

Dr A Chafer and Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr A Chafer and Partners on 19 October 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.
- The patients we spoke with or who left comments for us were positive about the standard of care they received and about staff behaviours. They said staff were professional, helpful, attentive and thorough. They told us that their privacy and dignity was respected and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Some patients said it could be difficult to book appointments in advance. However, they were positive about access to same day and urgent appointments at the practice.
- 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 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.

The areas where the provider should make improvements are:

- Ensure that all staff are aware of who the safeguarding and infection control leads are.
- Ensure that all actions taken in relation to the monitoring and review of patients prescribed Warfarin are recorded on the practice's own patient record system.

Summary of findings

- Take steps to ensure that hot water temperatures at the practice are kept within the required levels.
 - Ensure that all staff employed are supported by receiving appropriate supervision and appraisal.
 - Ensure that the practice's documented policy on patient consent refers to the process involved in obtaining consent from both children and adults.
 - Ensure that eligible patients aged 40 to 74 years are invited to receive a NHS health check.
 - Continue to identify and support carers in its patient population.
 - Continue to take steps to ensure that in future National GP Patient Surveys the practice's areas of below local and national average performance are monitored and improved, including access to appointments.
- 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 learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. 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. However, some staff were unclear who the practice's safeguarding and infection control leads were. Also, action taken in relation to the monitoring and review of patients prescribed Warfarin (an anticoagulant medicine used to reduce the risk of blood clots forming) was not always recorded on the practice's own patient record system.
- Risks to patients were assessed and well managed. However, hot water temperatures were below required levels.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly above local and national averages. For example, performance for diabetes related indicators was above the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 90% and the national average of 90%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff. At the time of our inspection the system of appraisals for nurses and non-clinical staff was behind schedule. However, we saw evidence to show that all staff were scheduled to have an appraisal completed.

Summary of findings

- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs. However, only 16 out of 4,597 eligible patients had been invited for a NHS health check for people aged 40 to 74 years in the past year.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. However, the practice's documented consent policy only referred to the process involved in obtaining consent from children and not adults.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed that with one exception, patients rated the practice similar to local and national averages for all aspects of care. Senior staff at the practice were aware of the area of below average satisfaction score and could demonstrate they were responding to it.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 127 patients on the practice list as carers. This was approximately 1% of the practice's patient list. Of those, 105 were invited for and 30 (24%) had accepted and received a health review in the past 12 months.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Herts Valleys Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed that patients mostly rated the practice below local and national averages for access to the practice. Senior staff at the practice were aware of the areas of below average satisfaction scores and could demonstrate they were responding to it.

Summary of findings

- Some patients said getting an appointment was fairly easy and some said getting an appointment in advance and getting an appointment with a named GP could be difficult. However, they said that access to urgent and same day appointments was good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice 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.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 2,227 patients aged over 65 years. Of those 1,737 (78%) had received the flu vaccination at the practice in the 2015/2016 year.
- There were three care homes or assisted living facilities in the practice's local area. For two of these, the GPs visited as and when required to ensure continuity of care for those patients. For one of the homes for residents with increased needs there was a scheduled GP ward round once each week.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 73% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.
- Performance for diabetes related indicators was above the CCG and national average. The practice achieved 100% of the points available compared to the CCG and national average of 90%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- 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 GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to other practices in the local area for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 94% which was above the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were eight week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

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).

Good



- 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 offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to appointments to meet the needs of working age patients. There was extended opening from 7am on Tuesdays, Wednesdays and Thursdays. The practice also opened one Saturday each month from 9am to midday for GP pre-bookable appointments. There was also no lunchtime closure at the practice every day from Monday to Friday.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 41 patients on the practice's learning disability register at the time of our inspection. Of those, all were invited for and 27 (66%) had accepted and received a health review in the past 12 months.
- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- 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.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients.
- The practice had identified 127 patients on the practice list as carers. This was approximately 1% of the practice's patient list. Of those, 105 were invited for and 30 (24%) had accepted and received a health review in the past 12 months. The number of carers identified could be improved.

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).

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was slightly above the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was better than the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 95% 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.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Mental health trust well-being workers were based at the practice four days every week. Patients could self-refer to these.
- There was a GP lead for mental health and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with local and national averages with some areas of below average performance. There were 225 survey forms distributed and 108 were returned. This was a response rate of 48% and represented approximately 1% of the practice's patient list.

- 63% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 78% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 84%, national average 78%).

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards. We also spoke with eight patients during the

inspection. From this feedback we found that patients were positive about the standard of care received. Patients said they felt staff were professional, helpful, attentive and thorough and treated them with dignity and respect. They told us they felt listened to by the GPs and involved in their own care and treatment.

There was a mixed response from the patients we spoke with about access to appointments. Four patients we spoke with said getting an appointment was fairly easy and four said getting an appointment in advance could be difficult. However, those patients said access to urgent and same day appointments was good. Of the 29 patients who left comments for us, six said there could be a considerable wait to see a GP when making a pre-bookable appointment.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from January to April 2016 showed that of the 27 respondents, eight (approximately 30%) were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

Dr A Chafer and Partners

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 acting as a specialist adviser.

Background to Dr A Chafer and Partners

Dr A Chafer and Partners provides a range of primary medical services from its premises at Davenport House Surgery, Bowers Way, Harpenden, Hertfordshire, AL5 4HX.

The practice serves a population of approximately 12,430 and is a teaching and training practice. The area served is less deprived compared to England as a whole. The practice population is mostly white British. The practice serves an above average population of those aged from 0 to 14 years, 35 to 54 years and 80 years and over. There is a lower than average population of those aged from 20 to 34 years and 60 to 64 years.

The clinical team includes four male and two female GP partners, two female salaried GPs, four trainee GPs, one advanced nurse practitioner, five practice nurses and one healthcare assistant. The team is supported by a practice manager, an IT manager and 14 other managerial, secretarial, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The doors to the practice are open from 8am to 6.15pm and the phones from 8.10am to 6.30pm Monday to Friday. There is no lunchtime closure at the practice. There is extended opening from 7am on Tuesdays, Wednesdays and Thursdays. The practice also opens one Saturday each

month from 9am to midday for GP pre-bookable appointments. Appointments are available from 8am to 11.30am and 2.30pm to 6.10pm daily, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was 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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 19 October 2016. During our inspection we spoke with a range of staff including three GP partners, one advanced nurse practitioner, one practice nurse, the practice manager, the IT manager and members of the reception and administration team. We spoke with eight patients. We observed how staff interacted with patients. We reviewed 29 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

Detailed findings

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.

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records and incident reports 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, following an incident when the vaccine refrigerator alarm protocol was not adhered to, the practice took all the appropriate measures to ensure the vaccines were safe and reviewed and reinforced its process and procedure to prevent recurrence of the incident.

We also looked at how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. We saw that a process was in place to ensure all applicable staff received the alerts. With all the examples we looked at, appropriate action was taken to respond to the alerts and keep patients safe.

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:

- There were adequate arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for

further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was trained to the appropriate level. GPs were trained to an appropriate level to manage adult and child safeguarding concerns (level three). Staff demonstrated they understood their responsibilities and had received training relevant to their roles. However, some staff were unclear who the practice's safeguarding lead was.

- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had either received a Disclosure and Barring Service (DBS) check or a risk assessment was completed as to why they did not require one. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. One of the nurses was the infection control lead. There was an infection control protocol in place and an infection control audit was last completed between April and October 2016. We saw evidence that action was taken to address any improvements identified as a result. A programme of infection control training was in place and all staff had completed this. All of the staff we spoke with were knowledgeable about infection control processes relevant to their roles. However, some staff were unclear who the practice's infection control lead was.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

Are services safe?

there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- Processes were in place to ensure patients prescribed higher risk medicines were monitored and reviewed at the required intervals. The practice had a shared care agreement in place with a secondary care provider for patients receiving Warfarin (an anticoagulant medicine used to reduce the risk of blood clots forming). As part of this, the results of patients' international normalised ratio (INR) blood tests were uploaded to a shared information system ready to be viewed by GPs at the practice. We found that GPs at the practice had sight of the blood test results before prescribing Warfarin as required to the appropriate patients. However, they did so without always transferring the INR results and recording sight of the results for each patient on to the practice's own patient record system.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, 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 displayed in a staff area which identified local health and safety representatives. The practice had up to date health and safety and fire risk assessments and a fire drill was completed annually. Where risks were identified the practice responded by completing all the necessary actions and implementing the appropriate

control measures. 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 Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). As a tenant at the property, the main areas of risk identified by the assessment were the responsibility of the landlord. The practice regularly completed its own water temperature checks; however we found that most hot water temperatures were considerably below the required level.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a system in place across 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 emergency alert system on all the telephone handsets throughout the practice that alerted staff to any emergency. The consultation and treatment rooms and reception areas also contained a separate emergency alarm system.
- Most staff had received basic life support training and a programme was in place to ensure the remaining staff completed the training. Two training sessions were booked to cover all staff on 7 and 30 November 2016.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. These were checked and tested.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

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 showed the practice achieved 97% of the total number of points available. Data from 2015/2016 showed;

- Performance for diabetes related indicators was above the CCG and national averages. The practice achieved 100% of the points available with 11% exception reporting compared to the CCG average of 90% with 11% exception reporting and the national average of 90% with 12% exception reporting. (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).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 84% of the points available, with 1% exception reporting, compared to the CCG and national average of 83%, with 4% exception reporting.
- Performance for mental health related indicators was above the CCG and national averages. The practice

achieved 100% of the points available with 11% exception reporting compared to the CCG average of 95% with 9% exception reporting and the national average of 93% with 11% exception reporting.

Clinical audits demonstrated quality improvement.

- We looked at four clinical audits completed in the past year. These were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Findings were used by the practice to improve services. For example, the practice completed an audit to check their adherence to protocol when monitoring patients prescribed a medicine used to treat Attention Deficit Hyperactivity Disorder (ADHD). By analysing the results and modifying its approach to the management of these patients, the practice improved the number of patients receiving the appropriate monitoring.
- The practice participated in 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 all newly appointed staff. It covered such topics as safeguarding, health and safety, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. 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 online resources.
- 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 clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis. At the time of

Are services effective?

(for example, treatment is effective)

our inspection the system of appraisals for nursing and non-clinical staff was behind schedule. However, we saw evidence to show that all staff were scheduled to have an appraisal completed.

- Staff received training that included: safeguarding, infection control, fire safety awareness and health and safety. Most of the training was provided by the use of an e-learning facility or in-house on a face-to-face basis.

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 shared information systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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, when they were referred, or after they were discharged from hospital. We saw evidence that various multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on both a monthly and bimonthly basis. These patients' care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act (2005).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available. However, the practice's documented consent policy only referred to the process involved in obtaining consent from children and not adults.

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 smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice from the healthcare assistant. A dietician was based at the practice once each month and the practice referred patients to this service for weight management advice.

The practice's uptake for the cervical screening programme in the 2015/2016 year was 94%, which was above the CCG and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a consequence of abnormal results.

Bowel and breast cancer screening rates were above local and national averages. Data published in March 2015 showed that:

- 68% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 57% and the national average of 58%.
- 80% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%.

These were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% and five year olds from 96% to 98%. The CCG averages were 94% to 97% and 92% to 96% respectively.

Are services effective?

(for example, treatment is effective)

The practice participated in targeted vaccination programmes. This included the flu vaccination for children, people with long-term conditions and those aged over 65 years. The practice had 2,227 patients aged over 65 years. Of those 1,737 (78%) had received the flu vaccination at the practice in the 2015/2016 year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. However, only 16 out of 4,597 eligible patients had been invited for a NHS health check for people aged 40 to 74 years in the past year. We spoke

with senior staff about the practice's below average performance in offering these health checks. They told us they were aware of their performance in this area and were currently costing a new healthcare assistant role to complete the work.

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was slightly above the CCG average of 85% and national average of 84%.
- 73% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The 29 patient Care Quality Commission comment cards we received were positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a good service and staff were professional, helpful, attentive and thorough and treated them with dignity and respect.

Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed most patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 88%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 78% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

We discussed the below CCG and national average satisfaction score with senior staff during our inspection. They were aware of the practice's below average satisfaction score for helpful receptionists. We were told the practice had created a new deputy reception manager role to strengthen management and support in this area. Also, a schedule of in-house and external training around areas such as customer service and support was planned.

Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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 published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting areas informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 127 patients on the practice list as carers. This was approximately 1% of the practice's patient list. Of those, 105 were invited for and 30 (24%) had accepted and received a health review in the

Are services caring?

past 12 months. We spoke with senior staff about the low rate of identifying carers at the practice. They told us that in the past year, all staff had completed training on how to best identify carers in the patient population. They felt lack of staff awareness had been part of the issue. They also told us there would be a focus on identifying carers in the upcoming flu vaccination season.

A dedicated carers' notice board in one of the waiting areas provided information and advice including signposting carers to support services. Information was also available online (through the practice website) to direct carers to the

various avenues of support available to them. A member of non-clinical staff was the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The GPs phoned bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

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 Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is a NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 193 patients (2% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability.
- There were 41 patients on the practice's learning disability register at the time of our inspection. Of those, all were invited for and 27 (66%) had accepted and received a health review in the past 12 months.
- Home visits were available for older patients and patients who would benefit from these.
- There were three care homes or assisted living facilities in the practice's local area. For two of these, the GPs visited as and when required to ensure continuity of care for those patients. For one of the homes for residents with increased needs there was a scheduled GP ward round once each week.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible toilet facilities for all patients, hearing loops were provided and translation services including British Sign Language (BSL) were available.

- There was step free access to the main entrance. The waiting areas were accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. A working lift was provided to the first floor.
- There were eight week post-natal checks for mothers and their children.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- Counselling services were available for patients with mental health issues and there was a GP lead for those patients. Mental health trust well-being workers were based at the practice four days every week. Patients could self-refer to these.
- A community navigator (a source of advice and practical support relating to health and social well-being) was based at the practice once every six weeks.

Access to the service

The doors to the practice were open from 8am to 6.15pm and the phones from 8.10am to 6.30pm Monday to Friday. There was no lunchtime closure at the practice. There was extended opening from 7am on Tuesdays, Wednesdays and Thursdays. The practice also opened one Saturday each month from 9am to midday for GP pre-bookable appointments. Appointments were available from 8am to 11.30am and 2.30pm to 6.10pm daily, with slight variations depending on the doctor and the nature of the appointment. GP pre-bookable appointments could be booked up to two weeks in advance for appointments in normal surgery hours and up to six weeks in advance for appointments available during extended hours (known as commuter clinics). Urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was mostly below local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 63% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 53% of patients said they always or almost always saw or spoke to the GP they preferred (CCG average 62%, national average 59%).

Are services responsive to people's needs?

(for example, to feedback?)

There was a mixed response from the patients we spoke with about access to the practice and appointments. Four patients we spoke with said getting an appointment was fairly easy and four said getting an appointment in advance could be difficult. However, those patients said access to urgent and same day appointments was good. Of the 29 patients who left comments for us, six said there could be a considerable wait to see a GP when making a pre-bookable appointment.

We discussed the below CCG and national average satisfaction scores with senior staff during our inspection. They were aware of the practice's below average satisfaction scores for patients being able to see or speak with the GP they preferred and getting through easily to the practice by phone. The staff we spoke with said that the survey was completed during a period of upheaval for the practice as some GPs retired or relocated in quick succession. They said the practice staffing levels had since recovered and they hoped this would be reflected in the next patient survey. They told us that in order to improve phone access at peak times an additional receptionist was being recruited and the closing date for applications was imminent.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There were two designated responsible people who handled all complaints in the practice. These were the practice manager and one of the GP partners.
- We saw that information was available to help patients understand the complaints system. The practice's complaints procedure was detailed on its website and was also available from reception.

We looked at the details of 21 complaints received since April 2016. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following a complaint about a breach of patient confidentiality, the practice reviewed and modified its process for sending out confidential patient information.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose detailing its aims and objectives. These included providing good care, treating and referring patients appropriately and respecting the dignity, privacy and independence of patients.
- The weekly practice meeting attended by the GP partners and the practice manager and a weekly information sharing meeting between the senior GP partner and the practice manager were used to monitor the strategic direction of the practice throughout the year. The main areas of strategic focus of the practice in the past year were stabilising the workforce after a period of considerable change and tackling areas of negative feedback from patients. We found the practice had made progress in both areas.

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. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was an understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They prioritised 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. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The provider had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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 safety incidents:

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

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

- There was a regular schedule of meetings at the practice for multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with respiratory conditions, diabetes, learning disabilities, mental health issues and dementia. The leads showed a good understanding of their roles and responsibilities. However, some staff were unclear who the practice's safeguarding and infection control leads were.

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

Are services well-led?

Good 

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

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

The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. A priority area for the PPG was the provision of health education to patients. The PPG coordinated quarterly education awareness meetings including those in 2016 on maximising sight (looking after your vision) and emergency medicines.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from January to April 2016 showed that of the 27 respondents, eight were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment. From our conversations with senior staff, we were aware these results reflected a negative mood amongst patients during a period of upheaval for the practice with the loss of a number of key members of staff in quick succession. During our inspection we found evidence to show there had been considerable improvement in staffing levels and the practice was engaged in trying to improve the patient experience and feedback.

The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a GP and nurse training practice and maintained high standards for supporting its trainees. Three of the GPs were qualified GP trainers and two of the nurses were nurse trainers and mentors.

The practice team was forward thinking and had encouraged the establishment of a comprehensive Patient Participation Group (PPG). With approximately 1,500 members, the practice's PPG was governed by its own patient led committee and Annual General Meeting (AGM). The PPG produced their own newsletter which was part funded by the practice. A small room known as 'the pod' near the ground floor reception area contained a blood pressure machine for patients to use funded by the PPG. A television screen used to deliver patient information in the first floor waiting area was also funded by the PPG. Members of the PPG were invited to and attended the practice meeting several times each year and selected members had been included on the interview panels for new GP partners.