

# Shelford Medical Practice

## Quality Report

Ashen Green,  
Great Shelford,  
Cambridge,  
Cambridgeshire,  
CB22 5FY  
Tel: 01223 843661

Website:  
<http://www.shelfordmedicalpractice.nhs.uk/>

Date of inspection visit: 15 March 2018

Date of publication: 20/04/2018

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Key findings

## Contents

### Key findings of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	5

### Detailed findings from this inspection

Our inspection team	6
Background to Shelford Medical Practice	6
Detailed findings	7
Action we have told the provider to take	21

## Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection published 5 May 2016 – Good.)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Shelford Medical Practice on 15 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice were high achievers for nationally reported outcomes. However, antibiotic prescribing was above local and national averages. The practice were aware of, and acting on this.
- The practice did not have oversight of risk assessments including fire, health and safety and legionella. The infection prevention and control policy was due for review in March 2017, this had not been completed and was not practice specific.
- Staff told us that they were happy to work at the practice and felt supported by the management team. Staff told us they were encouraged to raise concerns and share their views.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

# Summary of findings

- The practice had put in place a rapid access clinic due to an increase in demand of on the day appointments and patient feedback regarding availability of appointments.
- Results from the July 2017 national GP patient survey were in line with and above local and national averages. Feedback from patients we spoke with and received comments from supported these findings.
- Information on the complaints process was available for patients at the practice and on the practice's website. There was an effective process for responding to, investigating and learning from complaints and responses to patients were timely.

- There was a focus on continuous learning and improvement at all levels of the organisation. The practice was a training practice for GP trainees. It was also a teaching practice for medical and nursing students.

The areas where the provider **must** make improvements are:






- Establish and operate effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## The six population groups and what we found

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

<b>Older people</b>	<b>Good</b>	
<b>People with long term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

# Shelford Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser and a second CQC inspector.

## Background to Shelford Medical Practice

Shelford Medical Practice provides General Medical Services to approximately 9,000 patients in Shelford, Cambridgeshire and the surrounding area. The surgery is situated in a purpose built health centre. The practice provides treatment and consultation rooms on the ground floor with ramp access and automatic doors. The practice is a teaching practice for medical students and qualified doctors who are training to be GPs. The practice is also a member of the Clinical Research Network supporting approved clinical research within NHS primary care. There was a GP registrar on site during the day of the inspection. (A GP registrar is a qualified doctor who is training to become a GP).

The practice has a team of nine GPs, five female and four male. Five of the GPs are partners which means they hold managerial and financial responsibility for the practice. Of the remaining four, there are three salaried GPs, and one GP retainer (the GP Retainer Scheme enables GPs with other commitments to undertake a limited amount of general practice to maintain their skills until returning to more substantive general practice in the future. Retainees

may work up to four sessions a week in an educationally approved retainer practice). There is a team of two practice nurses and a health care assistant. There is a practice management team who are supported by a communications manager. In addition there is a team of administrative, secretarial and reception staff who share a range of roles.

The practice is open between 8am and 6pm Monday to Friday. The practice is closed between 1pm to 2pm every day. During this time, and from 6pm onwards, the telephone system is diverted to the 111 service. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them. Telephone appointments are available. Out of hours services are provided by Herts Urgent Care via the 111 service.

At the time of our inspection, the practice was in the process of merging with another larger practice from the local area. The practice had not formally signed contracts with the other practice however, it was in the process of sharing staff, aligning policies and procedures and planning patient list merges. This was to enable the practice staff to become integrated with the new practice that they will be merging with.

According to information taken from Public Health England, the practice has a higher than average number of patients aged 75+ years, and a lower than average number of patients 15-34 years, compared to the practice average across England. It is located in an affluent area of Cambridgeshire. The practice area is one of the least deprived areas within England, according to information taken from Public Health England's index of multiple deprivation score.

# Are services safe?

## Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services because:

- The practice reported some risk assessments were completed by the landlord of the property. However, they did not have oversight of risk assessments including fire, health and safety and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). After the inspection, the practice provided fire and health and safety risk assessments. However, the fire risk assessment action plan was not complete and the health and safety risk assessment had been completed after the inspection. The practice were unable to provide a legionella risk assessment. There was an infection prevention and control guidance and protocol in place; however, this was due for review in March 2017 and had not yet been reviewed and was not practice specific.

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Safeguarding information displayed within the practice outlined clearly who to go to for further guidance. There was a lead GP for both adult and childrens safeguarding and staff we spoke with could identify who the lead was. Staff were trained in safeguarding to a level appropriate to their role. GPs and nurses were trained in safeguarding to level three. Staff knew how to identify and report concerns.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Vulnerable patients were identified and discussed each week at the clinical team meeting. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Staff who acted as chaperones were trained for the role and had received a DBS check and were trained for the role.
- There was an effective system to manage infection prevention and control (IPC). The lead for IPC was a practice nurse. There was an IPC guidance and protocol in place; however, this was due for review in March 2017 and had not yet been reviewed. This guidance and protocol was not specific to the practice.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. GPs covered planned and unplanned absences of colleagues in order to maintain continuity for patients.
- There was an effective induction system for temporary staff tailored to their role, this included an induction pack for locum GPs.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice had developed a 'protocol for medical emergencies' which provided non-clinical staff with guidance on their response to a potential medical emergency, including who to contact. The practice could evidence effective use of this with a recent medical emergency. The outcome of this was positive and demonstrated cohesive team working between the receptionists and GPs.

# Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters we viewed included all of the necessary information. Following a significant event at the practice, the practice had developed a new system to also track the private referrals that had been sent to ensure that they had been collected.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. This included monthly checks of expiry dates of medicines and equipment. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- The practice had employed a practice pharmacist who was able to offer continuity for patients. For example, the pharmacist was able to offer face to face appointments for patients when initiating a new medicine and reviews of patient medicines.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

The practice had some systems in place for assessing and monitoring safety, however risk assessments were not all up to date and identified actions were not all documented and monitored to completion.

- There were not comprehensive risk assessments in relation to all safety issues. The practice reported the landlords of the building were responsible for completing risk assessments in relation to safety issues. However, the practice did not have assurance or oversight that these had been completed. On the day of inspection, the practice was unable to provide us with risk assessments for fire, health and safety, or legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). After the inspection, the practice provided evidence of a fire risk assessment, however there was no evidence of a completed action plan. The practice also provided us with a health and safety risk assessment, which was completed after the day of the inspection. The practice were unable to provide us with a legionella risk assessment, however the practice was able to provide monthly logs of regular water temperature checks for legionella.
- The practice had conducted a fire drill in September 2017 and learning points had been acted upon.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- All staff had access to a 'practice learning event' form and were able to raise anything that they would like to share with the rest of the staff team. These were then collated and discussed at team meetings. For example,



## Are services safe?

in the event of a member of staff forgetting their NHS smart card, the practice had initiated a system whereby the member of staff could securely login to the system manually to prevent any disruption to the service.

- There was a system for receiving and acting on safety alerts, which included Medicines and Healthcare

Regulatory Agency (MHRA) alerts. Safety alerts were logged, shared with GPs and initial searches were completed. Any patients that were found to be affected by the alerts were written to and provided with clear guidance and information. The practice learned from external safety events and patient safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice were in line with local and national averages for the prescribing of daily quantity of hypnotics.
- The practice were in line with local and national averages for the prescribing of antibacterial prescription items.
- The practice performance for the prescribing of antibiotic items that are cephalosporins or quinolones was 18%. This was above the Clinical Commissioning Group (CCG) average of 12% and national average of 9%. The practice were aware of this and we saw evidence that practice had audited antibiotic prescriptions, which evidenced a reduction of prescriptions and were working towards bringing this in line with the CCG and national averages.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with and above the local and national averages.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, nurses were trained in diabetes and respiratory conditions management.
- The practice had a lead GP for diabetes care who was using the latest evidence on the potential reversibility of early diabetes through dietary changes. The practice had achieved 100% for nationally reported data relating to long-term conditions including diabetes, asthma, COPD, hypertension and atrial fibrillation data.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above with a range between 97% and 98%.
- There was appropriate follow up of children who did not attend for their immunisations, which included liaising with the health visitor when appropriate.
- We saw positive examples of joint working with midwives and health visitors. GPs previously met with the health visitor once a month, however this was no longer possible and was now conducted via telephone or email.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

# Are services effective?

## (for example, treatment is effective)

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 76%, which was comparable to the 80% coverage target for the national screening programme. Information from Jo's cervical cancer trust (a national UK charity) was provided in the female toilets at the practice.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Annual health checks for people with a learning disability were undertaken by the practice nurse. The practice had 21 patients with a learning disability on their register. One patient had declined a health check, seven patients were booked in to receive a check and 14 patients had received a health check.

People experiencing poor mental health (including people with dementia):

- The practice exception reporting rate was 10% which was in line with the CCG average of 13% and the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 91% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was in line with the CCG average of 92% and the national average of 91%. The practice exception reporting rate was 12% which was in line with the CCG average of 11% and the national average of 10%.

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had recently completed a two cycle audit in relation to Chronic Obstructive Pulmonary Disease (COPD). From the audit, the practice identified there was a lack of self treatment packs and pulmonary rehabilitation offered to those patients diagnosed with COPD. On the second cycle of audit, the practice identified that 100% of eligible patients had since been offered self treatment packs and 95% of eligible patients had been offered pulmonary rehabilitation. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. The overall exception reporting rate was 7% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Performance for asthma related indicators was 100%; this was comparable to the CCG and national averages of 97%. The exception reporting rate for each of the sub indicators was below the CCG and national averages. The prevalence of asthma was 7% higher than the CCG average of 6% and the national average of 5%.
- Performance for depression indicators was 100%; this was above the CCG and national averages of 93%. The exception reporting rate for each of the sub indicators was generally in line with CCG and national averages. The prevalence of depression was 7% which was below the CCG and national averages of 9%.
- Performance for mental health indicators was 100%; this was above the CCG and national averages of 94%. The exception reporting rate for each of the sub indicators was generally below the CCG and national averages. The prevalence of mental health was 1% which was in line both the CCG and national averages of 1%.

### Effective staffing

### Monitoring care and treatment

# Are services effective?

## (for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice could evidence that they had encouraged staff to develop and move onto other roles that interested them within the practice following further training. For example, a health care assistant had recently undertaken training to provide ear syringing.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice could demonstrate that they have held multidisciplinary case review meetings where all patients on the palliative care register were discussed.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice offered a smoking cessation service to patients.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. Information in relation to self care was evident in the waiting room and consultation rooms.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health; for example, carer support services.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.
- The practice could evidence that where minor surgery had been completed, appropriate written consent had been obtained and documented.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 24 of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The one negative comment card related to a specific incident in which a patient reported a negative experience following a consultation.
- All of the five patients that we spoke with were positive about the services experienced and were positive about the attitude of staff at the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 221 surveys were sent out and 116 were returned. This represented about 1% of the practice population. The practice was generally in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time compared with the CCG average of 87% and the national average of 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.

- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 86% and the national average of 86%.
- 91% of patients who responded said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 94% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 91% and the national average of 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice identified whether a patient was a carer through identification on the new registration form and supported carers with information leaflets around the

## Are services caring?

practice and making enquiries during consultations. The practice computer system alerted GPs if a patient was also a carer. The practice had identified 119 patients as carers (1.3% of the practice list).

- A member of staff acted as a carers navigator to help ensure that the various services supporting carers were coordinated and effective.
- There were information leaflets and posters throughout the practice advising carers of the different support services available locally.
- Staff told us that if families had experienced bereavement, their usual GP visited them with a sympathy card. This enabled the GP to discuss the family's needs and/or by giving them advice on how to find a support service.

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:

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 82% and the national average of 82%.

- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a more private area or room to discuss their needs. Patients advised us that they were aware of this service.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice complied with the Data Protection Act 1998.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the reception team were aware that any elderly patients were automatically eligible for a home visit if they felt they were unable to access the practice.
- The practice was open between 8am and 6pm Monday to Friday. Telephone consultations were available in the evening and GP services were provided by Herts Urgent Care between the hours of 1pm and 2pm and 6pm and 6.30pm.
- The practice used text reminders for patients who had provided their mobile telephone numbers to remind patients of pre-booked appointment times.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had recently reviewed their appointment system and availability following feedback from patients. The practice had put in place a rapid access clinic due to an increase in demand of on the day appointments. The rapid access clinic offered same day shorter appointments to provide more flexibility and availability in the appointments system. Following these changes, feedback from patients had been more positive. Patients we spoke with were also positive about the changes.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- GPs undertook weekly visits to the care home aligned to the GP practice.
- The practice had developed a 'care of the elderly information sheet' for relatives with contact details of local services such local support groups and social services. The information sheet also included information such as power of attorney and blue badge applications.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients with long term conditions could have a longer appointment when necessary and the reception team know who these patients are.

#### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students):

# Are services responsive to people's needs?

## (for example, to feedback?)

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Online access was available to allow patients to book appointments.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- There were systems to identify and follow up patients who had not attended hospital appointments.
- There were systems to identify patients whose circumstances make them vulnerable and we saw evidence that these patients were discussed in clinical team meetings.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice provided information for patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There were various information materials around the practice signposting patients who may be experiencing mental health problems to relevant support groups.
- Staff we spoke with clearly identified how they would assist patients in the practice who were experiencing poor mental health.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us the appointment system was easy to use. Patients were able to book appointments in person, by telephone or online.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 221 surveys were sent out and 116 were returned. This represented about 1% of the practice population.

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 83% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 75% and the national average of 71%.
- 96% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 93% of patients who responded said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 79% of patients who responded described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 56% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 66% and the national average of 64%.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.



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

- The complaint policy and procedures were in line with recognised guidance. 37 complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a recent complaint the practice had

reviewed how private referrals were sent and how the practice could be assured that they have been received by the intended recipient. The practice had created a logging system, whereby they used a book and wrote the name of the patient and the date the letter was created. The patient collected the referral letter and signed for it. This was monitored by the medical secretaries to ensure all referral letters were collected.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. For example, leaders had encouraged and assisted a health care assistant to undertake further training including ear syringing to develop the role and increase the services offered to patients.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- The practice was in the process of merging with another larger practice from the local area. The practice explained that one of the reasons they had decided to merge with another practice was in attempt to be in line with health and social priorities across the region. The practice planned services to meet the needs of the practice population. Following the merger, the practice intended to become a primary care home. A primary care home model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community.
- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. There were positive relationships between staff and teams.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice held monthly departmental meetings to support and facilitate communication and working across staff teams, particularly to keep staff up to date with the information in relation to the merger. Staff interviewed explained they felt well informed.
- There was a strong emphasis on the safety and well-being of all staff. Staff were supported to work flexible hours where appropriate. There was a staff coffee morning every day at 11am when staff gathered to share information and ensure good morale amongst the staff team.

# Are services well-led?

Good 

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

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

## Governance arrangements

In most cases, there were clear responsibilities, roles and systems of accountability to support good governance and management. However, the practice did not have oversight of all building risk assessments.

- The practice had an organisational chart which detailed the staff members in each department and who they reported to. Information was also displayed to inform staff of GPs and nurses with lead roles.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, although the infection prevention and control policy had not been reviewed. Staff interviewed were able to identify those who had lead roles in the practice.
- The practice had a process in place to monitor staff training.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice did not have oversight of the building risk assessments such as fire, health and safety and legionella. Following the inspection, the practice provided a copy of a health and safety risk assessment which had been completed after the inspection. The practice provided a fire risk assessment; however the fire action plan had not been completed and the practice was unable to provide a legionella risk assessment.

## Managing risks, issues and performance

There were clear and effective processes for managing risks. The practice could demonstrate good management of issues and performance.

- The practice had processes to manage current and future performance. Performance of employed clinical

staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of patient safety alerts, incidents, and complaints.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. However, action plans from risk assessments were not always completed.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

# Are services well-led?

Good 

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active virtual patient participation group (PPG). The practice had decided to wait until the merger with another local practice had been completed so that there would be one combined PPG that they were able to develop further.
- The practice had recently held a meeting in the local community which was attended by over 100 residents, to inform patients of the plans to merge with another local practice and what this would mean for the service.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had developed a staff newsletter to share key information about the practice with the staff team due to the plans to merge with another local practice.

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice was a training practice for GP trainees. (A GP trainee is a qualified doctor who is training to become a GP). It was also a teaching practice for medical students.
- Following the merger, the practice intended to become a primary care home. A primary care home model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community.
- Staff were encouraged to raise concerns and share ideas to improve the practice. Staff gave examples of how their suggestions had been implemented by the practice. For example, staff worked with the practice management team and gave suggestions in relation to how private referral letters are managed to ensure that the letters are received by the recipient.

## Continuous improvement and innovation

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• The practice did not have oversight of the health and safety risk assessment and had not ensured action had been taken in response to any risk assessment..</li><li>• The practice did not have oversight of the fire risk assessment and had not ensured action had been taken in response to any risk assessment..</li><li>• The practice could not evidence that a legionella risk assessment had been completed.</li><li>• The infection control policy had not been updated and was not specific to the practice.</li></ul>