

Chobham and West End Medical Practice

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 carried out an announced comprehensive inspection at Chobham and West End Medical Practice on 1st December 2015. 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 could make urgent appointments on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The practice had developed a single point access information resource which linked directly to all the practice policies and protocols, best practice guidelines and other external reference information. Many policies and protocols had hyperlinks allowing a single click to navigate between linked information. This resource was widely used by all staff.

Summary of findings

The areas where the provider must make improvement are:

- Ensure that a robust system is put in place to ensure all significant events and complaints are recorded and investigated and that lessons learned from significant events and complaints are communicated to all appropriate staff to support continuous improvement.
- Ensure that prescription paper is stored securely.
- Ensure that clinical waste is stored in a safe and secure designated area.

The areas where the provider should make improvements are:

- Ensure that a complete medical record is kept for all patients.
- Ensure regular review of patient treatment outcomes to ensure increased uptake in flu vaccinations and childhood immunisations.
- Ensure regular review and monitoring of patients that are vulnerable or experiencing poor mental health.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events. However not all incidents were recorded and in some instances when there were unintended or unexpected safety events or complaints, the reviews were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- When there were unintended or unexpected safety incidents recorded, people received reasonable support, truthful information, a verbal and written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The medical records of the boarding school residents were paper records retained at the school rather than the surgery, staff we spoke to said this may result in delays when information was required from the records. Staff told us the electronic records were only occasionally updated after visits to the school.
- Staff told us that there was nowhere suitable to store clinical waste between the weekly collections. We were told that clinical waste bags were on occasions stored in the corner of a clinical room whilst awaiting collection.
- We saw large amounts of prescription paper being stored in printers in unlocked rooms. Staff told us the printers were filled up every evening with prescription paper.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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 people's needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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 was participating in a CCG scheme to identify frail patients who would have access to a hub clinic from Monday to Friday where they would have access to a multi-disciplinary team.
- Patients said they could make an appointment with a GP and that there were 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 that the practice responded quickly to issues raised. There wasn't a robust system in place to ensure that learning from complaints was shared with staff and other stakeholders, although we did see evidence of some learning being shared.

Good



Are services well-led?

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

- It had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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.

Good



Summary of findings

- 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 however these were not always followed.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice took part in the admission avoidance scheme where the most vulnerable patients were identified and personalised care plans were agreed.
- We saw evidence that emergency admissions to hospital were reviewed by the surgery.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and an annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice ran anticoagulation monitoring clinics.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were mixed with 12 month immunisation rates lower than national average but 24 months and 5 years immunisation rates comparable with national average or higher.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



Summary of findings

- Cervical screening rates were comparable with the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered Saturday morning appointments to increase access for people who could not attend the surgery during normal surgery hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

Good



Summary of findings

- 71.8% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which is lower than the CCG average of 83.1% and the national average of 84%.
- Exception reporting was higher than CCG and national averages for five out of six mental health indicators in the 2014-2015 QoF data. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months practice exception reporting was 32.3%, compared with a CCG average of 7.3% and a national average of 9%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- Reception staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 8th July 2015 showed the practice was performing in line with local and national averages. 259 survey forms were distributed and 129 were returned. Data from the national patient survey showed that:

- 69% found it easy to get through to this surgery by phone compared to a CCG average of 64% and a national average of 73%.
- 89% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 87% said the last appointment they got was convenient (CCG average 90%, national average 92%).

- 68% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 51% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We did not receive any completed comment cards.

We spoke with 14 patients during the inspection. All 14 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that a robust system is put in place to ensure all significant events and complaints are recorded and investigated and that lessons learned from significant events and complaints are communicated to all appropriate staff to support continuous improvement.
- Ensure that prescription paper is stored securely.
- Ensure that clinical waste is stored in a safe and secure designated area.

Action the service **SHOULD** take to improve

- Ensure that a complete medical record is kept for all patients.
- Ensure regular review of patient treatment outcomes to ensure increased uptake in flu vaccinations and childhood immunisations.
- Ensure regular review and monitoring of patients that are vulnerable or experiencing poor mental health.

Outstanding practice

The practice had developed a single point access information resource which linked directly to all the practice policies and protocols, best practice guidelines

and other external reference information. Many policies and protocols had hyperlinks allowing a single click to navigate between linked information. This resource was widely used by all staff.

Chobham and West End Medical Practice

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 advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to Chobham and West End Medical Practice

The Chobham & West End Medical Centre has a main surgery in Chobham with a branch site in West End, both are purpose built properties. At the time of our inspection there were 11,100 patients on the practice list.

The practice has seven GP partners (four male and three female). The practice employs a team of four nurses, two health care assistants, a practice manager, a deputy practice manager, reception and administration staff. The Chobham surgery is open from 8am to 6.30pm Monday, Tuesday and Thursday, 8am to 1pm Wednesday and Friday. West End surgery is open from 8am to 6.30pm Monday, Wednesday and Friday, 8am to 1pm Tuesday and Thursday. Extended hours surgeries were offered at both surgeries from 8am to 11am on alternate Saturdays. Patients requiring a GP outside of normal hours are advised to call the NHS 111 service or 999 for medical emergencies. The

practice has a GMS (General Medical Services) contract and offers enhanced services for example; various immunisation and facilitating timely diagnosis and support for people with dementia schemes.

The service is provided at the following locations:

The Surgery

16 Windsor Road, Chobham

Woking, Surrey

GU24 8NA

West End Surgery Lucas Green Road West End Surrey GU24 9LU

The practice population has a higher number than average of patients 10 to 14 years and 40 to 59 years, it has a lower number than average of patients 0 to 4 years and 20 to 39 years. It also has a slightly lower than average percentage of patients with long standing health conditions and higher than average number of patients with caring responsibilities.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 1 December 2015. During our visit we spoke with a range of staff including GPs, nurses, administration and reception staff and the practice manager. We also spoke with patients who used the service and two members of the patient participation group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients.

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)

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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an 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 with some staff to make sure action was taken to improve safety in the practice. However, in some instances when there were unintended or unexpected safety events or complaints the reviews were not thorough enough and lessons learned were not communicated widely enough to support improvement. For example, staff gave us examples of incidents that were recorded and we saw minutes of meetings where they had been discussed but they had not been communicated with other staff members to facilitate learning or support continued improvements. Staff we spoke with also gave us examples of incidents where there was no record of the investigation or discussion for example an incident occurred with a patient who had been injured in the surgery entrance.

When there were unintended or unexpected safety incidents recorded people received reasonable support, truthful information, a verbal and written apology.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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. 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.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 with the exception of the storage of clinical waste between collections. Clinical waste was collected weekly however we were told that clinical waste bags were on occasions stored in the corner of a clinical room whilst awaiting collection. We observed the rest of the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had a system in place to monitor fridge temperatures and we saw evidence of this. Prescription pads were securely stored and there were systems in place to monitor their use, however prescription paper used in printers was not always stored securely. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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 also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 95.5% of the total number of points available, with 7.4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average (Practice 86%, CCG average 86.6%, national average 89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average (Practice 100%, CCG average 96%, national average 97.8%).
- Performance for mental health related indicators was better than the CCG and national average. (Practice 100%, CCG average 92.7%, national average 92.8%). However exception reporting was very high, for example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate practice exceptions was 51.6%, compared with a CCG average 8.8% and a national average 12.6%.

- The dementia diagnosis rate was below the CCG and national average (Practice 88.5%, CCG average 94.7%, national average 94.5%).

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last year, one of these was a completed audit where the improvements made to the way in which blood tests were requested for patients receiving a particular drug used to treat the symptoms or arthritis were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. 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.

Are services effective?

(for example, treatment is effective)

- 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six weekly 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.

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

Health promotion and prevention

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.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78.1%, which comparable with the national average of 81.9%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds were lower than CCG averages, for example, pneumococcal immunisation rates for the vaccinations given to under two year olds was 76.4% (CCG average 83%). Childhood immunisation rates were comparable to CCG averages for the vaccinations given to five year olds, for example pneumococcal booster 82.7% (CCG average 83.3%). Flu vaccination rates for the over 65s were 65%, and at risk groups 42%. These were also below CCG averages (73% and 52%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with two members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 86%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).

- 89% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

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:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers (2.5% of the carers were identified as young carers under 18 year olds). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 Saturday morning clinic for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice had responded to the Patient Participation Group (PPG) by planning to upgrade the telephone system, this will increase the ability of the surgery to deal with incoming calls by increasing the number of dedicated staff to answer calls during busy periods and introduce a telephone queuing system. We saw evidence that this would be installed in January 2016.

Access to the service

The Chobam surgery was open between 8am and 6.30pm on Monday, Tuesday and Thursday and between 8am and 1pm on Wednesday and Friday. The West End surgery was open between 8am and 6.30pm on Monday, Wednesday and Friday and between 8am and 1pm on Tuesday and Thursday. Extended hours surgeries were offered between 8am and 11am on Saturday mornings alternating between Chobham and West End locations. The majority of these appointments were prebookable and there were also a few walk in appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 69% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 68% patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 51% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 and this was displayed in the waiting area.

We looked at 19 complaints received in the last 12 months and found that these were satisfactorily handled. They had been dealt with in a timely way and there was openness and transparency when responding to the complaint. We saw little evidence that lessons were learnt from concerns and complaints or that action was taken as a result to improve the quality of care.

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 vision to deliver high quality care and promote good outcomes for patients.

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

Governance arrangements

The 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
- There was an understanding of the performance of the practice
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a new telephone system had been ordered and was due to be installed in January 2016.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example the practice was taking part in a CCG scheme to identify frail patients who would benefit from access to a multi-disciplinary hub clinic where patients will have access to a number of specialist teams including social services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found that the practice was not storing prescription paper or clinical waste in a secure manner.

This was in breach of Regulation 12(2)(g) (h) Health and Social Care Act 2008(Regulated Activities) Regulations 2014

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found the practice could not demonstrate that a robust system is in place to ensure all significant events and complaints are recorded and investigated and that lessons learned from significant events and complaints are communicated to all appropriate staff to support continuous improvement

This was in breach of Regulation 17(1) & (2)(a) (b) Health and Social Care Act 2008(Regulated Activities) Regulations 2014