

Dolphin House Surgery

Quality Report

6/7 East Street Ware

Hertfordshire

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dolphin House Surgery on 21 January 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.
- The practice engaged with the patient participation group (PPG) and responded to suggestions for improvements.

- Information about services and how to complain was available and easy to understand.
- There were a variety of appointments available including urgent and pre-bookable. The practice responded to patient feedback and introduced telephone consultations and a 'Just 5' clinic on Mondays for patients to have a five minute appointment for simple problems.
- The practice 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.

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, 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.
- There were identified lead GPs for safeguarding and all staff had received training appropriate to their role.

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.
- Nursing staff held a three monthly Journal Club where they discussed articles they had read and any new guidance.
- 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 good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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.
- A member of the nursing team had been identified as a carer's champion who worked with Carers in Hertfordshire to provide support for carers.

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 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.
- Extended hours appointments and telephone consultations were available.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour.

Good



Summary of findings

- 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.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They were aligned to two local care homes and carried out regular visits to these.

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.
- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 94% of available points compared to the CCG average of 89% and the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations and extended hours appointments were available.

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 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.
- 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).

- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.

Good



Summary of findings

- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of available points, compared to the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with or above the local and national averages. There were 255 survey forms distributed and 119 were returned. This represented 1% of the practice's patient list.

- 61% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, 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 29 comment cards which were all positive about the standard of care received. They described the service as excellent and reassuring. Many cards had comments describing the staff as friendly and helpful.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received.

Dolphin House 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 Dolphin House Surgery

Dolphin House Surgery provides a range of primary medical services to the residents of Ware and the surrounding villages Wareside, Thundridge, Wadesmill and Stanstead Abbots. The practice has been at its current location of 6-7 East Street, Ware, Hertfordshire SG12 9HJ since 1982. There is a part-time branch practice at Sheffield House Surgery, 21 High Street, Stanstead Abbots, Hertfordshire, SG12 8AA. The branch practice was not inspected as part of this inspection.

The practice population is pre-dominantly White British. National data indicates the area is one of low deprivation and covers an average age range. The practice has approximately 11,200 patients with services provided under a general medical services (GMS) contract.

There are six GP partners, four male and two female and a non-clinical managing partner who run the practice. They employ one female salaried GP. The nursing team consists of one nurse practitioner, three practice nurses and two health care assistants all female. There are also a number of reception and administration staff.

The practice is a training practice and currently has one trainee GP and one post graduate trainee gaining experience in general practice.

The practice is open from 8am to 6.30pm Monday to Friday and offers extended opening hours from 7.30am on Monday, Thursday and Friday and until 8.15pm on Wednesday. The branch surgery is open from 8am to 11.30am Monday to Friday.

When the practice is closed out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

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.

How we carried out this inspection

Before inspecting, 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 inspection on 21 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager and reception and administration staff.

Detailed findings

- Spoke with patient who used the service and two members of the patient participation group (PPG).
- Observed how staff interacted with 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.

- There was a recording form available on the practice intranet system which all staff were encouraged to complete if they identified an incident. These were then passed to the practice manager.
- There was a lead GP for managing significant events.
- Significant event meetings were held monthly that were attended by the GPs, nursing staff and the practice manager where the practice carried out a thorough analysis of the significant events.
- Minutes from meetings were shared with all relevant staff and saved on the practice intranet for staff to access.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, reception staff were informed that they should always ask patients for their date of birth when making appointments to ensure the correct patient was booked in. Another incident identified that incorrect vaccines had been administered. As a result of this the practice had changed the way the vaccines were stored. We saw that the patients affected had been contacted and informed of the incident. They had received an apology and told about the actions taken to improve processes to prevent the same thing happening again.

We saw that any incidents involving other care providers were raised with the local clinical commissioning group (CCG) via a dedicated hotline.

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. Policies were accessible to all staff on the practice intranet. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The practice had identified a lead GP for safeguarding children and another for safeguarding vulnerable adults. There were also deputy leads to assist with this role. The lead GP for safeguarding children met with the health visitor every six weeks to discuss any patients of concern. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level in children's safeguarding (level 3).
- A notice in the waiting area advised patients that chaperones were available if required. The nursing staff normally carried out this role and the reception staff had been trained to chaperone if a nurse was not available. The practice had carried out a risk assessment to determine the need for staff to have 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). As reception staff performing chaperone duties were not left alone with the patients the practice had decided following the risk assessment that a DBS check was not required for this staff group. All clinical staff had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner was the infection control clinical lead. They had annual infection control updates and liaised with infection control leads at other practices within the locality to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice used a check list to carry out monthly room checks to ensure that good infection control procedures were in place. As a result of these we saw that the practice had changed all chairs to wipeable ones and introduced disposable privacy curtains. It had been identified that one of the treatment rooms was carpeted so the practice had implemented an action that all patients requiring procedures that may involve spillage of body fluids were seen in the other treatment room until the flooring was changed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, 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

Are services safe?

was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. The practice had a supply of hand written prescription pads that were no longer in use; they informed us that these would now be destroyed. All of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. One of the GPs was the prescribing lead and provided mentorship and support for the nurses to carry out this extended role. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five 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 failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 displayed in the practice which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. They had identified three members of staff as fire marshalls and tested the fire alarms weekly. 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. There were arrangements to limit the amount of staff on leave at a time and staff worked additional hours as required to cover for unplanned absences.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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 to refer to. The partners kept copies of the plan off site.

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 used treatment templates that incorporated NICE guidelines to ensure they were using the most up to date information.

The practice held weekly education and clinical meetings for the GPs, trainees and nursing staff to attend where updates were discussed. The nursing staff held a Journal Club every three months where they discussed articles they had read and any new guidance. These meetings were also used as clinical supervision, a process of professional support and learning that addresses practitioners' developmental needs in a non-judgemental way.

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. Exception reporting data was not available for this practice. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 94% of available points compared to the CCG average of 89% and the national average of 89%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% of available points, compared to the CCG average of 98% and the national average of 98%.

- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of available points, compared to the CCG average of 96% and the national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review.
- They participated in research projects carried out in conjunction with the National Institute of Health Research and had actively been involved in recruiting patients for research studies.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included an update of the treatment template used when prescribing oral contraceptives to include an assessment of the risk of deep vein thrombosis (DVT).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Copies of completed induction programmes were kept in individual staff files.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals,

Are services effective?

(for example, treatment is effective)

coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nursing staff. 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. The practice had NHS patient information leaflets available on their intranet system that they could print off for patients. 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 multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

All patients in need of antenatal care were seen by a health care assistant who generated a referral to the midwifery team. All referral letters were reviewed by a GP. Postnatal discharge letters were reviewed by a nominated GP who identified any actions or specific follow up required.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Protocols were available on the intranet system with reference to Gillick Competencies and Fraser guidelines. These guidelines help to balance children's rights and wishes with the responsibility to keep them safe from harm.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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. Members of the nursing team were trained to give smoking cessation advice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 95% and five year olds from 92% to 96%.

Flu vaccination rates for the over 65s were 73%, and at risk groups 44%. These were also comparable to national averages.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- To reduce the risk of conversations being overheard at the reception desk the telephones were answered in an office at the back of reception.
- Reception staff informed us they would use an available consulting room if patients wanted to discuss sensitive issues or appeared distressed.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent and reassuring service and staff were helpful and supportive. They said the staff were caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were very happy with the care provided by the practice and said their dignity and privacy was respected. They commented that the reception staff were very helpful.

Results from the national GP patient survey published on 7 January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses in most areas. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 85%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 85% 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

We spoke with three patients on the day of the inspection and they told us they felt involved in decision making about the care and treatment they received. They felt they could usually get an appointment with their own GP and they felt listened to. 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:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Telephone 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. For example, Asthma UK and Age UK. The practice had a number of health information leaflets on their intranet system that staff could print off and give to patients.

An alert was placed on the practice's computer system to alert GPs if a patient was also a carer. We were informed that the alert remained on the system for three years after the patient ceased to be a carer following bereavement so they still continued to receive the necessary support. The practice had identified approximately 10% of the practice list as carers. Written information was available to direct

Are services caring?

carers to Carers in Hertfordshire who provided various avenues of support. A member of the nursing team was the identified carers champion and had recently arranged a carers' coffee morning at the practice that was attended by a representative from Carers in Hertfordshire to give further information on the support available. The carers champion

had looked at ways to increase flexibility of appointment booking for carers and planned to implement a coloured card system for carers to show the receptionist to identify them.

Staff told us that if families had suffered bereavement, their usual GP contacted them if appropriate. A code was placed on the patient electronic record so they were identified when they visited the practice.

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 extended opening hours from 7.30am on Monday, Thursday and Friday mornings and until 8.15pm on Wednesdays. This was especially useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- They had identified Mondays as the busiest day and had a 'just 5' clinic. This offered quick appointments to patients with simple problems. The appointments were five minutes in length and were designed to deal with one problem.
- Patients were able to receive travel vaccinations available on the NHS. One of the practice nurses held a travel clinic on Monday mornings from 7.30am and Wednesdays from 6pm to 8pm to provide travel vaccinations only available privately. The practice was a registered Yellow Fever centre.
- The practice made best use of the building to provide disabled facilities. They had a portable ramp to use at the front entrance, if required, and consultation and treatment rooms were available on the ground floor for patients who could not climb the stairs.
- There was an access enabled toilet and baby changing facilities available.
- Telephone translation services were available.
- There was the facility for patients to make online appointment bookings and repeat prescription requests.
- The practice had an anti-coagulation clinic twice a week for patients taking anti-clotting medication to be monitored without the need to attend hospital.
- The practice was aligned to two local care homes and carried out regular visits to these. One of the homes had a number of intermediary care beds for patients to use

before and after discharge from hospital if they were not well enough to be in their own home. These patients were registered as temporary patients at the practice and a GP visited them daily.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.10am to 11am and 3.30pm to 5.40pm daily. Extended surgery hours were offered from 7.30am on Mondays, Thursdays and Fridays and until 8.45pm on Wednesdays. The branch surgery was open for appointments from 8am to 11.45am Monday to Friday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published on 7 January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 61% of patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 62% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

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

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.
- The managing partner was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the waiting areas and on the practice website. Complaints forms were available for patients to complete with the details of their complaint.

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

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to 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 clear vision to deliver high quality care and promote good outcomes for patients. They had a mission statement to deliver which was documented in their statement of purpose that could be found on the practice website. Staff knew and understood the values.

The practice were aware of the limitations of the building and had discussions with neighbouring practices to consider new premises.

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. These were easily accessible on the practice intranet system.
- A comprehensive understanding of the performance of the practice was maintained. The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards.
- There was 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 practice was led by the GP partners and the non-clinical managing partner. They prioritised 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 practice demonstrated through their significant events and complaints management that they were aware of and

complied with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and staff were encouraged to contribute to these.
- 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.

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 three to four times a year. The practice engaged the PPG in reviewing patient surveys to identify areas for improvement. The PPG informed us they submitted proposals for improvements to the practice management team. For example, the promotion of online services to reduce the amount of telephone calls into the practice.
- As a result of patient feedback the practice introduced telephone consultations which could be used for the discussion of test results and simple referrals.
- They made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
- The practice had gathered feedback from staff through staff meetings, discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was a training practice and trained GPs and post graduate doctors gaining experience in general practice.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the

area. They had had discussions with neighbouring practices to look at different ways of working. This included sharing premises and staff to accommodate the needs of the local population.