

# Hatfield Road Surgery

## 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 well-led?

Good



# Key findings

## Contents

### Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

### Detailed findings from this inspection

Our inspection team

4

Background to Hatfield Road Surgery

4

Why we carried out this inspection

4

## Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hatfield Road Surgery on 19 September 2017. Overall the practice was rated as good. However, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided well-led services. Consequently the practice was rated as requires improvement for providing well-led services. The full comprehensive report on the September 2017 inspection can be found by selecting the 'all reports' link for Hatfield Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 4 April 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches of regulation that we identified in our previous inspection on 19 September 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

On this focused inspection we found that the practice had made improvements since our previous inspection and were now meeting the regulation that had previously been breached.

The practice is now rated as good for providing well-led services.

Our key finding was as follows:

- There were effective governance arrangements in place to ensure complaints were managed in accordance with the practice's policy and procedure and the absence of a defibrillator was appropriately risk assessed.

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- The practice kept a record of fire drills. We saw that the fire drill completed in January 2018 had been documented. This included a record of how many staff and patients were involved, the time taken by them to evacuate the building and that all employees and visitors were accounted for during a roll call among other things. The record showed that no further action was required as a result of the drill as all staff had correctly followed procedure and the alarm system worked as it should.
- Following our inspection in September 2017 the practice had reviewed and updated its business continuity plan. We saw the plan now contained details of how the practice would respond to any loss of premises, power, telephones and medical records among other things. This included an arrangement for the temporary use of space at another local practice in an emergency situation. We saw the plan contained up-to-date contact details for all staff at the practice along with those of service providers such as utility

# Summary of findings

companies. From our conversations with staff we found that both GP partners and the practice manager kept a copy of the plan off-site should the practice be inaccessible in an emergency situation.

- The practice discussed the below average uptake among its patient population for some nationally run and managed cancer screening programmes. The staff we spoke with demonstrated an understanding of the cultural sensibilities to such programmes displayed by some of its patient population. There was evidence to suggest the practice responded to those sensibilities and encouraged its relevant patients to engage with them and attend for screening. For example, between them the GPs at the practice could offer consultations in languages other than English including Bengali, Hindi and Urdu. Many of the practice's patients with

English as a second language could be informed about and encouraged to attend the cancer screening programmes by the GPs in their first language during consultations. We saw the practice acted on information it received from NHS England about patients who had not responded to their invitations to participate in the bowel cancer screening programme. Between 1 April 2017 and 31 March 2018 the practice wrote to 98 such patients encouraging them to participate. We noted the letters were always sent in English but at the time of our inspection the practice was considering sending translated versions of the letter for the relevant patients.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Hatfield Road Surgery

## Detailed findings

### Our inspection team

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

This inspection was completed by a CQC lead inspector.

## Background to Hatfield Road Surgery

Hatfield Road Surgery provides a range of primary medical services from its premises at 2 The Parade, Ellis House, Charrington Place, St Albans, Hertfordshire, AL1 3FY. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice serves a population of approximately 3,887. National data indicates St Albans is less deprived compared to England as a whole. However, the practice informed us there are areas of deprivation in its locality. The practice population is ethnically diverse with large South Asian (particularly Bangladeshi and Pakistani) communities. The practice serves an above average population of those aged from 30 to 44 years. There is a lower than average population of those aged 65 years and over.

The clinical team includes two male GP partners, one female salaried GP and two regular locum nurses. The team is supported by a practice manager and four other secretarial, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

At Hatfield Road Surgery the phone lines open from 8am and the practice is fully open (phones and doors) from 8.45am to 6.30pm Monday to Friday. There is extended opening every Thursday from 6.30pm to 8.30pm for GP pre-bookable appointments. Appointments are available from 9am to 11.30am and 4pm to 6.30pm daily, with slight variations depending on the doctor and the nature of the appointment.

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

## Why we carried out this inspection

We undertook a comprehensive inspection of Hatfield Road Surgery on 19 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Overall the practice was rated as good. However, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided well-led services. Consequently the practice was rated as requires improvement for providing well-led services.

The full comprehensive report following the inspection on 19 September 2017 can be found by selecting the 'all reports' link for Hatfield Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Hatfield Road Surgery on 4 April 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 19 September 2017, we rated the practice as requires improvement for providing well-led services as good governance was lacking in some areas. Complaints were not managed in accordance with the practice's policy and the absence of a defibrillator had not been appropriately risk assessed. We issued a requirement notice in respect of these issues.

We found these arrangements had improved when we undertook a follow up inspection of the service on 4 April 2018. The practice is now rated as good for providing well-led services.

### Governance arrangements

We found complaints were managed appropriately and formally in accordance with the practice's policy and procedure. We looked at the two complaints (both verbal) received since September 2017 and saw they were recorded, investigated and dealt with in a timely way with openness and transparency. Action was taken by the practice to resolve the complaints and prevent recurrence of any issues identified. We saw the complainants were sent acknowledgement and resolution letters and the latter contained the contact details of the Parliamentary

and Health Service Ombudsman should the recipients be unhappy with how the practice had dealt with their complaints. From our conversations with staff and our review of the minutes of meetings we found that the lessons learned from complaints were discussed in monthly practice meetings attended by all staff. All of the staff we spoke with understood the process to follow if a patient wished to raise a verbal complaint.

We saw that a documented risk assessment as to why the practice didn't have a defibrillator on site was completed by the GP partners in October 2017. The risks were assessed following The Resuscitation Council (UK) guidelines. This included the practice analysing the historic frequency of cardiac arrests on the premises and the likely time taken for first response emergency services (paramedics) to reach the practice among other things. The conclusion was that the practice didn't require a defibrillator. To reduce any risks to patients we saw that all staff with the exception of one recently employed member of the reception team had received Cardiopulmonary resuscitation (CPR) training in August 2017. All of the staff we spoke with understood the process to follow if an emergency situation occurred at the practice. We saw that emergency medicines were easily accessible to staff and all the medicines we checked were in date and stored securely.