

Dr Nirvisha Kedia

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Nirvisha Kedia (also known as Coleridge House Medical Centre) on 05 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had experience staffing issues during the past year which had impacted on their performance for delivering care to people with long term conditions. However we found remedial measures were in place to improve the performance.

- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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:

- Continue to monitor the measures introduced to improve clinical performance.

Summary of findings

- Continue to identify and support carers.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There were appropriate systems in place to protect patients from the risks associated with medication and infection control.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Quality and Outcomes Framework (QOF) performance for some indicators was lower than national averages however we found remedial measures were in place to improve the performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff were aware of the process to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



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?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Herts Valleys CCG (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG to improve services for patients living in a travellers site nearby.
- 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.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice offered over 75 years comprehensive health check which included an assessment of their physical mental social circumstances.
- The practice had identified older persons at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with the Dacorum Holistic Health Care Team to coordinate their care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- The practice nurse and the principal GP had lead roles in chronic disease management such as diabetes, asthma, COPD (chronic obstructive pulmonary disease) and patients at risk of hospital admission were identified as a priority.
- The practice was taking steps to improve their performance for diabetes related indicators in the past year due to staff sickness and to recruitment of a practice nurse.
- 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 more complex needs, the principal GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



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 and Out of Hours service attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 75% and the national average of 74%.
- Early evening appointments were available outside school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors.
- The practice provided a variety of health promotion information leaflets and resources for this population group for example the discreet provision of chlamydia testing kits.

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.
- 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.
- The practice offered evening appointments between 6.30pm and 7.30pm every Monday for working patients and others who could not attend during normal opening hours.
- The practice offered pre bookable appointments up to 4 weeks in advance which could be booked in person by telephone or online.
- The practice offered telephone consultations Monday to Friday after 11am.
- The practice offered NHS Health checks smoking cessation advice and travel immunisations.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

Good



Summary of findings

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 held a register of patients living in vulnerable circumstances including homeless people, travellers and 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.
- The practice held regular review meetings involving district nurses, GP's and the local palliative care nurses for people that require end of life care and those on the palliative care register.
- 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.
- The practice identified patients who were also carers and signposted them to appropriate support.

Good



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).

- The practice offered annual reviews to all patients on the mental health register which included physical checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 60% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to other practices in the local area.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice worked in conjunction with the local Improving Access to Psychological Therapies (IAPT) and Cognitive behavioural therapy (CBT) services and referred patients to these services as appropriate.

Good



Summary of findings

- The practice hosted the counselling service from the local mental health trust and patients had direct access to these services.
- The practice had a system in place to follow up patients who had attended A&E 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 January 2016. The results showed the practice was performing in line with local and national averages. 392 survey forms were distributed and 84 were returned. This represented 21% return rate (4% of the practice's patient list).

- 86% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% 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 38 comment cards which 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. Patients commented on the kindness of staff and how they demonstrated a professional caring attitude at all times. Some patients commented on how the reception staff had shown compassion and understanding referring them to appropriate professional for care and treatment.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Continue to monitor the measures introduced to improve clinical performance.
- Continue to identify and support carers.

Dr Nirvisha Kedia

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist advisor.

Background to Dr Nirvisha Kedia

Dr Nirvisha Kedia (also known as Coleridge House Medical Centre) situated in Hemel Hempstead, Hertfordshire is a GP practice which provides primary medical care for approximately 2,100 patients living in Hemel Hempstead and surrounding areas.

Dr Nirvisha Kedia provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. Prior to 1 April 2016 the practice provided primary care services under a Personal Medical Services (PMS) contract, which is a contract between general practices and NHS England for delivering primary care services to local communities. The practice population is predominantly white British along with a small ethnic population of Asian Polish and other Eastern European origin. The practice has higher than average working age population.

The practice has one female principal GP. The practice regularly uses a male locum GP. There is a practice nurse supported by a health care assistant. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

There are two parking spaces outside the building as well as adequate roadside parking available. There is a reserved space outside the surgery for those patients with mobility issues.

The practice is open Monday Tuesday Thursday and Friday from 8.30am to 6.30pm except on Monday when the practice is open until 7.30pm. Telephone lines are however open from 8am. On Wednesday the practice is open from 8.30am till 1.30pm. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided by Herts Urgent Care via the 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 5 May 2016.

During our inspection we:

Detailed findings

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service.
- 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 principal GP or 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Safety alerts were managed by the principal GP who had a system to alert concerned staff including clinicians. For example we saw that the practice had acted on an alert that recommended a particular type of intrauterine systems used for contraception be prescribed by brand name only.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice carried out a thorough analysis of the significant events. All incidents including significant events and alerts were discussed and reviewed during the monthly practice meeting with action taken and lessons learnt noted. We saw evidence that lessons were shared and action was taken to improve safety. For example the practice had strengthened the process for labelling and bagging specimens for analysis by the laboratory following an investigation of mislabelling and had shared the improved process with all staff to prevent a repetition.

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. These arrangements reflected relevant legislation and local requirements.

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. The principal GP was the lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There were monthly meetings with the Health Visitor to discuss patients who were on the child protection register. Staff had received training for safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.

- A notice in the waiting room and in consultation 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 (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 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. Annual infection control audits were undertaken and we saw evidence that action was 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. For example the practice had reviewed patients receiving medication to lower high cholesterol levels and had changed the medication of five patients to an alternative on account of possible side effects based on their other medical conditions. Blank prescription forms and pads were securely stored and there were systems

Are services safe?

in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy. The practice had up to date fire risk assessments and carried out six monthly fire drills. 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).
- 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. Staff worked flexibly covering each other for holidays planned and unplanned absences. The practice employed a regular locum GP to

cover leave arrangements for the principal GP. The practice had experienced difficulties in recruiting a practice nurse in the past year but this had been resolved and a practice nurse was now in post.

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.
- A first aid kit and oxygen was available on the premises with adult and children's masks. The practice did not have a defibrillator but had a risk assessment and appropriate controls to manage an emergency.
- Limited stocks of emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a risk assessment to justify the limited range of emergency medicines stocked, the rationale being the close proximity of the local pharmacy from where additional supply of emergency medicines could be obtained. The practice after our inspection confirmed that they reviewed their risk assessment and would stock additional medicines to deal with a diabetic and febrile emergency. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of the business continuity plan was kept off site.

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. In conjunction with the NHS Herts Valleys Clinical Commissioning Group (CCG) medicines management team the practice had undertaken work to improve prescribing of medicine in line with the CCG formulary.

- 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. Clinical staff had an electronic link to NICE on their desktop. New guidance and changes in practice were discussed at clinical meetings.
- 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 78% of the total number of points available.

Data from 2014/15 showed:

- Performance for diabetes related indicators was 51% which was lower than the CCG average of 91% and the national average of 89%.
- Performance for mental health related indicators was 66% which was lower than the CCG average of 96% and the national average of 93%.

The principal GP told us that the practice had experienced difficulties with QOF review of patients with long term conditions due to the non availability of a practice nurse for the duration of the financial year 2014/15. The principal GP had prioritised this work while actively trying to recruit during that period. A practice nurse has now been recruited and manages the review of patients with long term conditions. The practice was working with the CCG in a

demand management scheme to increase the review of patients with long term conditions. The practice had implemented interim measures and had identified patients with long term conditions at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with the Dacorum Holistic Health Care Team to coordinate their care.

The principal GP also told us that the performance for mental health indicators appeared low but this was due to very small numbers of patients. However the practice had introduced an improved recall system and provided specific training to the practice nurse in 'supporting behavioural change' for the patient with mental health needs.

The practice expects their performance to improve in both the above indicators in the current year.

The performance for other indicators were comparable to other practices in the local area. For example:

The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 90% which was comparable to the CCG average of 91% and national average of 90%. Exception reporting for this indicator was 9% compared to a CCG average of 10% and national average of 11%. (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).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the past year, both of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice had acted on data provided by the CCG and reviewed patients receiving a new class of anticoagulant drug called NOACs (novel oral anticoagulants) and ensured they received the right dose.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result included increased adherence to antibiotic prescribing from 50% to 83% at re-audit and timely diagnosis of cancer following the two week referral for suspected cancer.

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 relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes asthma. The practice nurse worked in conjunction with the health care assistant to provide support to develop their expertise in long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which 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 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. For example the practice nurse told us that being new to the practice they had been encouraged to attend role specific training and was provided with continuous support by the principal GP. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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. The practice used a secure fax system to communicate with the district nurse and health visitor. Pathology service were able to share patient clinical information and results electronically. There was a system to review patients that had accessed the NHS 111 service overnight and those that had attended the A&E department for emergency care.
- 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 primary health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs and those that need end of life care.

Consent to care and treatment

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

- Staff 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.
- The practice gained written consent for minor surgery and intrauterine contraceptive device (IUCD) procedures which were scanned and maintained in the patient's records.

Are services effective?

(for example, treatment is effective)

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 such as asthma and COPD and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 75% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

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

- 31% attended for bowel screening within six months of invitation which was lower than the national average of 55%.

- 66% attended for breast screening within six months of invitation which was similar to the national average of 73%.

The practice was taking action to further encourage patients to attend screening and have included promotional information on screening in the patient waiting room. They also intend to engage the PPG to raise awareness.

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 90% to 97% and five year olds from 80% to 100%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

All of the 38 patient Care Quality Commission comment cards we received 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. Patients commented on the kindness of staff and how they demonstrated a professional caring attitude at all times. Some patients commented on how the reception staff had shown compassion and understanding referring them to appropriate professional for care and treatment.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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. Some patients commented on how the GP had advised on the need for referral to specialist care and treatment. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- There was a hearing loop available in reception.
- There was a range of information leaflets available to inform patients regarding their condition and treatments available in the reception areas.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which 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 8 patients as carers

(less than 0.4% of the practice list). Written information was available to direct carers to the various avenues of support including HertsHelp (a council hosted support service) available to them. Carers were offered a health check and flu vaccinations. The principal GP was the carer champion. The practice manager told us that the practice population included a large working age group which could explain the low percentage of carers. However the practice was actively seeking to identify others in their practice list who were also carers.

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.

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 NHS Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG to improve services for patients living in a travellers site nearby.

- The practice offered evening appointments between 6.30pm and 7.30pm every Monday for working patients and others who could not attend during normal opening hours.
- The practice offered telephone consultations each morning Monday to Friday after face to face consultations had finished at 11am. This was a popular service and allowed working patients and others who could not attend in person an opportunity to consult with the GP or the practice nurse.
- All appointments were pre bookable in advance up to four weeks.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- All patients over 75 had a named GP.
- The practice provided an in-house phlebotomy service which allowed people long-term conditions to have their blood taken locally at the practice without the need to attend the hospital.
- The practice had identified older persons at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with the Dacorum Holistic Health Care Team to coordinate their care.
- The practice worked in conjunction with the local Improving Access to Psychological Therapies (IAPT) and Cognitive behavioural therapy (CBT) services and referred patients to these services as appropriate.
- The practice hosted the counselling service from the local mental health trust and patients had direct access to these services.

- The practice provided health care for patients living in a travellers site nearby.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice is open Monday to Friday from 8am to 6.30pm. Extended hours appointments were offered till 7.30pm on Monday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Patients could also book a routine appointment with a GP of their choice using an advance booking system. Appointments could be booked in person by telephone or online through the practice website.

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.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

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

The reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would refer to the GP.

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 designated responsible person who handled all complaints in the practice.

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

- We saw there was a poster in the waiting area that informed patients of the complaints procedure. There was also information on the practice website.

We looked at three complaints received in the last 12 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and

transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, raising awareness of staff relating to necessary procedures and the implementation of a more robust appointment system.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The aims and objectives were clearly stated in the practice statement of purpose which was to offer a patient centered care based on their identified needs and choices.
- The practice had plans which reflected the vision and values and were regularly monitored.

Governance arrangements

Being a small practice the overarching governance framework was overseen by the principal GP and supported the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

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

Leadership and culture

The practice prioritised safe, high quality and compassionate care. Staff told us the principal GP and the practice manager 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice 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 support and a verbal and written apology and we saw evidence of this from complaints and significant event investigations.

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

- Staff told us the practice held regular team meetings and we saw minutes of these 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was set up last year and met yearly with the next meeting planned for June 2016. The PPG member we spoke with told us that they were working with the practice about different ways of providing practice related information.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The principal GP was the GP Special Interest (GPSI) Lead for Hertfordshire Community Gynaecology Service. The Lead GP together with a Consultant Gynaecologist provided twice monthly Gynaecology clinics for patients from GP practices in the locality.

The practice had recently changed its contract to a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. As a result the practice was working innovatively

Are services well-led?

Good 

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

with other practices in the locality to identify different models of working such as merging with another practice or federating with other practices so support and efficiency could be achieved.