group. The aim was to understand better the effects of postnatal depression and raise awareness as well as finding ways to offer support. From this a local support group was set up and advertised through local networks as well as patients being signposted to this group from the practice.
- The practice had attended and helped organise speakers for a dementia workshop. This included speakers from the Integrated Care Team leader, a clinical psychologist, the dementia navigator and someone to speak personally in relation to their experience as a Carer. The Community Connector was also present, who signposts community support linked to health through the community, third sector and faith groups. The Alzheimer's Society were also present.
- The practice had helped to organise a carers event. The aim of this event was to raise awareness about the support available for carers and to signpost them to organisations and services that could be of assistance to them. The event was chaired by the PPG and Surrey Heath Carers Support who talked in depth about a range of services and support people could access. As a result of the event there was an increased awareness and the practice saw an increase of patients being registered as carers.
- The practice had helped organised an event called the role of the modern pharmacist. This had helped patients understand their prescriptions and the role of the pharmacist.
- We received feedback from the local pharmacist. They told us that they had seen an increase in people asking for information in relation to the talks held. For example, requesting information about carers support or Alzheimer's and dementia and requesting medicine usage reviews.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. The practice had a carers pack which was given to the patient and could signpost patients to local avenues of support available.
- Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a letter. The call and letter 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Monday until 8:30pm and Wednesday, Thursday and Friday evenings until 8pm for working patients who could not attend during normal opening hours.
- Patients were offered routine and on the day appointments with GPs during morning sessions. If urgent on the day appointments were requested before 11am the practice guaranteed patients would be seen by a GP. In the afternoon the duty GP triaged urgent appointment requests and could offer face to face appointments if required.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A hearing loop and translation services were available for patients who needed them.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required
- The practice used text messaging to remind patients of appointments.
- The practice could accommodate those patients with limited mobility or who used wheelchairs and this had been thoughtfully considered with the refurbishment of the building. The practice had a large waiting room, toilets and wide corridors for patients who had limited mobility or parents with pushchairs. The practice also had ramp access at the front and rear of the building for those patients with a limited mobility and there was a lift to access all floors of the building.
- The GPs used computer tablets to access patient information when conducting home visits.

- Extended hours women's health clinics were run by a female GP and nurse on a Thursday evening.

Access to the service

The practice was open Monday 8am – 8:30pm, Tuesday 8am – 6:30pm, Wednesday 8am – 8:00pm, Thursday 8am – 8:00pm and Friday 8am – 8pm on a rota with two other practices. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients who needed them. The practice had ensured that patient had alternative routes to book appointments including online booking of appointments and an automated telephone booking system. It had also increased the number of telephone lines in to the practice.

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.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 88% of patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 94% of patients said the last appointment they got was convenient to them (CCG average 91%, national average 92%).

Patients told us on the day of the inspection that they were happy with the appointment system and were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

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

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

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. Complaints were a standing agenda item on the monthly meetings and we saw evidence that lessons

learned from individual complaints had been acted on. For example, the practice and PPG informed us that due to patients complaints the practice phone number had returned to a local number rather than the more expensive 0844 number.

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 aims and objectives included:-

- To provide patient centred care, that is accountable in providing a safe, high quality, effective level of service, in an open and questioning environment.
- To support patients, and make their access to care as convenient as possible.
- To provide healthcare which is available to all and create a partnership between the patient and the practice, maintaining patient dignity; ensuring mutual respect, holistic and continuous care.
- To safeguard children and vulnerable adults, by ensuring all staff receive and maintain the appropriate training.

The practice had a supporting business plan which reflected the vision and values and these 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
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and worked in partnership with the practice. They told us that a partner and the practice manager always attended PPG meetings and listened and responded positively to their views.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. Staff

Are services well-led?

Good 

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice was participating in the 'Friends and Family Test' where patients were asked to record if they would recommend the practice to others. The practice manager submitted monthly reports to the local CCG. We saw there was also a comments box which patients were encouraged to use for suggestions to the practice.

Continuous improvement

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

- The practice had considered the future of the practice and its patients when it had refurbished. It had ensured that the new design incorporated extra rooms for expansion, a large waiting area and disabled access including wide corridors for those patients with limited mobility.
- The practice was looking at how to support patients who had difficulty attending the practice due to transportation issues. It was working with a voluntary transport service to be able to offer next day appointments in order that patients and the voluntary group could organise transport needed.
- The practice was reviewing how it could respond to its younger patient group by using different technology and different means of communication.