

# Highview Medical Centre

## Quality Report

The Elms  
High Street  
Potters Bar  
Hertfordshire  
EN6 5DA

Tel: 01707871980

Website: [www.highviewsurgery.co.uk](http://www.highviewsurgery.co.uk)

Date of inspection visit: 21 December 2016

Date of publication: 30/03/2017

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Highview Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highview Medical Centre on 21 December 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. However the system for assessing and confirming the immunisation status of staff that had immediate contact with patients needed strengthening.
- Staff assessed needs and delivered care in line with current evidence based guidance. However a summary of the care plan following such assessments was not given to patients with dementia, mental health needs or Learning disability.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an appraisal within the last 12 months.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had systems to support carers.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a 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.

# Summary of findings

The areas where the provider should make improvement are:

- Ensure continued oversight and completion of vaccinations for clinical staff.
- Develop a system to document meetings with the health visitor.
- Consider giving a copy of the care plan to patients with dementia, mental health needs and learning disabilities.
- Continue to monitor and encourage attendance to the breast and bowel cancer screening programmes.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was 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 things went wrong patients received support, information, and a 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. However the system for assessing and confirming the immunisation status of staff that had immediate contact with patients needed strengthening.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the preceding 12 months (01/04/2015 to 31/03/2016) showed good control was 83% compared to the CCG average of 77% and the national average of 78%.
- Staff assessed needs and delivered care in line with current evidence based guidance. However a summary of the care plan following such assessments was not given to patients with dementia, mental health needs and learning disabilities.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients showed patients felt they were treated with compassion, dignity and respect. For example 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- Patients said 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with NHS England and NHS Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice in conjunction with the CCG and neighbouring practices was working towards establishing a 'Hub' to provide on the day urgent appointments.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Patient satisfaction for telephone access to appointments was lower than local CCG and national averages. For example 69% of patients said they could get through easily to the practice by phone compared to CCG average of 78% and the national average of 73%.
- 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 as appropriate.

Good



## Are services well-led?

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

- The practice had aims and plans to deliver high quality care and promote good outcomes for patients. Staff were knowledgeable about the aims and plans and their responsibilities in relation to it.

Good



# Summary of findings

- There was a 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 a governance framework which supported the delivery of 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.
- All patients over 75 had a named accountable GP.
- All these patients were offered an over 75s health check.
- The practice had identified those patients at risk of an unplanned hospital admission and had put in place the necessary assessments care plans and services to help them avoid unnecessary hospital admission (with the involvement of multiple agencies such as the community services, Home First which helps people stay well and independent, the Community Navigator which aids patients living at home with additional social support and the multi specialist team which arranges specialist services such as physiotherapy, occupational therapy).
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included morning home visits with GP and the nurse prescriber offering minor illness, nursing and chronic disease management.
- The practice supported three local care homes and had a programme of regular visits to provide care for the residents which ranged from twice weekly for the larger homes and weekly for the smaller home.
- There was a domiciliary phlebotomy service for housebound patients.

Good



### People with long term conditions

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

- Nursing staff supported by GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- Performance for diabetes related indicators were above the CCG and national averages. For example, the percentage of

Good



# Summary of findings

patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2015 to 31/03/2016), was 86%, compared to the CCG average of 77% and the national average of 78%.

- 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 more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## 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.
- 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 82%, which was comparable to the CCG average of 82% and the national average of 81%. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a variety of health promotion information leaflets and resources for this population group.
- The practice offered referrals to family planning and related screening such as chlamydia screening.

Good



## 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.

Good





# Summary of findings

- 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.
- This population were given priority appointments focused on early mornings and late afternoons, this supported patients who were unable to attend the practice during normal hours.
- The practice was open every other Saturday from 8.30am until 11am.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- The practice held regular health visitor liaison and multi-disciplinary team meetings to discuss the care needs of specific patients.
- The practice held regular review meetings involving district nurses, GP's and the local palliative care nurses for people that require end of life care and those on the palliative care register.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 151 patients as carers (approximately 2% of the practice list). The practice had identified a carer's champion who provided information including a carer's pack and directed carers to the various avenues of support available to them. The practice offered carers health checks and flu vaccinations.

Good



# Summary of findings

- The practice provided care to a local travelling community, taking account of their specific needs in a sensitive facilitative way that encouraged them to seek medical advice as much as was necessary.

## **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).

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice offered annual reviews to all patients on the mental health register which included physical checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations including the community drugs and alcohol team.
- Patients could access the local Wellbeing Team provided by the local community mental health trust at the practice.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. There were 284 survey forms distributed and 120 had been returned. This represented 42% return rate (1% of the practice's patient list). The results showed:

- 69% of patients found it easy to get through to this practice by phone compared with the CCG average of 78% and a national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 79% and a national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared with the CCG average of 89% and a national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 85% and a national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 16 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients felt the relationship with the practice staff both clinical and non clinical was very engaging and had felt well supported when they had received care and advice. Comments also referred to the caring manner of the GPs and other clinical staff especially when emotional support was needed. Two comment cards noted the extended wait to see the GP when attending their appointment.

We spoke with 9 patients, including a member of the PPG. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patient comments also noted that staff had responded sympathetically, had given them enough time and were respected and listened to by GPs.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure continued oversight and completion of vaccinations for clinical staff.
- Develop a system to document meetings with the health visitor.
- Consider giving a copy of the care plan to patients with dementia, mental health needs and learning disabilities.
- Continue to monitor and encourage attendance to the breast and bowel cancer screening programmes.

# Highview Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Highview Medical Centre

Highview Medical Centre situated at the Elms, High Street, Potters Bar, Hertfordshire is a GP practice which provides primary medical care for approximately 9,200 patients living in Potters Bar and the surrounding areas.

Highview Medical Centre provides primary care services to local communities under a General Medical Services (GMS) Contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian Afro Caribbean and Eastern European origin.

The practice has four GPs partners (two female and two male) and four salaried GPs (three female and one male). There is a nurse prescriber and two practice nurses. The nursing team is supported by a health care assistant. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice provides training to doctors studying to become GPs (GP Registrars). At the time of the inspection there were two GP registrars at the practice.

The practice operates out of a purpose built building which it shares with another GP Practice. There is a car park outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6pm. On Saturday the practice is open from 6.30pm and 8pm. The practice is open between 8.30am and 1am on two Saturdays per month. There are a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided by Herts Urgent Care via the 111 service.

## 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 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 21 December 2016.

During our inspection we:

# Detailed findings

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being assisted.
- 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.

- The staff we spoke knew the reporting process used at the practice and there was a recording form available. Staff would inform the practice manager or a GP of any incidents. 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 support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. There was a consistent approach to investigations.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, following an investigation the practice had strengthened their process for avoiding needle stick injuries during clinical procedures and had ensured staff were refreshed with the policy and took the required precautions.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We reviewed a safety alert related to a medicine used to treat overactive bladder and found the practice had acted on the recommendation to be aware of a contradiction in prescribing this medicine to patients with severe uncontrolled hypertension (high blood pressure).

### 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. A designated GP was the lead for safeguarding. The GPs provided reports, attended safeguarding meetings and shared information with other agencies where necessary. There were regular meetings with the health visitor to discuss patients who were on child protection plans. The outcomes of discussions about specific patients were recorded in their electronic records. However the practice did not maintain a formal record of these meetings. The electronic patient record had a marker to alert staff to a child that was on a child protection plan, a similar system was in place to alert staff to those who were stepped down to a child in need plan. Staff demonstrated they understood their responsibilities. For example we saw that staff had referred a concern about an older couple who lived in the community. Subsequently we saw that the practice had worked with the local authority and the community mental health services to agree a plan for their safety and wellbeing. Staff had received the appropriate level of safeguarding training for their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Hand wash facilities, including soap dispensers were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention team 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 undertook annual infection control audits. We saw action had been taken following such audits.

## Are services safe?

- The practice had undertaken an audit of the immunisation status of staff that had immediate contact with patients and confirmed that the immunisation against Hepatitis B was up-to-date. The practice was updating applicable staff records with details of other immunisations (measles, mumps, chickenpox and rubella) with a target date of March 2017 to complete this work.
- 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. There was a system for medication reviews which was carried out either six monthly or annually depending on review needs. The practice carried out regular medicines audits, with the support of NHS Herts Valleys CCG medicines management team to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, following an audit of the repeat prescribing process the practice had worked with the CCG and implemented electronic prescribing thereby working in line with the CCG repeat prescribing criterion.
- We reviewed the system in place to assess and manage risks to patients on high risk medicines. The practice operated a system which ensured patients were monitored to ensure they had the necessary checks including any blood tests to keep them safe.
- Blank prescription forms and pads were securely stored and 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 health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- 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.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety.
- There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a rota system in place for the different staffing groups to ensure enough staff were on duty. Practice staff covered for each other during times of annual leave.

### 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 and panic buttons in all the consultation and treatment rooms and at reception 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.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Key points of the guidance and changes in practice were discussed during regular clinical meetings at least every two months. For example we saw that the practice had discussed the latest guidelines related to a medicine used in combination with a medicine to treat diabetes so all clinicians were aware of the local guidance in relation to the use of this medicine.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice had reviewed the use of a medicine prescribed to treat an overactive bladder to ensure it met good practice guidelines.
- Clinical staff told us that they used the templates on the electronic system to assist with the assessment and monitoring of patients with long term conditions such as diabetes, COPD (chronic obstructive pulmonary disease), dementia mental health and learning disability. We saw that a summary of the care plan following such assessments was given to the patient except for patients with dementia, mental health needs and learning disabilities. The practice actively monitored pre diabetic patients and had a system identify such patients and provide them with diet and lifestyle advice.

### 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 100% of the total number of points available.

Data from 2015/2016 showed QOF targets to be similar to local and national averages:

Performance for diabetes related indicators were above the Herts Valleys Clinical Commissioning Group (CCG) and national averages. For example:

- For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2015 to 31/03/2016), was 86%, compared to the CCG average of 77% and thenational average of 78%. Exception reporting for this indicator was 15% compared to a CCG average of 12% and the national average of 13%. (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 practice had recently introduced a system to identify pre diabetics who were sent an invitation to meet their GP to discuss their status and possible lifestyle changes including appropriate utilisation of exercise and weight loss programmes. All new diabetics had a personalised care plan with agreed goals which were reviewed at six months.

Performance for mental health related indicators was comparable to the national average.

- For example, the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 98% where the CCG average was 92% and the national average was 89%. Exception reporting for this indicator was 18% compared to a CCG average of 10% and national average of 13%.

We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making including prompting patients to attend for the relevant monitoring and checks.

There was evidence of quality improvement including clinical audit.

- We looked at 17 clinical audits undertaken in the past two years; seven of these were completed audits where



# Are services effective?

## (for example, treatment is effective)

the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example a re audit of patients prescribed antibiotics (cephalosporins and quinolones) had shown 100% adherence to the local prescribing guidelines compared to the initial audit adherence rate of 75%.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes, COPD (chronic obstructive pulmonary disease) asthma and complex ear care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They had access to and made use of e-learning training modules and in-house training as well as educational meetings which occurred twice monthly.

- The GP registrar (a doctor studying to become a GP) was supported well by the two GP trainers, other clinical staff and by the whole practice team. They were given time to debrief after each of their consultation session to consolidate their learning and were encouraged to seek help from any of the partners to broaden their experience of patient care.

### 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 shared relevant information with other services in a timely way, for example when referring patients with palliative care needs to other services including with the out of hours service and community nursing services.
- There was a process to communicate with the district nurse and health visitor. The pathology service were able to share patient clinical information and results electronically. There was a system to review patients that had accessed the NHS 111 service overnight and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending Herts Urgent Care.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

- This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. This included close working relationships with the Community Matron, the Rapid Response team (to reduce hospital admissions and to support the provision of appropriate care in patient's own home),

# Are services effective?

## (for example, treatment is effective)

the multi specialist team (a team that arranges specialist services such as physiotherapy, occupational therapy) and the Community Navigator (a scheme to aid patients living at home with additional social support).

- The practice had identified those patients at risk of an unplanned hospital admission and had put in place the necessary assessments and care plans (with the involvement of multiple agencies) to help them avoid unnecessary hospital admission.

### 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.
- 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.
- Signed consent forms were used for minor surgery and scanned into the electronic patient record.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition, those patients with mental health problems and patients with learning difficulties. Patients were offered regular health reviews and signposted to relevant support services including lifestyle advice and engagement with weight loss (slimming world/weight watchers) and exercise programmes.
- There was an in house health and active advisor who provided motivational engagement with exercise for inactive patients.
- We saw a variety of health promotion information leaflets and resources both in the practice and on their website. For example, on smoking cessation sexual

health and immunisations. The in-house dedicated smoking cessation advice service had a quit rate of 62% (benchmarked in January 2015) which was the highest in the locality.

- The practice provided a variety of health promotion information leaflets and resources for children and young people for example the provision of chlamydia testing. The practice was a high achiever in chlamydia screening for the locality during 2015-16.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The latest results showed:

- 51% of patients attended for bowel screening within six months of invitation compared to the CCG average of 54% and the national average of 56%.
- 60% attended for breast screening within six months of invitation which was below the CCG average of 73% and the national average of 74%.

The practice was aware of the lower uptake for breast screening and was taking action including reminding patients opportunistically when attending for GP appointments and through posters displayed in the waiting room.

Childhood immunisation rates for vaccinations given were comparable to national averages. The practice achieved the 90% national target in all four indicators for childhood immunisations given to under two year olds.

For five year olds, the practice achieved 94% vaccination rate (national averages ranged between 88% and 94%) for MMR vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

## Are services effective? (for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 16 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients felt the relationship with the practice staff both clinical and non clinical was very engaging and had felt well supported when they had received care and advice. Comments also referred to the caring manner of the GPs and other clinical staff especially when emotional support was needed. Two comment cards noted the extended wait to see the GP when attending their appointment.

We spoke with a member of the patient participation group (PPG) and four other patient representatives. Prior to the inspection the chair of the PPG had corresponded with the CQC by email. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment noted that staff were approachable and responded compassionately when they needed help and support.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from 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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

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

## Are services caring?

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 151 patients as carers (2% of the practice list). The practice had identified a carer's champion who provided information and directed carers to the various avenues of support available to them. This included referral to Carers in Hertfordshire which supported people in their caring role. In conjunction with the other GP practice on the premises the practice held a

carers coffee morning every other month at a nearby location. Carers were offered an annual health check and flexible appointments. The practice achieved the gold standard in the carers' component of the Primary Care Local Incentive Scheme through which the CCG recognised the support provided by the practice to carers. The practice was a previous recipient in 2010 of the Caring About Carers award made by Carers UK, Carers Trust and the Royal College of General Practitioners which recognised the work of GP practices in supporting unpaid carers across the UK.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with NHS England and NHS Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice in conjunction with the CCG and neighbouring practices was working towards establishing a 'Hub' to provide on the day urgent appointments.

- The practice was open every other Saturday from 8.30am until 11am.
- The practice provided telephone consultations at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included morning home visits with GP and the nurse prescriber offering minor illness, nursing and chronic disease management.
- The practice supported three local care homes and had a programme of regular visits to provide care for the residents which ranged from twice weekly for the larger homes and weekly for the smaller home.
- Patients over 75 had a named accountable GP and were offered the over 75 health check by a dedicated nurse.
- The practice had identified those patients at risk of an unplanned hospital admission and had put in place the necessary assessments and care plans (with the involvement of multiple agencies) to help them avoid unnecessary hospital admission.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- The practice made use of winter pressures funding from the CCG to improve access to a GP during the winter months and to discourage A&E attendance.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- The practice offered referrals to family planning and related screening such as chlamydia screening.
- Onsite phlebotomy service and a domiciliary phlebotomy service for the housebound were available.
- Patients could access the local Wellbeing Team provided by the local community mental health trust at the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities a quiet room for breast feeding and translation services available. There was a hearing loop available.
- Online services were available for booking appointments and request repeat prescriptions.
- Through the Electronic Prescribing System (EPS) patients could order repeat medications online and collect the medicines from a pharmacy near their workplace or any other convenient location.

### Access to the service

The practice was open Monday to Friday from 8am to 6pm. On alternate Saturday mornings the practice was open between 8.30am and 11am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to CCG average of 78% and the national average of 73%.

The practice routinely reviewed their patient survey results and had a programme of continuous improvements to respond to the findings. For example following the latest patient survey results the practice had increased the number of appointments available each day including those available on line, installed additional phone lines, increased receptionist staff availability during peak times so phone calls could be answered quickly and made

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

information about the appointment system available on the practice newsletter and website. The practice had plans to review the outcomes of the improvements introduced in 2017.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would speak to a GP. Home visit requests were assessed and managed by a GP.

## **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 patient services administrator was the responsible person who handled all complaints in the practice.
- We saw there was a poster in the waiting area that informed patients of the complaints procedure together with a complaints information leaflet which outlined the complaints procedure. There was also information on the practice website.

There were 23 complaints documented in the last 12 months. We looked at four complaints received in this period and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action had been taken as a result to improve the quality of care. For example the practice had improved the way it recorded clinical risks on patients' electronic records following the investigation of a complaint.



# 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 purpose to provide high quality, safe, professional health care services to in a clean, suitably equipped and safe environment by working in partnership with patients their families and carers, involving them in decision making about treatment and care.

- The practice held regular management meetings to monitor, plan and manage services.
- The practice had a positive learning culture which encouraged continuous improvements and competent clinical governance.
- The staff support structure ensured teamwork competency and motivation and encouraged all staff to have the right skills and training to carry out their duties competently.
- The practice had identified existing objectives and possible future developments through a two year forward plan.

### Governance arrangements

The practice had a governance framework which supported the delivery of its objectives and future developments. 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 electronically on their desktops.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the system for assessing and confirming the immunisation status of staff that had immediate contact with patients needed strengthening.

### Leadership and culture

The practice prioritised safe, high quality and compassionate care. Staff told us the GPs and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when there were unexpected safety incidents:

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

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

- The practice had good engagement of all staff group through a meaningful and useful meeting and communication structure.
- There was a regular schedule of practice meetings in addition to those for individual staff groups and multi-disciplinary teams 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.
- There were staff social events arranged throughout the year such as annual away days, learning afternoons and Christmas meal.
- We noted the practice had a system to support staff with performance issues and had established standards of work for a particular staff group to facilitate acceptable work standards.
- 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



# Are services well-led?

Good 

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

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. For example there were nominated GP leads for safeguarding, medicine management, clinical governance, and palliative care. There were also nurse led clinics for patients with respiratory conditions such as asthma and COPD, immunisations and cervical cytology. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke with a member of the patient participation group (PPG) and four other patient representatives. For example they had developed a practice newsletter, contributed to improving the appointment system including telephone access to the practice, updated and re-designed the practice booklet, and helped with the redesign of the practice website including the creation of a photo board of the GPs that worked at the practice. They told us the GPs and the practice manager were always receptive to suggestions made by the PPG and worked collaboratively with them.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.
- The friends and family test (FFT) through which patients who use NHS services give feedback on their experience showed that out of the 206 responses (114 responses were paper based while 92 were electronic) received in the past year, 97% said they were likely or extremely likely to recommend the practice to their friends and family.

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice in conjunction with the CCG and neighbouring practices was working towards establishing a 'Hub' to provide on the day urgent appointments.
- The practice provided annual checks on dependent housebound patients aged over 75, with a comprehensive health assessment and discussion of their health needs and associated care.
- The practice provided care to a local travelling community, taking account of their specific needs in a sensitive facilitative way that encouraged them to seek medical advice as much as is necessary.
- The practice actively advertised the local food bank so vulnerable people could make contact with this service.