

# The Garden City Surgery

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services 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 The Garden City Surgery on 20 September 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. However, the practice had not carried out any recent fire drills.
- Infection control processes were in place but there had been no audits to monitor them and identify any potential improvements.
- 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 GP partners arranged professional development events with local consultants from secondary care and

included topics such as diabetes management, COPD management, heart failure management. This forum improved direct links with secondary care colleagues and provided direct access for clinical advice.

- Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us they felt involved in decision making about the care and treatment they received.
- 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.
- The practice facilities were equipped to treat patients and meet their needs. Consultation rooms were available on the ground floor for patients who could not manage the stairs. There were access enabled toilets and an automatic door at the entrance. All staff had received deaf awareness training.
- 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.

# Summary of findings

The areas where the provider should make improvements are:

- Carry out regular fire drills so staff are familiar with actions to take in the event of a fire.
- Complete audits to monitor infection control processes in place.
- Continue to encourage patients to attend cancer screening such as cervical and breast cancer.
- Continue to identify and support carers within the practice population.

**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 learnt were shared at staff meetings to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, 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. Staff had received training relevant to their role.
- Risks to patients were assessed and well managed. However, the practice had not carried out any recent fire drills.
- Infection control processes were in place but there had been no audits undertaken to monitor and identify any potential improvements.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, performance for chronic obstructive pulmonary disease was comparable to the local and national averages. The practice achieved 97% of available points, with 9% exception reporting, compared to the local CCG average of 97%, with 12% exception reporting, and the national average of 96%, with 13% exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had access to guidelines from NICE (National Institute of Clinical Excellence) and used this information to deliver care and treatment that met patients' needs.
- Clinical audits demonstrated quality improvement. There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



# Summary of findings

- The GP partners arranged professional development events with local consultants from secondary care and included topics such as diabetes management, COPD and heart failure management. This forum improved direct links with secondary care colleagues and provided direct access for clinical advice.
- 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.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey, published July 2016, showed patients rated the practice comparably with others for several aspects of care. For example, 91% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 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.
- The practice had identified 79 patients as carers which was approximately 1% of the practice list. There was an identified carers lead and written information was available to direct carers to the avenues of support available to them. Carers were offered flexible appointment bookings so they could attend the practice at a convenient time.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and East and North Hertfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice held an anti-coagulation monitoring clinic for patients to avoid them attending the local hospital for blood tests. This service included home visits for housebound patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.

# Summary of findings

- There were 'sit and wait' appointments for urgent needs. These were available from 10.30am to 11.30am and 5.30pm to 6pm daily.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Consultation rooms were available on the ground floor.
- 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.

## 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 governance 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
- 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.
- The practice was part of a federation of practices who were working together to provide healthcare services locally for patients.

Good



# 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs visited a local care home once a week in addition to urgent visits and telephone advice as required.
- Annual health checks were offered to all patients over 75 years of age.

Good



### People with long term conditions

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

- 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 comparable to the local and national averages. The practice achieved 95% of available points, with 13% exception reporting, compared to the CCG average of 89%, with 9% exception reporting, and the national average of 90%, with 12% exception reporting.
- 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.
- The GP partners arranged professional development events with local consultants from secondary care and included topics such as diabetes management, COPD management, and heart failure management. This forum improved direct links with secondary care colleagues and provided direct access for clinical advice.
- One of the practice nurses was trained as an expert educator in diabetes.

Good



# Summary of findings

## Families, children and young people

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

- 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. For example, the practice achieved a score of 9.6 out of 10 for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 9.1.
- The practice's uptake for the cervical screening programme was 76%, which was slightly lower than the CCG average of 83% 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.
- The nursing staff were also trained to give sexual health and family planning advice.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available for patients who unable to attend the practice.
- There were online appointment booking and prescription requests in addition to the electronic prescribing service that reflected the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,
  - 68% 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%.
  - 56% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 59% and the national average of 58%.

Good





# Summary of findings

- Students at home from university during holiday times were offered temporary registration with the practice.

## 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 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 support groups and voluntary organisations.
- 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 had identified 79 patients as carers which was approximately 1% of the practice list. There was an identified carers lead and written information was available to direct carers to the avenues of support available to them. Carers were offered flexible appointment booking so they could attend the practice at a convenient time.

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).

- 75% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months.
- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 100% of available points compared to the CCG average of 94% and the national average of 93%.
- 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.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- 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 most recent national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. There were 299 survey forms distributed and 113 were returned. This was a 38% completion rate that represented approximately 1.5% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and the national average of 73%.
- 79% 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 82% and the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 71% 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 74% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 11 comment cards which were all positive about the standard of care received. The service was described as excellent and patients said the staff were competent, caring and professional. Positive comments were made about all levels of staff.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. 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. They also commented that children received good care from both the GPs and the nursing staff.

The practice made use of the NHS Friends and Family Test through which patients who use NHS services can give feedback on their experiences. The most recent published results showed 86% of respondents would recommend the practice.

# The Garden City Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Garden City Surgery

The Garden City Surgery provides a range of primary medical services to the residents of Letchworth Garden City. The practice was established in 1996 and provides services from its current location of 57-59 Station Road, Letchworth Garden City, Hertfordshire, SG6 3BJ.

The practice population is pre-dominantly white British and covers an average age range. National data indicates the area is one of mid deprivation. The practice has approximately 7,050 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England and GP practices.

The practice is led by two GP partners, both male. The nursing team consists of two nurse practitioners, a nurse prescriber, a practice nurse and a health care assistant, all female. There is a team of reception and administrative staff all led by a practice manager. The Garden City Surgery is a training practice for postgraduate doctors wishing to gain experience in general practice.

The Garden City Surgery is open from 8am to 6.30pm Monday to Friday.

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 visit on 20 September 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager, reception and administrative staff. We also spoke with patients who used the service.
- Observed how staff interacted with patients and their family members.
- 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?

# Detailed findings

- Is it responsive to people's needs?
- Is it well-led?

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and complete a significant event form that was available on the practice's computer system. The significant event 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.
- The practice carried out a thorough analysis of the significant events.
- Significant events were presented and discussed at the six weekly staff meetings where lessons learnt were shared.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. There were systems in place to disseminate alerts to appropriate staff and records were kept of the actions taken. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, following an incident that involved an error with the administration of a vaccine the practice reviewed its process and implemented additional measures to ensure the correct vaccine was given at the right time to the correct patient.

### 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. One of the GPs was the lead member of staff for safeguarding children and one was the lead for vulnerable adults. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to an appropriate level to manage child safeguarding, level 3, and the nursing staff were trained to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. The nurses and health care assistant acted as chaperones. They were trained for the role and 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 with the support of the practice manager. There was an infection control protocol in place and staff had received up to date training. Appropriate infection control measures were in place, for example, the use of pedal bins, elbow taps and wipeable floors and surfaces. The practice had supplies of personal protective equipment and spillage kits were available for the cleaning of bodily fluids. The practice had not completed any audits to monitor their infection control processes and identify any potential improvements.
- 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 East and North Hertfordshire CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They met with the GPs every

## Are services safe?

two weeks for mentorship and support for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments. They had not carried out any recent fire drills but a date had been identified for one. All electrical equipment had been checked in September 2016 to ensure the equipment was safe to use and clinical equipment was checked in May 2016 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 skill 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. The reception staff were multi-skilled so they could cover for each other's absences and leave. The practice made use of locum GPs with one regular locum employed over the summer months to cover for the GP partners leave. There was a locum pack available to familiarise them with the practice and local protocols.

### 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan were kept off site by the GP partners and the practice manager.

# 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.
- 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 showed the practice achieved 96% of the total number of points available compared to the CCG average of 96% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 95% of available points, with 13% exception reporting, compared to the CCG average of 89%, with 9% exception reporting, and the national average of 90%, with 12% exception reporting.
- Performance for chronic obstructive pulmonary disease was comparable to the local and national averages. The practice achieved 97% of available points, with 9% exception reporting, compared to the CCG average of 97%, with 12% exception reporting, and the national average of 96%, with 13% exception reporting.
- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 33% exception reporting, compared to the CCG average of 94%, with 12% exception reporting, and the national average of 93%, with 11% 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. We reviewed the monitoring of QOF performance with the practice and found they 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 the subject of exception.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken following an audit of the treatment of patients with uncomplicated urinary tract infections was that all locum GPs were made aware of the antibiotic prescribing policy and the practice used approved websites such as Patient UK and NHS Choices to provide patients with additional information and advice to manage their symptoms.

### 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. Progress was reviewed by the practice manager after three months to identify any future learning.
- 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. The nursing staff had undertaken training for the management of a variety of conditions including minor illnesses, chronic obstructive pulmonary disease



# Are services effective?

## (for example, treatment is effective)

(COPD), asthma and diabetes. One of the practice nurses was trained as an expert educator in diabetes. The nursing staff were also trained to give sexual health and family planning advice.

- The GP partners arranged professional development events with local consultants from secondary care and included topics such as diabetes management, COPD and heart failure management. This forum improved direct links with secondary care colleagues and provided direct access for clinical advice.
- 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 and nursing staff. 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.

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 to, 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.

- 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 process for seeking consent was monitored through patient records audits.

### 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76%, which was slightly lower than the local CCG average of 83% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by use of a female sample taker. 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,

- 68% 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%.
- 56% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 59% and the national average of 58%.

## Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, the practice achieved a score of 9.6 out of 10 for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 9.1. For MMR vaccinations given to five year olds, the practice achieved an average of 96% compared to the national average of 91%.

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 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 area to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. The service was described as excellent and patients said the staff were competent, caring and professional. Positive comments were made about all levels of staff. 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 average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% 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%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 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 84% 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 90% and the national average of 91%.

- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% 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. They also commented that children received good care from both the GPs and the nursing staff. 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:

- 89% 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%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 80% 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. Some of the staff in the practice were multi-lingual.
- Information leaflets were available in large print.
- All staff had received deaf awareness training.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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 79 patients as carers which was approximately 1% of the practice list. The practice manager was the identified carers lead and written

information was available to direct carers to the avenues of support available to them. Carers were offered flexible appointment booking so they could attend the practice at a convenient time.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs if required 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 NHS England and the East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- 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.
- The GPs visited a local care home once a week in addition to urgent visits and telephone advice as required.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Minor illness clinic appointments were available daily with the nurse practitioner.
- Appointments were available for children outside of school hours.
- Telephone consultations were available for patients who could not attend the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice held an anti-coagulation monitoring clinic for patients to avoid them attending the local hospital for blood tests. This service included home visits for housebound patients.
- Early morning appointments, for blood tests that required patients to fast before the test, were available on Mondays from 7.50am.
- Students at home from university during holiday times were offered temporary registration with the practice.
- Consultation rooms were available on the ground floor for patients who could not manage the stairs. There were access enabled toilets and an automatic door at the entrance. All staff had received deaf awareness training.
- There were baby changing facilities and the practice offered a private area for nursing mothers wishing to breastfeed.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with the GPs were available from 8.30am to 10.30am and 4pm to 5.30pm daily. 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. These were 'sit and wait' appointments for urgent needs and were available from 10.30am to 11.30am and 5.30pm to 6pm daily. Appointments with the nursing team were available throughout the day.

Results from the national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG of 62% 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 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 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 a designated responsible person who handled all complaints in the practice.

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

- The GP partners compiled the written responses to complaints particularly if they were of a clinical nature.
- We saw that information was available to help patients understand the complaints system. For example there was a complaints leaflet available at the reception desk, there was a notice on the wall of the waiting area and there was information on the practice website.

The practice had received 12 complaints, including verbal complaints, in the last 12 months. We reviewed a sample of

these and found they had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, all staff received deaf awareness training as part of an action plan that was put in place following a complaint.

# 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 practice had a statement of purpose that outlined their aims and objectives which included, to provide high quality, safe, and effective Primary Health Care General Practice services to their patients and to work in partnership with patients and their relatives and carers, involving them in decision making relating to their treatment.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and 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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions although there was a lack of infection control auditing to monitor infection control processes.

### Leadership and culture

The practice was led by the GP partners with the support of the practice manager. On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They 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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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 they 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 clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. The GPs met with the practice manager every two weeks and there were full staff meetings every six weeks. In addition to this the practice nurses met every week and there were nurse practitioner meetings every month.
- 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 and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners 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 met regularly and submitted proposals for improvements to the practice management team. The practice had reviewed information they received and formulated an

# Are services well-led?

Good 

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

action plan to address key areas of concern. For example, they planned to look at 'the experience of making an appointment' with staff and the PPG to identify areas for improvement.

- The practice made use of the NHS friends and family test; a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. The most recent published results showed 86% of respondents would recommend the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

They were a training practice for post graduate doctors wishing to gain experience in general practice. At the time of the inspection they had one trainee working in the practice.

The practice was part of a federation of practices who were working together to provide healthcare services locally for patients.