

Wrafton House Surgery

Quality Report

9-11 Wellfield Road
Hatfield, Hertfordshire
AL10 0BS

Tel: 01707 265454

Website: <http://www.wraftonhousesurgery.co.uk/>

Date of inspection visit: 03 February 2016

Date of publication: 13/04/2016

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 Wrafton House Surgery on 3 February 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.
- 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.
- Some patients expressed difficulty in getting through to the surgery to secure an appointment with a GP.
- 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.

The areas where the provider should make improvement are:

- Complete the investigation into cancer mortality rates; reported higher than CCG and national average, in conjunction with the local Clinical Commissioning Group (CCG) and other appropriate local health partners and undertake any improvement work if needed.
- Continue to monitor the effectiveness of the recent actions taken to improve patient satisfaction in relation to access to care and treatment and make further adjustments as needed
- Take note of the comments on the NHS Choices website and take action as appropriate

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents including significant events and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice. Learning was based on analysis, investigation and shared reflection.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, 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 which included safeguarding children and adults from abuse, and medicine safety.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinical staff were kept up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken to review practice and procedures to promote improved patient outcomes in line with current national guidance.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- There was evidence of appraisals and personal development plans for all staff.
- The practice encouraged and supported patients to monitor and manage their own health conditions for example, hypertension and diabetes.

Are services caring?

The practice is rated as good for providing caring services

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- We observed a strong patient-centred culture and staff treated patients with kindness dignity and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible with leaflets available in practice and on the practice website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. Examples of joint planning and working included the over 75 health checks and measures to reduce unplanned hospital admissions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had set up a number of improvements in relation to access to care and treatment. For example an extra appointments telephone line has been provided so patients could get through to the surgery sooner, the duty doctor has been provided with a mobile phone freeing up the main telephone line for incoming calls.

Are services well-led?

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

Good



- Staff were clear about the practice vision and their responsibilities in relation to this.
- There was a supportive leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of appropriate patient care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

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. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Comprehensive health checks were offered to patients 75 years
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. For the housebound patient a practice nurse offered home visits for health checks and seasonal vaccinations such as for influenza and shingles if indicated.
- The practice offered informal tea and chat sessions for older patients that lived alone in the community. These sessions were supported by AgeUK, the practice nurse, the practice patient liaison officer and PPG members.

People with long term conditions

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

Good



- GP and nurse leads were identified for all long-term conditions and patients were monitored appropriately. For example the underlying achievement for diabetes related indicators was comparable to the CCG and national average of 89%. Patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice had signed up to the national directed enhanced service for avoiding unplanned admissions. All identified patients had care plans which were reviewed regularly and any newly identified patients followed up by a designated nurse.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice worked with a community matron who supported those with complex needs in the community and regularly reviewed their needs.
- The practice had comprehensive information on long-term conditions available including on its website.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice offered telephone surgery through a dedicated telephone line where parents could call to discuss their concerns and prioritised for a same day appointment if assessed as needing one.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Unwell children were seen at short notice by GPs.
- The practice offered age appropriate health promotion and prevention to children and young people, for example, contraception, chlamydia screening and smoking cessation.
- The practice held quarterly meetings with a health visitor to discuss vulnerable families with child protection plans and others that are causes for concern.
- The practice offered Saturday surgeries to enable at risk children attend the seasonal influenza vaccination clinic.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- On-line appointment booking and prescription ordering were available, as well as a range of health promotion and screening that reflected the needs for this age group.
- The practice offered Monday evening and Saturday appointments for patients who could not attend during the day or during weekdays.

The practice also offered pre-bookable telephone consultations during the lunchtime and early evening giving a choice of consulting while at work.

Good



People whose circumstances may make them vulnerable

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

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- The practice had a vulnerable adult lead GP. There were systems in place for staff to identify and report concerns about patients who may be vulnerable including how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of patients with a learning disability and offered regular health checks for these patients. They were also offered longer appointments.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked closely with involved staff in the community such as the district nurse and palliative care nurse, to ensure patient care was coordinated.

People experiencing poor mental health (including people with dementia)

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

- 83% of people diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, which was comparable to the national figures of 84%.
- 86% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan review in the preceding 12 months, which was comparable to the national figures of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Patients were referred as appropriate to Improving Access to Psychological Therapies programme (IAPT) for cognitive behavioural therapy (CBT) and counselling.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. 302 survey forms were distributed and 97 were returned. This represented a 32% return rate.

The results showed:

- 47% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards. 45 of these were positive about the service experienced. Patients noted that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients commented that the GPs and nurses had been particularly approachable and understanding regarding their condition and reported they had been treated with kindness. Three comments cards noted the difficulty in getting through to the surgery to secure an appointment with a GP.

We spoke with four patients during the inspection. All told us they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Complete the investigation into cancer mortality rates; reported higher than CCG and national average, in conjunction with the local Clinical Commissioning Group (CCG) and other appropriate local health partners and undertake any improvement work if needed.
- Continue to monitor the effectiveness of the recent actions taken to improve patient satisfaction in relation to access to care and treatment and make further adjustments as needed
- Take note of the comments on the NHS Choices website and take action as appropriate

Wrafton House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Wrafton House Surgery

Wrafton House Surgery (the main practice) situated in Wellfield Road, provides primary medical care for approximately 9400 patients living in Hatfield, Hertfordshire. A branch of the main practice is located at 2 Northdown Road, Hatfield. The practice maintains one patient list and patients can access either practice for primary medical services. We did not inspect the Northdown Road branch at this time.

Wrafton House Surgery provides services under a General Medical Services (GMS) contract agreed nationally. The practice population is made up of predominantly white British but the practice also serves a small ethnic population mostly of Asian and Eastern European origin.

The practice has six GPs partners (two males and four females). The practice also employs three practice nurses and a health care assistant who are managed by a practice nurse manager. There is a practice manager who is supported by a team of administrative and reception staff. A health visitor a community midwife, a community matron, a palliative care nurse specialist and a phlebotomist from local NHS trusts support patients at this practice. The practice also trains new GPs.

The main practice operates from two storey premises which is serviced by a lift. Patient consultations and most treatments take place on the ground floor. The first floor has a minor surgery suite as well as a treatment room which is used by the surgery for minor surgical procedures. There is free car parking outside the surgery with adequate disabled parking available.

The practice is open between 8.30am 6pm Monday to Friday. The practice also offers telephone consultations for half an hour each morning usually between 8.30 am and 9.00am and in the evening between 4pm and 4.30pm. The practice operated extended hours on three Monday evenings each month and offered appointments during one Saturday morning each month.

When the practice is closed services are provided via the 111 service.

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 3 February 2016.

During our inspection we:

Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service and members of the patient participation group. A patient participation group is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Observed how patients were being assisted.

Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for reporting incidents.
- The practice carried out a thorough analysis of the significant events.

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. We saw an example where the practice had taken action to ensure older persons' medications were reviewed in a timely way when it was discovered this had been missed for a patient living in the community.

When there were unintended or unexpected safety incidents, for example an incident related to miscommunication about a doctor's appointment, we saw that the patient had been contacted and the situation had been explained to them honestly with an apology and reassurance given.

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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice had three monthly formal review meeting of safeguarding with a weekly review during the partner's meeting. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. There was a system to highlight vulnerable patients on the practice's electronic records.

- A notice in the waiting room and in all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse manager was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we were shown a copy of the latest audit and we saw that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example following an audit against best practice guidance, the practice had made improvements to the way it prescribed antibiotics for urine infections. Prescription pads were securely stored and there were 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.
- We reviewed four 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 was a health and safety policy and the practice manager was the lead for this. The practice had up to date fire risk assessments which had been updated in December 2015 and carried out regular fire drills. All electrical equipment was checked to ensure the

Are services safe?

equipment was safe to use and clinical equipment was checked to ensure it was working properly. There were other risk assessments including one for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had used additional funding provided by the CCG (winter pressure funding) to add extra GP sessions per day. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We saw that there was flexibility within the practice staffing in covering absence and holidays.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a major disruption policy in place for major incidents such as power failure or building damage. The policy included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff accessed NICE and other best practice guidelines through the CCG using a system called 'Map of Medicine', 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.

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 91% of the total number of points available, with 5.4% 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). This practice was not an outlier for any QOF clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was comparable to the CCG and national average of 89%
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average of 83%
- Performance for mental health related indicators was comparable to the CCG and national average of 93%

The senior GP partner told us that the practice was currently investigating a reported higher than CCG and national cancer mortality rate. We have advised them to involve the CCG and local health partners in this work.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in 2015 which related to antibiotic prescribing, a medicine used

to treat the symptoms of stomach disorders and a medicine used to treat moderate to severe pain. In all instances we found that the practice had taken appropriate actions to make improvements as a result of the audit findings. The audit related to the medicine used to treat the symptoms of stomach disorders had also been published in a leading medical journal so the findings could be used by the wider medical community.

- The practice participated in local audits, national benchmarking, accreditation, peer review as appropriate.

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, basic life support, health and safety and confidentiality. This included a number of role specific supervised activities coordinated by the practice nurse manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to resources from the CCG and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received ongoing training updates such as for safeguarding, fire procedures and basic life support.
- Our interviews with staff confirmed that the practice was supportive of training. The practice was also a training

Are services effective?

(for example, treatment is effective)

practice for GP registrars (doctors who were training to be qualified as GPs). Support was always available for the GP registrar from one of the GP partners who was a trainer.

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.
- Incoming test results were reviewed every day and the GPs operated a 'Buddy' system to cover GPs who were not available on a particular day.
- We saw that multi-disciplinary team meetings took place every month and that care plans were reviewed and updated as needed. These included meetings related to safeguarding vulnerable people, end of life care, and medicine management. Involved staff in the community such as the district nurse and palliative care nurse, worked with practice staff to ensure care was coordinated. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

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

- Staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. The clinical staff we spoke with were able to describe how they implemented it in their practice.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- The GPs told us where a patient's mental capacity to consent to care or treatment was unclear either they or the practice nurse would assess the patient's capacity and, record the outcome of the assessment.
- We saw that consent was obtained when undertaking surgical procedures and documented on the patient's records.

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 and those at risk of admission. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme for women aged 25-64 was comparable to other practices in the CCG area and against a national average uptake of 82%. The practice also encouraged its patients to attend national screening programmes such as those for bowel and breast cancer screening. Data showed that 64% of eligible women had attended for breast screening in the preceding three years.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 91% to 95%.

Flu vaccination rates for the over 65s were 76%, and at risk groups 48%. These were comparable to CCG and national averages.

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

Patients on reaching their 75th birthday were sent a birthday card from the surgery inviting them for their over 75 health check.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they used a vacant consulting room for patients who wanted to discuss sensitive issues or appeared distressed.

We received 48 patient Care Quality Commission comment cards, 45 of these were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients commented that the GPs and nurses had been particularly approachable, understanding and systematic regarding their condition and reported they had been treated with kindness.

We spoke with two members of the patient participation group. They also told us they were very happy with the care provided by the practice and said their dignity and privacy was respected and that staff were friendly, caring and helpful.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses and receptionists were as follows:

- 92% 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 85%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG and national average of 95%)

- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 83, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average of 90%).
- 86% said they found the receptionists at the practice helpful (CCG average 83%, 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. GPs and clinical staff had listened to them, explained in simple terms the treatment options and involved them in their care. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)
- 88% 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's computer system alerted GPs if a patient was also a carer. In conjunction with the local authority the practice wherever possible arranged 'carer holiday' to help carers have a break from their caring duties. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their designated 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.

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. The practice had agreed with the CCG a number of local enhanced services designed to improve the health needs of the local population. Examples include patients aged 75 and over health checks and measures to reduce unplanned hospital admissions.

- The practice offered telephone consultations for half an hour each morning and evening. The practice operated extended hours on three Monday evenings each month and offered appointments during one Saturday morning each month. These appointments were aimed patients who could not attend for appointments during the day or during weekdays.
- 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.
- There were disabled facilities and translation services available.

Access to the service

The practice is open between 8.30am and 6pm Monday to Friday. Appointments were usually available with the GPs during these times. Extended hours were available on three Monday evenings and during one Saturday morning each month. The practice offered telephone consultations for half an hour each morning usually between 8.30 am and 9.00am and in the evening between 4pm and 4.30pm. The practice also offered pre-bookable telephone consultations during lunchtime and early evening. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- Patient satisfaction with the practice's opening hours were comparable to other practices in the CCG area with a national satisfaction average of 79%.
- 47% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- Satisfaction of patients who said they always or almost always see or speak to the GP they prefer were comparable to other practices in the CCG area with a national satisfaction average of 37%

The practice told us that they had taken recent actions to improve patient satisfaction in relation to access to care and treatment. For example an extra appointments telephone line has been provided so patients could get through to the surgery sooner, the duty doctor has been provided with a mobile phone freeing up the main telephone line for incoming calls. Additional work was also being planned. The senior partner told us that the practice anticipated better patient evaluation about access during the next survey.

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

Listening and learning from concerns and complaints

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

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

We looked at 11 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We saw that patients had been contacted and an apology offered and accepted where appropriate. For example, we saw that a GP had contacted a patient to address their concerns with a repeat prescription issue. We saw the practice also

Are services responsive to people's needs?

(for example, to feedback?)

sought feedback from the Friends and Family Test. However we found that the practice had not always responded to patients comments left on the NHS Choices website.

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 vision was to deliver the highest level of medical care to the population of Hatfield. Staff we spoke with told us they felt the practice focussed on personalised care and felt the GPs demonstrated this vision which was shared throughout the practice. Throughout our inspection we found staff demonstrated values which were caring and patient focused.

Governance arrangements

The practice had a governance framework which supported the delivery of appropriate patient care. Arrangements included:

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

Leadership and culture

The GP partners and the staff at the practice 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.

We discussed with a senior partner the process for addressing when there were unexpected or unintended safety incidents. In that event:

- The practice would give the affected people reasonable support, truthful information and a verbal and written apology

- Keep written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly 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. Issues raised at team meetings were carried through to the partner's meeting or to the practice business meeting as appropriate for a response if needed. We noted the team had protected learning time nine times a year during which dedicated staff training updates and engagement took place.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us that their views were often sought to develop the practice and were encouraged to identify opportunities to improve the service delivered.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, and submitted proposals for improvements to the practice management. Two members of the PPG told us that the PPG had a positive partnership with the practice and was involved in improvement work. For example the PPG had raised funds to air condition the patient waiting area as well as fund the 'Health Pod' that was used by the patients for health checks (to self measure blood pressure, weight and height).
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they felt able to raise concerns or issues, or to make suggestions about the running of the practice by speaking to the practice manager or GP.