The Amwell Street Surgery

Quality Report

19 Amwell Street
Hoddesdon, Hertfordshire
EN11 8TS
Tel: 01992 464147
Website: http://www.amwellsurgery.co.uk/

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Amwell Street Surgery on 28 June 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. 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 good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice provided 'Just in Case' boxes in the homes of patients receiving palliative care to avoid distress

Summary of findings

caused by poor access to medications in the period the practice was closed, by anticipating the patient's symptom control needs and enabling the availability of key medications.

The areas where the provider should make improvement are:

- Continue to ensure appropriate precautions are in place to minimise conversations being overheard when the treatment room is temporarily divided into a nurse consultation area and a treatment area.
- Ensure actions are taken to mitigate risks identified following risk assessments, for example fire risk assessments.
- Continue to develop the Patient Participation Group.

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?

Good

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 reasonable support, explanation, 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.
- Although actions were identified and not completed in a timely manner following fire safety risk assessment undertaken, risks to patients were assessed and generally well managed.
- The practice maintained appropriate standards of cleanliness and hygiene.
- There was a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

Good

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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice was engaged with the CCG in building collaborative locality health hubs to bring collective improvements for local health care.
- 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 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?

Good

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

- The practice had a vision to provide the best of modern medicine with good old fashioned care. Staff were clear about the vision and their responsibilities in relation to it.
- 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 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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.
- Patients aged 75 years and older had a named GP.
- All these patients were offered the over 75 health check and there was a dedicated member of staff who visited housebound patients to offer these checks.
- The practice had identified older patients at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with local partners such as the community matron and the rapid response & intermediate care services to coordinate their care (The rapid response & intermediate care services are community based services which combined health, social and mental health services and aimed to reduce hospital admissions by providing appropriate timely care in patient's own home).
- The practice operated an acute home visiting service that provided urgent medical response during the time the practice was open for urgent new conditions which ensured continuity of care as well as avoiding hospital admissions.
- The GPs routinely visited the local care home once each week to ensure continuity of care for patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Clinical staff trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Performance for diabetes related indicators were above the national average. 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 (01/04/2014 to 31/03/2015), was 81%, compared to the CCG average of 76% and the national average of 78%.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs or at high risk of hospital admission, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

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 comparable to CCG and national averages 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 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice worked collaboratively with various support agencies such as Habs Family Support team, children's centres and school nurses to help improve the lives of families living within Hoddesdon.
- The practice worked with the local healthy lifestyle liaison workers to support those children and families identified as obese to maintain a healthy weight and adopt healthier lifestyles.
- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.
- The practice provided a variety of health promotion information leaflets and resources for this population group for example the discreet provision of chlamydia testing kits.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered health checks, travel advice, cervical screening, and contraceptive services for this population group.
- The practice provided telephone consultations when appropriate.
- 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

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- There was a diabetic review service for the housebound patient.
- There was a domiciliary service for the housebound patient.
- 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.

Summary of findings

- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 252 patients as carers (2% of the total practice list).
- The practice provided 'Just in Case' boxes in the homes of patients receiving palliative care to ensure support and access to medications in the period the practice was closed.

People experiencing poor mental health (including people with dementia)

Good

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

- 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.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was similar to the national average.
- Patients attending the hospital memory clinic with a diagnosis of dementia and who were stabilised on their medication were managed by the practice avoiding frequent visits to the hospital clinic.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including to direct access counselling and cognitive behavioural therapy through the wellbeing service provided by the local mental health trust.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 274 survey forms were distributed and 101 were returned. This represented 37% return rate (1% of the practice's patient list).

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they felt the practice offered an excellent service and staff were compassionate professional caring and had treated them with dignity and respect.

We spoke with four patients during the inspection. The patients we spoke with told us they felt involved in decision making about the care and treatment they received. They said clinical staff had listened to them and had discussed any concerns and ways to overcome these including by offering choice of treatments.

Areas for improvement

Action the service SHOULD take to improve

- Continue to ensure appropriate precautions are in place to minimise conversations being overheard when the treatment room is temporarily divided into a nurse consultation area and a treatment area.
- Ensure actions are taken to mitigate risks identified following risk assessments, for example fire risk assessments.
- Continue to develop the Patient Participation Group.

Outstanding practice

We saw one area of outstanding practice:

The practice provided 'Just in Case' boxes in the homes of patients receiving palliative care to avoid distress caused by poor access to medications in the period the practice was closed, by anticipating the patient's symptom control needs and enabling the availability of key medications.

The Amwell Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Amwell Street Surgery

Amwell Street Surgery situated in Hoddesdon Hertfordshire, is a GP practice which provides primary medical care for approximately 12,100 patients living in Hoddeston and surrounding areas. The practice population spans the counties of Hertfordshire and some parts of Essex.

The Amwell Street Surgery provide 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 provides training to doctors studying to become GPs. The practice population is predominantly white British along with a small ethnic population of Eastern European Asian and Italian origin.

The practice has five GPs partners and two salaried GP (four female and three male). There are two practice nurses and two health care assistant who are supported by a nurse manager. 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 Amwell Street Surgery operates from single storey premises. Patient consultations and treatments take place on the ground floor. There is free car parking outside the surgery with adequate disabled parking available. We were advised that the practice intended to move to a larger purpose built premises in the near future.

The practice is open Monday to Friday from 8am to 6.30pm. Appointments are available from 8.30am till 6pm Monday to Friday. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

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 on 28 June 2016.

During our inspection we:

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

Detailed findings

- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform a GP or the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording 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, 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, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, on discovery of a summarising error regarding a patient's medication the practice had taken action to ensure the patient's identity was checked in order to ensure the summarised notes were filed in the correct patient's notes to prevent a reoccurrence.

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. There was information on what to do if there were safeguarding concerns in clinical and other consultation rooms. A designated GP supported by a dedicated administrative staff was the lead for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. There were monthly meetings with the Health Visitor to discuss patients who were on the child protection register. For example we saw that a GP had discussed safeguarding arrangements concerning a young child where abuse was suspected. The Health Visitor was available on the telephone to discuss on going safeguarding issues. Staff demonstrated they understood their responsibilities.For example we saw that practice staff had referred a concern to the local authority about the safety of an older person living alone in the community and followed through the community mental health team and the community matron. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in each clinical room advised patients that chaperones were available if required. Reception staff acted as chaperones and were trained for the role and had received a risk assessment for the need of 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 practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, 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 NHS East and North Hertfordshire Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example the practice had reviewed medicines that are prescribed to prevent the loss of bone mass, such as in a condition called osteoporosis and made changes to ensure such prescriptions were in accordance with CCG guidelines. Blank prescription forms and pads were securely stored and systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- 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.
- 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

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. The practice had up to date fire risk assessments and carried out regular fire drills. We noted that some actions from a fire risk assessment had not been completed. The practice after our inspection confirmed that these were now complete. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for 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 in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available with adult pads and oxygen with adult and child masks. The practice after our inspection confirmed that they now stocked child pads for the defibrillator.
- 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.

Good

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. For example we saw that the practice had considered the implications of the changes to the cancer care guidelines and had discussed these during a clinical meeting so all clinical staff were made aware.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were above the national average. 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 (01/04/2014 to 31/03/2015), was 81%, compared to the CCG average of 76% and the national average of 78%. Exception reporting for this indicator was 7% compared to a CCG average of 9% and national average of 12%. (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).
- 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 (01/04/2014 to 31/03/2015) was 94% where the CCG average was 92% and the national average was 88%. Exception reporting for this indicator was 6% compared to a CCG and national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last 12 months. The practice told us that there were plans to re audit some of these later in the year to check improvements made were being maintained.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example antibiotic prescribing.
- Findings were used by the practice to improve services. For example, following an audit of patients prescribed a form of oral medication to control their diabetes the practice had introduced a recall system so all such patients were appropriately monitored while taking this medication.

Effective staffing

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

- The practice had a generic induction programme for all newly appointed staff which was complemented by role specific induction. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. The practice provided training to doctors studying to become GPs and we saw that the practice had made adequate arrangements to support these doctors in training.

- Staff had received an appraisal in the last 12 months and staff we spoke with confirmed appraisals afforded them with an opportunity to review their performance and identify training needs. We saw evidence of learning outcomes which had been identified and addressed. We saw that the practice operated an internal and external appraisal system for their salaried GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and communication with the district nurse health visitor and the community matron. 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. A duty doctor reviewed these attendances and followed them up accordingly.

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 ongoing 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 primary health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs and those that needed end of life care.

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.
- The practice gained verbal consent for the insertion of an intrauterine device (IUD or coil) which is a small contraceptive device, inserted into the uterus. We saw that appropriate information about the device was given to the patient prior to the insertion and this discussion and consent was recorded in the patient's records.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. For example:
- 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 provided in house by a health care assistant. In addition the practice provided a variety of other advice and assessments such as with weight control, any help needed with the activities of daily living of an older person as well as spirometry for patients with respiratory conditions. The practice also offered shingles and flu vaccinations.
- The practice provided a diabetic clinic including initiating insulin for new diabetics.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG

Good

Are services effective?

(for example, treatment is effective)

average of 83% and the national average of 82%. 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.

  Results showed:

  - 63% of patients attended for bowel screening within six months of invitation compared to national average of 55%.
  - 72% attended for breast screening within six months of invitation which was lower than the national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 95% to 99%.

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

Good

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. However, we noted that the treatment room could be temporarily divided into a nurse consultation area and a treatment area. This had the potential for conversations to be overheard if both areas of the room were in use. The practice manager told us that appropriate precautions were taken to minimise conversations being 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 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they felt the practice offered an excellent service and staff were compassionate professional caring and had treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%

Care planning and involvement in decisions about care and treatment

The patients we spoke with told us they felt involved in decision making about the care and treatment they received. They said clinical staff had listened to them and had discussed any concerns and ways to overcome these including by offering choice of treatments.

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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 100% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and 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. The practice ensured extra time was allocated for consultations if the need for translations services were known in advance.

Good

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 252 patients as carers (2% of the practice list). Of those 81 had responded to an invitation for flu vaccination and received it. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. Depending on the circumstances, the GPs phoned bereaved family offering an invitation to approach the practice for support and signposting them to local bereavement services.

Good

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 NHS East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was engaged with the CCG in building collaborative locality health hubs to bring collective improvements for local health care.

- The practice provided telephone consultations through a duty GP ring back service at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered discreet chlamydia screening.
- There was a text reminder service for all new appointments.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The GPs routinely visited the local care home once each week to ensure continuity of care for patients.
- The practice operated an acute home visiting service that provided urgent medical response during the time the practice was open for urgent new conditions which ensured continuity of care as well as avoiding hospital admissions.
- At home diabetic reviews were available for the housebound patient.
- There was a phlebotomy service available at the practice provided by local hospital.
- The practice provided 'Just in Case' boxes in the homes of patients receiving palliative care to avoid distress caused by poor access to medications in the period the practice was closed, by anticipating the patient's symptom control needs and enabling the availability of key medications.
- Counselling services were available at the practice for patients with mental health issues which was provided by the local mental health trust well-being team.
- 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.
- Online services were available for booking appointments and request repeat prescriptions.
- Patients aged 75 years and older were offered the over 75 health check and there was a dedicated member of staff who visited housebound patients to offer these checks.
- Through the Electronic Prescribing System (EPS) patients could order repeat medications online and collect the medicines from a pharmacy at their convenience.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were tailored to each GP's working hours and variable depending on the doctor and the nature of the appointment but generally available between 8.30am and 6pm each day. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The reception staff were 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 the duty GPs.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at five complaints received in the last 12 months 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 was taken as a result to improve the quality of care. For example, raising awareness for clinical staff of the need to keep patients informed of the progress with referrals made to community health services so patients could understand any time delays.

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 provide the best of modern medicine with good old fashioned care.

- The practice aimed to provide a supportive and caring service through continuous learning and improvements.
- The practice had a documented statement of purpose which included their aims and objectives.
- The practice had supporting plans which reflected the aims and objectives and were regularly monitored. For example plans were at an advanced stage to move to a purpose built premises soon.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff 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.
- In most areas, there were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

- There was a regular schedule of meetings at the practice 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.
- 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. For example there were nominated GP leads for safeguarding, diabetes, asthma and COPD. There were also nurse led clinics for patients with respiratory conditions such as asthma and chronic obstructive pulmonary disease and leg ulcer management. 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 encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through surveys complaints received and the friends and family test. The PPG until recently was a virtual group and had helped with the appointment system including the introduction of the online booking system

Are services well-led?

Good

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

and helping with measure to reduce missed appointments.The practice had converted the virtual group to a face to face group and had held the first meeting in May 2016.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. This included 'Target' protected learning time meetings which were held three times a year. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice provided 'Just in Case' boxes in the homes of patients receiving palliative care to avoid distress caused by poor access to medications in the period the practice was closed, by anticipating the patient's symptom control needs and enabling the availability of key medications.
- The practice provided diabetic care led by trained staff who worked with acute hospital consultants through 'virtual' clinics to provide services such as initiating insulin for the new diabetics at the practice without the need to attend the local hospital.
- The practice had a focus on training and upskilling staff. The practice actively trained new GPs and had trained seven of the local GPs. The practice manager had been upskilled from her previous reception manager role into her current role.