Buntingford Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Buntingford Medical Centre on 6 January 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that 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.

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 there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. The practice was proactive in ensuring staff learning needs were met. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. The practice worked closely with local health organisations and support groups to promote community based health and wellbeing services.

Are services caring?

Good

The practice is rated as good for providing caring services. Data from the national GP patient survey results published in January 2016 showed patients rated the practice higher than others for several aspects of care. The practice offered flexible appointment times based on individual needs. 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

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these were identified. For example, the practice had arrangements in place for blood samples to be taken at the practice by a visiting phlebotomist every morning between Monday to Friday. The practice had good facilities and was well equipped to treat patients and meet their needs. They held an open day at the practice for the local community in June 2015. The practice was in the process of creating a single GP services contract across two sites in order to improve the services available to patients, and to meet the demands of a growing population. Patients said they found it easy to make an appointment, with urgent appointments available the same day. 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 clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning and improvement and the practice worked closely with other practices and the local Clinical Commissioning Group.

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

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, this included enhanced services for dementia and end of life care. Weekly visits to a local care home were carried out by GPs and treatment provided for minor ailments. The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required. The practice had completed 297 health checks for patients aged over 75 in the last 12 months, which was 55% of this population group. Flu vaccination rates for patients aged over 65 were higher than the national average.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nurses would conduct home visits to offer flu vaccinations and annual health checks for people with long term conditions. Performance for diabetes related indicators was mostly comparable with the local Clinical Commissioning Group (CCG) and national averages. Longer appointments and home visits were available when needed. All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 relatively high for all standard childhood immunisations. 77% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months. 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 89% which was higher than 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, health visitors and school nurses.

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. It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. The practice was proactive in offering online services such as appointment booking and repeat prescriptions services, as well as a full range of health promotion and screening that reflects the needs for this age group. It offered an appointment reminder text messaging service and appointment times were extended until 8pm every Monday.

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. It offered longer appointments and annual health checks for people with a learning disability. The practice held a register of carers, there was a nominated carer's champion who was proactive in offering health checks, flu vaccinations and information and advice about local support groups and services. The practice had a system in place to identify patients with a known disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff had received safeguarding training and 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.

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). 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in 2014/2015, which was comparable to the

Summary of findings

national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out advance care planning for patients with dementia. It held a register of patients experiencing poor mental health and offered regular reviews and same day contact. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients were referred to a counselling service and a clinical psychologist visited the practice two times a week. 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

We looked at the national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. There were 256 survey forms distributed and 125 were returned. This represented 2% of the practice's patient list.

- 61% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which described the service provided as good. We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Buntingford 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 Buntingford Medical Centre

The Buntingford Medical Centre is one of two registered locations operated by the Buntingford and Puckeridge Medical Practice, which provides primary medical services to approximately 6143 patients from premises at White Hart Close, Buntingford, Hertfordshire, SG9 9DQ.

The practice has approximately 6143 patients and serves a lower than average population for those aged between 20 to 39 years, and higher than average population of those aged between 45 to 59 years. The population is just under 98% White British (2011 Census data). The area served is less deprived compared to England as a whole and ranked at 10 out of 10, with 10 being the least deprived.

Buntingford Medical Centre is an approved teaching practice for medical students and provides services, including minor surgery, under a general medical services contract. The clinical team consists of four GP partners and three salaried GPs. Three GPs are male and four are female. There is a practice nurse, one healthcare assistant a practice manager and nine administration and reception staff.

The practice is open to patients between 8.30am and 6.30pm Monday to Friday. Appointments with a GP are available from 8.30am to 12pm and from 3pm to 6pm Monday to Friday. The practice offers extended opening hours between 6.30pm to 8pm every Monday. Emergency appointments are available daily with the duty doctor or nurse practitioner. A telephone consultation service is also available for those who need urgent advice. Home visits are available to those patients who are unable to attend the surgery and the practice is also able to offer home visits via the Acute In Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital. The out of hours service is provided by Hertfordshire Urgent Care via the NHS 111 and information about this is available on the practice website and telephone line.

The registration of Buntingford Medical Centre was not accurate and we had not been notified of changes made to the partners at the practice, as required under the CQC (Registration) Regulations 2009. The practice has now taken steps to complete the necessary application to ensure their registration with us is accurate.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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 6 January 2016. During our inspection we:

- Spoke with three GPs, the nurse practitioner, the healthcare assistant, the practice manager, the medical secretary, the practice administrator and two members of the reception and administration team.
- Spoke with four patients and observed how staff interacted with patients.
- Reviewed the patient survey action plan and patient comment card.

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 the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. Senior staff understood their roles in discussing, analysing and learning from incidents and events.
- Staff would complete a significant event record form. The event would be discussed at a partners meeting, which took place weekly, and information and learning would be made available on the staff intranet and discussed at practice meetings.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice received a safety alert in relation to a glucose monitoring device. The practice carried out a search on their system to see if any patients were using that particular device and then took the appropriate action.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice took the necessary action after a patient safety incident. The practice also placed a warning sign to alert people of an uneven pavement in the car park and arranged to have it repaired.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding adults and a lead member of staff for safeguarding children. Clinical staff had received training on female genital mutilation. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and a risk assessment was in place for circumstances in which staff acted as a chaperone without having a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had an infection control policy and lead in place however this person had not attended their annual infection control refresher training. We saw evidence to confirm that infection control training had been scheduled for the infection control lead. The practice manager had completed training on infection control and completed infection control audits every six months. The last audit was completed in December 2015.
- All single use items were stored appropriately and were within their expiry date. Specific equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately and securely and was collected from the practice by an external contractor on a fortnightly basis.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were

Good

Are services safe?

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. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but did not carry out regular fire drills. We saw evidence to confirm a fire drill was scheduled to take place in January 2016. The fire equipment was checked by an external contractor on a six monthly basis. Fire alarms were tested weekly and all electrical equipment was checked on a regular basis to ensure the equipment was safe to use and clinical equipment was checked in October 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had a tenancy agreement with the owner of the building and we saw evidence to confirm the practice was taking the necessary action to manage the maintenance of the practice.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had an additional member of staff in reception during the morning to cover busy periods and staff absence. The practice had a record of the minimum number of GP sessions needed per week and used this to manage GP staffing levels. The practice would use the same locums if required and completed the necessary checks and monitored their training. Staff had a flexible approach towards managing the day to day running of the practice. The practice nurses from Puckeridge Surgery would cover the nurse practitioner if required and the administration and secretarial team would cover reception as and when needed.

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. There was also an alarm facility built into the practice telephone system. All staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was available on the staff intranet and additional copies were kept off the premises.

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

The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on accident and emergency attendance, emergency admissions to hospital, outpatient attendance and bowel and breast screening uptake. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

The nurse practitioner had a lead role in chronic disease management and asthma and patients at risk of hospital admission were identified as a priority.

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 96% of the total number of points available, with 15% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The exception rate was higher than the local and national average and the practice was an outlier for one of the QOF diabetes indicators. We checked this indicator and the exception reporting system and saw that the practice had an effective recall system in place and systematic approach for recording exceptions. Data from 2014/2015 showed;

- The overall performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 91.9% of the total number of points available, compared to 88.6% locally and 89.2% nationally.
- Performance for hypertension related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available (with 5.1% exception reporting), compared to 98.2% locally and 97.8% nationally.
- Performance for mental health related indicators was worse than the CCG and national average. The practice had achieved 88.5% of the total number of points available, compared to 95.5% locally and 92.8% nationally.
- Performance for dementia related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available (with 13.8% exception reporting), compared to 94.9% locally and 94.5% nationally.

The practiced monitored its QOF activity on a monthly basis and had identified the need to improve their patient recall system at the beginning of 2015. The practice had made changes to their recall scheduling and monitoring system in order to improve the effectiveness of the system and reduce administration time and duplication.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last 13 months, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, peer review and had recently been accredited as a research practice.
- Findings were used by the practice to improve services. For example, one of these audits looked at the prescribing of certain antibiotics to ensure there was consistency with local prescribing guidelines and increased awareness of effective treatment and management of infections.

Good

Are services effective?

(for example, treatment is effective)

- The practice completed an audit on the management of women with gestational diabetes (diabetes that develops during pregnancy). This audit resulted in improvements to the coding system and process for completing post-natal checks.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, customer service training, equality and diversity, basic life support, 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings. The nurse practitioner accessed online BMJ (British Medical Journal) training modules, and received regular updates and information from a nurse tutor mentor employed by the CCG. The nurse practitioner attended monthly meetings, including educational updates on topics such as smoking cessation and revalidation.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice had pooled their training budget with 12 practices in the locality. Staff also attended training days organised by the local CCG. This provided staff with the opportunity to access a wide range of training courses to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, infection control, equality and diversity, basic life support and information governance awareness.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the Choose and Book System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for vulnerable patients and for patients requiring palliative care. The practice had signed up to an enhanced service and had a comprehensive system in place to respond to unplanned admissions to hospital.
- The practice liaised closely with the community mental health service in order to monitor access times into the service which enabled the practice to effectively plan patient care and treatment. Patients had access to a counselling service which was available four times a week. A clinical psychologist was also available at the practice twice a week.
- The practice worked closely with a learning support teacher at a local school in order to offer effective

support to young people, and there was close working with local school nurses. The practice had held a poster competition with a local school and had created a children's area within their patient waiting room.

- The practice had arrangements in place for blood samples to be taken at the practice by a visiting phlebotomist every morning between Monday and Friday.
- Health visitors regularly shared information with the practice and were invited to attend GP partner meetings throughout the year. Health visitors held a baby clinic at the practice once a week.
- The practice carried out weekly visits to a local care home and provided treatment for minor ailments. We spoke to the home manager who told us that all GPs that visited were familiar with the patient's history and would spend time speaking to patients. The home manager said they were happy with the service provided. The practice was in the process of arranging for their nurse practitioner to provide training to staff at the care home on urine testing.

Consent to care and treatment

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

- The practice had a consent policy in place and staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice had access to a decision making tool.
- Staff had identified the need to better understand deprivation of liberties and had a training session scheduled to take place in February 2016.
- 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.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients suffering from poor mental health. Patients were then signposted to the relevant service.
- The practice held a register of patients with a learning disability and was pro-active in offering these patients annual health checks and vaccinations.
- It held a register of carers, and the reception administrator was the nominated carer's champion who was proactive in offering health checks, flu vaccinations and information and advice about local support groups and services.
- The practice had a system in place to identify patients with a known disability.
- It promoted the abdominal aortic aneurysm (AAA) screening sessions, which took place at the practice, and also referred patients to a local community sports and exercise programme.

The practice's uptake for the cervical screening programme was 88.9%, which was above the CCG average of 83.1% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by ensuring a female clinician was available. Samples were recorded on the electronic pathology system and as a failsafe, the nurse practitioner also had a paper documented result which was also submitted. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and was in the process of developing a plan to further increase uptake for this.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.9% to 98% and five year olds from 94.1% to 97.1%.

Flu vaccination rates for the over 65s were 75.6%, and at risk groups 42.6%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. The practice had completed 297 health

Good

Are services effective?

(for example, treatment is effective)

checks for patients aged over 75 in the last 12 months, which was 55% this population group. The practice completed a detailed questionnaire during new patient registration and offered health checks to these patients. Appropriate follow-ups on 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.
- The practice had an electronic patient check-in system in the waiting room which promoted patient confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with four patients who said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey results published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 87%, national average 89%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 87% said they found the receptionists at the practice helpful (CCG average 87%, national average 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.

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 mostly in line with local and national averages. For example:

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

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice had information boards about Alzheimers and carers support in the patient waiting room.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them, and the practice administrator was the nominated carers' champion.

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

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the CCG winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local accident and emergency unit. The practice provided a number of enhanced services and had recently agreed an action plan with the CCG for the management of patients with chronic obstructive pulmonary disease (COPD). The practice offered an anti-coagulation enhanced service and patients could have their blood tests, medication dosage checks and reviews completed at the practice. Patients could have their blood samples taken at the practice by a visiting phlebotomist who held a daily clinic at the practice.

- The practice offered extended hours on a Monday evening between 6.30pm and 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- There were disabled facilities, including raised chairs for elderly patients, a portable hearing loop and translation services available.
- Staff were aware of the need to recognise equality and diversity and acted accordingly.
- The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.
- The Hertfordshire Hearing Advisory Service delivered a monthly session at the practice. These sessions were offered to people from the local community to manage hearing aid related problems.
- The practice had baby changing facilities, a space for prams, a suitable place available for baby feeding, and a reading and play area for children.
- The practice planned to install automatic entrance doors for improved patient access and were in discussion with the landlord about completing this work.

Access to the service

The practice was open to patients between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 3pm to 6pm daily. Extended surgery hours were offered between 6.30pm to 8pm every Monday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the same day for people that needed them.

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

- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 61% of patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 42% of patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them, and the practice offered variable appointment duration based on individual need.

The practice had made changes to the appointment system in August and December 2015 and increased the number of appointments available to patients. The practice had refurbished unused space to create additional treatment rooms and held an open day for patients to view the new areas and meet the practice staff. The practice had also recently made changes to the telephone system as a result of patient feedback.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at 10 complaints received since April 2014 and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency with dealing with complaints. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had improved the availability of information to patients in relation to the rules and policies in place for patients requiring medicines when travelling abroad.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support and a verbal and written apology.
- 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.

- The practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Team away days were held on annual basis.
- Staff said they felt respected, valued and supported. Staff said they were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice was in the process of recruiting patients in order to create a patient participation group, and had gathered feedback from patients through the friends and family test, information on the NHS Choices website, through complaints and from the national GP patient survey results. The practice acted on the feedback it received. For example, they had made changes to the appointment system in August and December 2015 and increased the number of appointments available to patients. The practice had recently made changes to the telephone system as a result of patient feedback.

- The practice had gathered feedback from staff through regular meetings and the practice manager issued feedback forms to staff as part of their annual appraisal. The practice was also planning on circulating a staff survey during 2016. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff had identified

Are services well-led?

Good

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

the need to better understand deprivation of liberties and had a training session scheduled to take place in February 2016. Staff told us they felt involved and engaged to improve how the practice was run.

- The practiced monitored its QOF activity on a monthly basis and had identified the need to improve their patient recall system. The practice had made changes to their recall scheduling and monitoring system in order to improve the effectiveness of the system and reduce administration time and duplication.

Continuous improvement

There was a strong 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. Senior staff regularly attended meetings with peers within their locality and the practice was a member of a federation within the locality and participated in an integrated care initiative. The practice worked closely with other practices to meet local needs and the practice manager was a member of a rapid response project team. The rapid response service supports older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.

The practice had a focus on forming a single GP service contract across two practices in order to meet the increasing demands and offer patients more choices for their care and treatment.