The Sollershott 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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Sollershott Surgery on 12 May 2016. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. Lessons learnt from incidents and near misses were not shared within the practice.
- Risks to patients were assessed in most areas but identified mitigating actions were not implemented.
- Complaints of a clinical nature were not investigated by a clinician and learning from complaints had not been shared with practice staff.
- The practice had not sought feedback from patients via their virtual patient participation group (PPG).
- Data showed patient outcomes were comparable to the local and national averages.
- Patients said they were treated with compassion, dignity and respect.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Systems and processes must be established and operated effectively to ensure good governance.
- Ensure blank prescriptions are stored securely at all times and there is a system in place to monitor the use of the blank prescription forms.
- Ensure that all staff employed are supported by receiving appraisals and complete the training essential to their roles.
- Implement the actions identified in the risk assessment relating to fire safety, including staff training and fire drills.
- Complete a risk assessment to identify mitigating actions for not having a defibrillator on the premises.

Summary of findings

- Ensure a legionella risk assessment is completed by a person competent to carry out the task.
- Investigate safety incidents formally and ensure that lessons learnt are shared with practice staff.
- Implement a process to ensure that complaints are investigated by the appropriate person, monitor complaints for trends and share learning from complaints with the practice staff.
- Implement systems and processes to ensure there is effective communication with practice staff.
- Engage with the virtual PPG to gather feedback from patients.

In addition the provider should:

- Review the business continuity plan and update the contact numbers.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Staff training was lacking in key areas, for example safeguarding and basic life support training for reception and administration staff, chaperone, fire safety and infection control training.
- Processes were not in place to securely store and monitor the use of blank prescription forms.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- The practice had not identified any training that they considered mandatory for staff to attend.
- There was no evidence of appraisals and personal development plans for all staff.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.

Summary of findings

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

Are services responsive to people's needs?

Requires improvement 

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could access information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.
- Complaints were not always investigated by the appropriate person.

Are services well-led?

Inadequate 

The practice is rated as requires improvement for being well-led.

- Risks to patients were identified and assessed in most areas but identified mitigating actions were not always completed fully. For example, recommended actions had not been taken following the fire risk assessment. There was no risk assessment in place for the absence of a defibrillator.
- The practice did not hold regular governance meetings and issues were discussed informally.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group. There was a virtual PPG but the practice had not engaged with them for more than one year.
- Staff told us they had not received regular performance reviews and did not have clear objectives.

Summary of findings

- The practice informed us that they had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. However, we found flaws in the leadership and governance of the practice.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour.

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

Inadequate

The provider was rated as inadequate for safety and well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Weekly visits were made to a local care home in addition to home visits as required.

People with long term conditions

Inadequate

The provider was rated as inadequate for safety and well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92% compared to the local average of 90% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- 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.

Families, children and young people

Inadequate

The provider was rated as inadequate for safety and well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 88%, which was better than the CCG average of 86% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safety and well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- NHS health checks were offered by the practice for patients aged 40 to 74 years.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safety and well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

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

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- An identified member of staff was the carers' champion. They had received training for this role from the local CCG. There was a carers' noticeboard in the waiting area and written information was available to direct carers to the various avenues of support available to them.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safety and well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages in some areas but below in others. There were 236 survey forms distributed and 116 were returned. This was a response rate of 49% and represented 2% of the practice's patient list.

- 46% of patients found it easy to get through to this practice by phone compared to the local average of 63% and the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 71% and the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 77% and the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Staff were described as polite although reception staff were described as abrupt at times.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received. Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

The Sollershott Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Sollershott Surgery

The Sollershott Surgery provides a range of primary medical services to the residents of Letchworth Garden City and the adjoining borders of Hitchin and Baldock. The practice was established in 1963 and has been at its current location of 44 Sollershott East, Letchworth Garden City, Hertfordshire, SG6 3JW since 1989.

The practice population is pre-dominantly white British with a higher than average 60 to 79 year age range. National data indicates the area is one of low deprivation. The practice has approximately 5,500 patients and services are provided under a general medical services contract (GMS), this is a nationally agreed contract with NHS England.

There are two GP partners, both male and they employ one female salaried GP and one female locum GP. There is one practice nurse and one health care assistant, both female. The practice is currently recruiting a further practice nurse and has a vacancy for a GP partner. There are also a number of reception and administration staff led by a practice manager.

The practice is open from 8.30am to 6.30pm Monday to Friday, with access via the telephone from 8am daily. Appointments are available from 8.40am to 11am and 4pm to 5.30pm on Mondays, Tuesdays and Thursdays and from 8.40am to 11am and 3pm to 4.30pm Wednesdays and Fridays. The practice does not offer any extended opening hours appointments.

When the practice is closed out-of-hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 12 May 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, reception and administration staff. We spoke with the practice nurse on a separate day, as they were not available on the day of the inspection.
- Spoke with patients who used the service.
- Observed how staff interacted with patients, carers and family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

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

- The practice had a significant event policy available on the practice computer system.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had documented three significant events in the past 12 months. However when we spoke with staff we were told about other events that had occurred, that had been dealt with informally and not documented.
- The practice did not hold any formal meetings where significant events were discussed and lessons learnt shared with staff. Significant events and incidents were discussed informally with the staff concerned.
- The practice did not carry out an analysis of the significant events to identify trends.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Patient safety alerts were received into the practice by the practice manager and disseminated to relevant staff. There were no formal meetings held in the practice where these alerts were discussed. The practice provided evidence after the inspection that they had implemented a process to ensure that all patient safety alerts had been actioned.

Overview of safety systems and processes

The systems, processes and practices in place to keep people safe and safeguarded from abuse were lacking in some areas. For example,

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on the desktop of their computers. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was identified as the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but the reception and administration staff had not received updated training for safeguarding children relevant to their role for more than three years. All staff had received in-house training for safeguarding vulnerable adults in July 2015. GPs and the practice nurse were trained to the appropriate level to manage child safeguarding, level 3.
- A notice in the waiting room and on the consulting room doors advised patients that chaperones were available if required. The nursing staff acted as chaperones but had not received training for the role. They had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead but had not received updated training for this role. They had received infection control training in June 2011. We saw there was evidence that the practice had implemented good infection control measures, for example elbow taps, pedestal bins and laminate flooring were in use in the clinical areas. There was an infection control protocol in place but staff had not received training. Annual infection control audits were undertaken and we saw evidence that actions were taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. However, we found blank prescription forms and pads were stored in an unlocked cupboard and there were no systems in place to monitor their use.

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

Monitoring risks to patients

Risks to patients were assessed but actions were not fully implemented.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room, which identified local health and safety representatives. The practice used the services of an external company to complete a fire risk assessment. They made a decision not to follow up on two of the recommended actions, which included moving the location of the waste bins outside the practice and having fire extinguisher training for all staff. None of the staff had received up to date fire training and the practice did not compete any regular fire drills. Staff we spoke with on the day of the inspection had an awareness of what to do and where the meeting point was. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.) The legionella risk assessment had been completed by the practice manager, the practice informed us that they were going to arrange a formal assessment from an external company.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Reception staff worked additional hours as required to cover for leave and absences.

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 that alerted staff to any emergency.
- Clinical staff had received annual basic life support training but reception and administration staff had not received any update training. There were emergency medicines available in the treatment room.
- The practice had a defibrillator that was not working so had been removed from the premises. The practice had not documented a risk assessment for interim actions to be taken in the event of an emergency whilst the defibrillator was unavailable. Some of the staff we spoke with were not aware that there was no defibrillator on the premises. Oxygen was available with adult and children's masks. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan had last been reviewed in 2009 and we found that some of the contact numbers were out of date.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 showed the practice achieved 96% of the total number of points available with 7% 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 (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the local and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92% compared to the local average of 90% and the national average of 88%.
- Performance for mental health related indicators similar to the local and national averages. For example, The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 87% compared to the local average of 86% and the national average of 84%.

There were areas where the practice had a higher than average exception reporting rate. For example,

- Performance for chronic obstructive pulmonary disorder related indicators was similar to the local and national averages. The practice achieved 100% of available points compared to the local average of 97% and the national average of 96%. However, the exception reporting for the practice was 17% compared to the local average of 10% and the national average of 10%.

The practice had a system for recalling patients on the QOF disease registers. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times before being subject of exception.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last year, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the Hertfordshire antibiotic guidelines were made available on the computer desktop for all the GPs, locum GPs & the practice nurse with the current recommendations for both antibiotic choice and duration of treatment.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for clinical staff. For example, for those reviewing patients with long-term conditions. The practice had not identified any training that they considered mandatory for staff to attend. Staff had received training that included safeguarding, fire safety awareness, basic life support and information governance in the past but they had not had any recent updates.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at clinical commissioning group (CCG) practice nurse forums.
- The learning needs of staff were identified through informal discussions. None of the staff had received an appraisal for more than two years. All staff we spoke with informed us they felt supported in the practice and they could approach the GPs or practice manager if they had any learning needs. For example, the practice nurse met once a week with one of the GP partners to discuss any clinical concerns that they required support with.

However, there had been changes with the turnover of GPs working in the surgery that lead to changes in work relationships which had impacted on the running of the practice.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation advice. Patients were signposted to the relevant service, for example to local pharmacists for smoking cessation advice, slimming groups for weight management advice and a local leisure centre for exercise advice.

The practice's uptake for the cervical screening programme was 88%, which was better than the CCG average of 86% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,

- 74% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 72%.
- 68% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds were 97%. The CCG average was from 96% to 98% and 94% to 97% respectively.

Requires improvement

Are services effective?

(for example, treatment is effective)

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There was a lowered area of the reception desk so patients in wheelchairs could discuss their needs with the reception staff.

All of the four patient Care Quality Commission comment cards we received were positive about the care experienced. Staff were described as polite although reception staff were described as abrupt at times. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from 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% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was available for patients with hearing difficulties.
- Information leaflets were available in an easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area that told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers, which was 1.6% of the practice list. There was an identified member of staff who was the carers' champion and they had received training for this role from the local CCG. There was a carers' noticeboard in the waiting area and written information was available to direct carers to the various avenues of support available to them. For example, Carers in Hertfordshire.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. Patients we spoke with on the day of the inspection commented positively about the care received following bereavement.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had an in house anticoagulation service for patients who required monitoring when taking blood thinning medicine.

- There were longer appointments available for patients with a learning disability or those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Weekly visits were made to a local care home in addition to home visits on request.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointment times were available outside of school hours for children.
- Routine appointment booking and repeat prescription requests could be made online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for people with disabilities that included automatic doors, wide corridors and internal doors and a lift. There were two access enabled toilets meeting the needs of patients with both right and left handed disabilities.
- All consultation and treatment rooms were located on the ground floor.
- There was a hearing loop and translation services available.
- A private room was available for nursing mothers wishing to breastfeed and there were baby changing facilities available.

Access to the service

The practice was open from 8.30am to 6.30pm Monday to Friday, with access via the telephone from 8am daily. Appointments were available from 8.40am to 11am and 4pm to 5.30pm on Mondays, Tuesdays and Thursdays and from 8.40am to 11am and 3pm to 4.30pm Wednesdays and Fridays. The practice did not offer any extended opening hours appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 46% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%).

People told us on the day of the inspection that they were able to get urgent appointments when they needed them but there was sometimes difficulty obtaining a routine appointment with a GP of choice.

In response to patient feedback and the national survey results the practice had changed its telephone system from analogue to digital allowing more phone lines into the practice. This work was completed in April 2016.

If patients required a home visit they were encouraged to contact the practice prior to 11am. The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The duty GP would contact the patient by telephone in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. The practice made use of the local CCG Acute in Hours Visiting Service to refer patients who required an urgent home visit. This service was a team of doctors who worked across east and north Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- The practice manager was the designated responsible person who handled all complaints in the practice. We found that not all complaints had been investigated by the appropriate person. We identified two clinical complaints that had been shared with a GP partner on receipt. Both complaints were then investigated and responses sent to patients without seeking clinical consultation and oversight.
- < > saw that information was available to help patients understand the complaints system for example on the practice website and a complaint leaflet was available on request at the reception desk.

We looked at four complaints received in the last 12 months and found they were dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons learnt from individual concerns and complaints were identified but these were not discussed formally to share the learning within the practice.

Are services well-led?

Inadequate

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

Our findings

We found major flaws in the leadership and governance of the practice.

Vision and strategy

The practice informed us that they had a clear vision to deliver high quality care and promote good outcomes for patients. They had a mission statement which was displayed in the practice and staff knew and understood the values. However some of our findings indicated that this was not always evident.

Governance arrangements

We found some evidence of governance processes at the service, but the leadership team had not ensured that this was effective in all areas. For example,

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions although these were not always completed fully. For example, recommended actions had not been taken following the fire risk assessment. A legionella risk assessment had been completed by the practice manager but it was not clear that they were competent to carry out this role. There was no risk assessment in place for the absence of a defibrillator.
- None of the staff had received annual appraisals and some essential staff training had not been completed.
- The practice did not hold any formal practice meetings. Discussions concerning significant events and complaints were held informally with the staff members involved in these. Lessons learnt were not shared widely within the practice
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice computer system.
- There was a comprehensive understanding of the performance of the practice such as through the monitoring of the quality and outcomes framework (QOF).
- A programme of clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

The GP partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the senior GP or practice manager and felt confident and supported in doing so. Staff said they felt respected, valued and supported.

However, an incident had occurred at the practice during 2015 that the provider had failed to advise CQC about as part of their CQC Registration obligations due to the possible impact on the delivery of services.

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

The practice did not have a patient participation group (PPG) but informed us there were 12 patients who were part of a virtual PPG. The practice had not engaged with this group since 2014. The practice had completed a patient survey in 2014 and the actions identified and implemented as a result of this survey were displayed in the waiting area. The practice sought feedback from patients attending the surgery using the Friends and Families Test response cards but they were unable to demonstrate that improvements were made as a result of this.

The practice had gathered feedback from staff through informal discussions. Staff meetings and appraisals were

Are services well-led?

Inadequate

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

not carried out for staff to feedback in a more formal documented way. However, staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

We were unable to find evidence that there was a focus on continuous learning and improvement at all levels within the practice. There was a failure to learn from significant events and complaints. The practice did not engage with their patients or seek feedback from them to improve the services within the practice.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that blank prescriptions were stored in an unlocked cupboard and there was no system in place to monitor the use of the blank prescription forms. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider did not carry out appraisals for their staff or provide training essential to their role. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** We found that actions identified in the fire safety risk assessment had not been completed. There was no risk assessment for not having a defibrillator on the premises. The legionella risk assessment had not been completed by a person competent to carry out the task. We found that not all safety incidents were investigated thoroughly and lessons learnt were not shared with practice staff. We found that complaints were not investigated by the appropriate person, they were not monitored for trends and lessons learnt were not shared with practice staff. There was a lack of systems and processes in place to ensure effective communication took place with staff within the practice. There was a lack of engagement with the virtual patient participation group (PPG). This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.