

The Sollershott Surgery

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



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 Sollershott Surgery on 12 May 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for The Sollershott Surgery on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 6 July 2017. The overall rating for the practice remains Inadequate.

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

- There was a lack of visibility and oversight from the provider in relation to clinical leadership within the practice.
- The provider relied on locum GPs to support the service. Patients we spoke with and comments made on the CQC comments cards indicated there was a

lack of continuity of care. Locum packs were available to familiarise locum GPs with the practice and local area. However, we found these did not cover all areas, for example, safeguarding information was missing.

- The system for checking the monitoring of high-risk medicines was not evident. Electronic patient records showed that some patients had not received appropriate blood monitoring.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff although they were not practice specific.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average in most areas. They were an outlier for mental health related indicators.
- Results from the national GP patient survey, published July 2017, showed that patient's satisfaction with how they could access care and treatment was below the local and national averages in some areas. However, there had been improvements in all areas from the previous year's survey.

Summary of findings

- The practice had formed a patient participation group (PPG). There had been three meetings since the previous inspection, the most recent in January 2017 when The Practice Group had been commissioned to run the service.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Routine appointment booking and repeat prescription requests could be made online. The practice had received recognition from NHS England for promoting online services. They had 19% of their patients who regularly used online services, which exceeded the national target of 10%.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients, for example implement systems and processes to ensure the safe prescribing of medicines.

- Establish effective systems and processes to ensure clinical leadership and good governance in accordance with the fundamental standards of care. For example, provide sufficient visible clinical leadership to ensure there is effective governance and oversight of incidents and performance and continuity of care for patients and engage with the patient participation group (PPG).

The areas where the provider should make improvement are:

- Ensure all policies are specific to the practice.
- Continue to monitor and ensure improvements to national GP patient survey results in all areas.
- Continue to monitor the care and improve outcomes for patients experiencing poor mental health.

This service was placed in special measures on 1 September 2016. Insufficient improvements have been made and further areas of concern have been identified so there remains a rating of inadequate for safe and well-led. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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 inadequate for providing safe services and improvements must be made.

- There were processes for handling repeat prescriptions however, the system for checking the monitoring of high-risk medicines was not evident. Electronic patient records showed that some patients had not received appropriate blood monitoring.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff although they were not practice specific, for example, the lead GP for safeguarding was not identified in the policy. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The provider relied on locum GPs to support the service. Locum packs were available to familiarise locum GPs with the practice and local area. However, we found these did not cover all areas, for example, safeguarding information was missing.
- We found there was an effective system 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 were informed as soon as practicable, received reasonable 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 to minimise risks to patient safety.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (2015/16) showed patient outcomes were at or above average compared to the national average in most areas. However, they were an outlier for mental health related indicators.
- Staff were aware of current evidence based guidance.

Good



Summary of findings

- Two single cycle audits had been completed. The Practice Group informed us they had a centralised clinical effectiveness group who would support an audit programme within the practice.
- Staff had the skills and knowledge to deliver effective care and treatment. Mandatory training had been identified and they had all completed update training.
- 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Most recent data from the national GP patient survey, published July 2017, showed patients rated the practice in line with local and national averages for all aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients we spoke with told 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. However, Patient feedback from the comment cards we received aligned with these views.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 103 patients as carers, which was 2% of the practice list. There was an identified member of staff who was the carers' champion.

Good



Are services responsive to people's needs?

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

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Routine appointment booking and repeat prescription requests could be made online. The practice had received recognition from NHS England for promoting online services. They had 19% of their patients who regularly used online services which exceeded the national target of 10%.

Requires improvement



Summary of findings

- Patients we spoke with said they found it easy to make an appointment but informed us there was a lack of continuity of care as the provider relied on locum GPs to support the service. Urgent appointments were available the same day.
- Results from the national GP patient survey, published July 2017, showed that patient's satisfaction with how they could access care and treatment was below the local and national averages in some areas. However, there had been improvements in all areas from the previous year's survey.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed 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 inadequate for being well-led.

- The provider informed us they had a vision to deliver high quality healthcare that was patient centred, continuing, holistic and responsive to patients' needs and preferences. Some of our findings indicated that this was not always evident.
- We found there was a lack of visibility and oversight from the provider in relation to clinical leadership within the practice. The provider employed one part-time salaried GP and a part-time advanced nurse practitioner (ANP). They used two regular part time locum GPs in addition to ad hoc locum GPs. There were no clinical meetings and we found evidence that a system was not in place for monitoring of high risk medicines.
- The practice had a number of policies and procedures to govern activity, however, some of these were not practice specific.
- The practice had formed a patient participation group. There had been three meetings since the previous inspection, the most recent in January 2017 when The Practice Group had been commissioned to run the service.
- The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure awareness of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Inadequate



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Weekly visits were made to a local care home in addition to home visits as required.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. They had regular meetings with the local Home First team with a view to avoiding hospital admissions.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Annual health checks and flu vaccinations were offered.

Inadequate



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the practice achieved 87% with 6% exception reporting compared to the CCG average of 90% with 9% exception reporting and the national average of 90% with 12% exception reporting.

Inadequate



Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Inadequate



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible. For example, telephone consultations were available.

Inadequate



Summary of findings

- The practice was proactive in offering online services. They had received recognition from NHS England for promoting online services. The practice had 19% of their patients who regularly used online services, which exceeded the national target of 10%.
- The practice promoted a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,
 - 82% 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 73%.
 - 67% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 103 patients as carers, which was 2% of the practice list.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate



- The provider was rated as inadequate for safety and well-led and requires improvement for responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.
- The practice carried out advance care planning for patients living with dementia.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local and national average.
- Performance for mental health related indicators was below the CCG and national averages. For example, the practice achieved 41% with 1% exception reporting compared to the CCG average of 93% with 12% exception reporting and the national average of 93% with 11% exception reporting. The provider shared unpublished data for 2016/17 which showed some improvement for mental health indicators as the practice had achieved 60% of available points.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 in July 2017. The results showed the practice was performing in line with local and national averages in some areas but were below average in others. There were 218 survey forms distributed and 118 were returned. This was a 54% response rate and represented approximately 2% of the practice's patient list.

- 76% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 65% 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 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards, 19 of which were all positive about the standard of care received and the staff

who worked in the practice. For example, staff were described as attentive and caring and patients said they received a high standard of care. The remaining cards had mixed reviews with a theme of negative comments regarding the amount of locum GPs used by the practice resulting in a lack of continuity of care.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received although there were some comments on lack of continuity of care as they often had consultations with locum GPs. There were positive comments regarding the staff, in particular the reception staff were described as friendly and helpful. Patients commented that they could usually get an appointment when they wanted one.

The most recent published results from the NHS Friends and Family Test showed 60% of 10 respondents would recommend the practice. The NHS Friends and Family Test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.

The Sollershott 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 Sollershott Surgery

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

The practice population is predominantly white British with a higher than average 60 to 79 year age range. National data indicates the area is one of low deprivation. The practice has approximately 5,500 patients and services are provided under an Alternative Provider Medical Services (APMS) contract, this is a locally agreed contract with NHS England and GP practices.

At the time of the inspection in May 2016 the practice was led by two GP partners and they employed a salaried GP, a regular locum GP and a practice nurse. Since the inspection the two GP partners resigned their contract and the remaining GPs and practice nurse all left the practice. In January 2017 The Practice Group, a company that provides services on behalf of the NHS, were commissioned to run the service. They currently employ one female, salaried GP, two locum GPs, one male and one female, and a female advanced nurse practitioner (ANP). There is a female health care assistant and a team of reception and administrative staff led by the practice manager. The practice was

supported by The Practice Group Regional Support Manager who was the CQC registered manager for the practice. The Practice Group provided clinical support from their clinical director and nursing support from the regional nurse manager.

The practice is open from 8.30am to 6.30pm Monday to Friday, with access via the telephone from 8am daily. Appointments are available at from 8.40am to 12.30pm and 2pm to 6pm daily. The practice does not offer any extended opening hours appointments.

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

Why we carried out this inspection

We undertook a comprehensive inspection of The Sollershott Surgery on 12 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law by 9 September 2016. We undertook a follow up inspection on 1 November 2016 to check that action had been taken to comply with legal requirements. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for The Sollershott Surgery on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of The Sollershott Surgery on 06 July 2017. This

Detailed findings

inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations, for example, The East and North Hertfordshire Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced inspection on 6 July 2017.

During our inspection we:

- Spoke with a range of staff including GPs, the advanced nurse practitioner, the health care assistant, the practice manager, the registered manager, reception and administrative staff.
- We spoke with patients who used the service and observed how patients were being cared for in the reception area.
- Reviewed a 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.

- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection on 12 May 2016, we rated the practice as inadequate for providing safe services as:

- When things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Staff training was lacking in key areas, for example, safeguarding children and basic life support training for reception and administration staff, chaperone, fire safety and infection control training.
- Processes were not in place to securely store and monitor the use of blank prescription forms.

These arrangements had improved when we undertook a follow up inspection on 6 July 2017. However, due to other areas of concern identified, the practice remains inadequate for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had now developed an open culture for reporting and learning from significant events. We noted that 15 events had been documented in the past 12 months.
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For

example, following a potential breach of confidentiality in the reception area the practice had explored ways to reduce this risk and informed all staff of their responsibility to ensure confidentiality was maintained within the practice.

- The practice carried out a thorough analysis of the significant events and monitored trends in significant events and evaluated any action taken.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. Patient safety alerts and MHRA (Medicines and Healthcare products Regulatory Agency) alerts were received into the practice by the practice manager and disseminated to the appropriate staff for action. We reviewed the process for the most recent alert received and noted that individual staff members had taken appropriate actions.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff although they were not practice specific. The lead GP for safeguarding was not identified in the policy but all staff we spoke with were aware who this was. The policies outlined who to contact, outside of the practice, for further guidance if staff had concerns about a patient's welfare. Contact numbers for the local authority and details of the practice Safeguarding Lead were available on the noticeboards in the consultation and treatment rooms.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had now received updated training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to the appropriate level to manage child safeguarding, level 3.
- A notice in the waiting room and on the consulting room doors advised patients that chaperones were available if required. 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).

Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The health care assistant was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and all staff had now received up to date training. Annual IPC 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 were in place in most areas to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes in place for handling repeat prescriptions however, the system for checking the monitoring of high-risk medicines was not evident. For example, we reviewed the patient electronic record system and found the following:
 - 27 patients were prescribed methotrexate, a medicine used to treat rheumatoid arthritis, 18 of these patients had not received appropriate blood monitoring.
 - Seven patients were prescribed azathioprine, a medicine used to treat rheumatoid arthritis and other conditions, three of these patients had not received appropriate blood monitoring.
 - There were 578 patients prescribed a cardiac medicine, 123 of these patients had not received appropriate blood monitoring.
 - Immediately following the inspection the provider informed us that the policies for the monitoring of patients receiving high-risk medicines had been reviewed and an action plan had been put in place to ensure patients were monitored appropriately, this included contacting these patients and inviting them to the practice for a review and the provision of extra clinical capacity to meet this demand.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process

to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were now securely stored and there were systems to monitor their use. The advanced nurse practitioner (ANP) had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received support from the medical staff for this extended role. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and had now completed the identified actions. They carried out regular fire drills every six months. There were designated fire marshals within the practice who had received additional training for the role. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated in January 2017 to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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). At the inspection in May 2016 we noted the

Are services safe?

legionella risk assessment had not been completed by a person competent to carry out the task and did not take into consideration all aspects including the condition of the water system. The practice now utilised the services of an external company and a legionella risk assessment was completed in August 2016. The practice had completed the recommended actions. For example, water temperature checks were completed each month.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The provider had reviewed how many staff were required when they were commissioned to run the service and used a staffing matrix to assess staffing against the appointments they were contracted to provide. Feedback from staff and patients indicated that the provider relied on locum GPs to provide clinical cover on most days in addition to the part time salaried GP and ANP. There was a rota system for the reception and administrative staff to ensure enough staff were on duty to meet the needs of patients. Reception staff worked additional hours as required to cover for leave and absences. The provider had identified the need for a new role called the patient services manager to support the practice manager. This role had been advertised for recruitment. Locum packs were available to familiarise locum GPs with the practice and local area. However, we found these did not cover all areas,

for example, safeguarding information was missing. We noted that the locum packs were not secured within a file with a record of what they contained so it was not clear if information was missing.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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, including reception and administrative staff had now received annual basic life support training.
- The practice had a new 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 for major incidents such as power failure or building damage. The plan had now been reviewed and contact numbers had been updated.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 12 May 2016, we rated the practice as requires improvement for providing effective services as:

- The practice had not identified any training that they considered mandatory for staff to attend.
- There was no evidence of appraisals and personal development plans for all staff.

These arrangements had improved when we undertook this inspection on 6 July 2017.

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

The practice was an outlier for one area of the QOF clinical targets. Data from 2015/16 showed:

- Performance for mental health related indicators was below the CCG and national averages. For example, the practice achieved 41% with 1% exception reporting compared to the CCG average of 93% with 12% exception reporting and the national average of 93% with 11% exception reporting. The provider shared unpublished data for 2016/17 which showed some improvement for mental health indicators as the practice achieved 60% of available points.

- Performance for dementia related indicators was similar to the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 83% with 2% exception reporting compared to the CCG average of 85% with 9% exception reporting and the national average of 84% with 7% exception reporting.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the practice achieved 87% with 6% exception reporting compared to the CCG average of 90% with 9% exception reporting and the national average of 90% with 12% 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.

There was evidence of quality improvement including clinical audit:

- Since the provider had been commissioned to manage the practice in January 2017 they had commenced two audits. These were single cycles with dates planned to complete the second cycle audits.
- Findings were used by the practice to improve services. For example, recent action taken as a result included all female patients prescribed a certain medicine used to treat epilepsy or mental health disorders had an alert on their computer record to ensure that contraception advice and counselling was given.
- The Practice Group informed us they had a centralised clinical effectiveness group who would support an audit programme within the practice.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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. The provider had now identified training

Are services effective?

(for example, treatment is effective)

that was mandatory for staff to attend. For example, safeguarding, fire safety awareness, basic life support and information governance and all staff had now completed this training.

- 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 annual update training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. At the inspection in May 2016 we noted that there was a lack of training and appraisals for all staff. We now found that 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 nurses. All staff had received an appraisal within the last 12 months.
- The provider had identified mandatory training for staff and they had all 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. Information was shared between services, with patients'

consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 ANP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average of 83% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given was better than the national averages. For example, rates for the vaccines given to under

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

two year olds ranged from 95% to 98% and five year olds was 96% The national averages were 90% for vaccines given to under two year olds and 88% to 94% for five year olds.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and was above average when compared to CCG and national averages. For example,

- 82% 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%.

- 67% 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%.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received 43 Care Quality Commission comment cards 19 of which were all positive about the standard of care received and the staff who worked in the practice. For example, staff were described as attentive and caring and patients said they received a high standard of care. The remaining cards had mixed reviews with a theme of negative comments regarding the amount of locum GPs used by the practice resulting in a lack of continuity of care.

We spoke with four patients including a member of the patient participation group (PPG). All four patients said they were satisfied with the care they received. There were positive comments regarding the staff, in particular the reception staff were described as friendly and helpful.

Results from the national GP patient survey, published July 2017, 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:

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 91% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However, there were some negative comments on lack of continuity of care as they often had consultations with locum GPs. Patient feedback from the comment cards we received aligned with these views. We 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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.

Are services caring?

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

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was available for patients with hearing difficulties.
- Information leaflets were available in an easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 103 patients as carers, which was 2% of the practice list. There was an identified member of staff who was the carers' champion and they had received training for this role from the local CCG. There was a carers' noticeboard in the waiting area and written information was available to direct carers to the various avenues of support available to them. For example, Carers in Hertfordshire.

Staff told us that if families had experienced bereavement, the practice contacted them and gave advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 12 May 2016, we rated the practice as requires improvement for providing responsive services as:

- There was no evidence that learning from complaints had been shared with staff.
- Complaints were not always investigated by the appropriate person.

These arrangements had improved when we undertook the inspection on 6 July 2017.

Responding to and meeting people's needs

The provider understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability or those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Weekly visits were made to a local care home in addition to home visits on request.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointment times were available outside of school hours for children.
- Routine appointment booking and repeat prescription requests could be made online. The practice had received recognition from NHS England for promoting online services. They had 19% of their patients who regularly used online services which exceeded the national target of 10%.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for people with disabilities that included automatic doors, wide corridors and internal doors and a lift. There were two access enabled toilets meeting the needs of patients with both right and left handed disabilities.
- All consultation and treatment rooms were located on the ground floor.
- There was a hearing loop and translation services available.

- A private room was available for nursing mothers wishing to breastfeed and there were baby changing facilities available.

Access to the service

The practice was open from 8.30am to 6.30pm Monday to Friday, with access via the telephone from 8am daily. Appointments were available from 8.40am to 12.30pm and 2pm to 6pm daily. The practice did not offer any extended opening hours appointments. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published July 2017, showed that patient's satisfaction with how they could access care and treatment was below or comparable to local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 71%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 43% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

The areas where the practice were below average had all improved from the previous year's survey.

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

- If patients required a home visit they were encouraged to contact the practice prior to 11am.
- The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of

Are services responsive to people's needs?

(for example, to feedback?)

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 a home visit. This service was a team of doctors who worked across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.
- Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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. At

the inspection in May 2016 we found that not all complaints had been investigated by the appropriate person. At the inspection in July 2017 we reviewed the process for managing complaints and found that a clinician now reviewed and investigated complaints of a clinical nature.

- We saw that information was available to help patients understand the complaints system for example on the practice website and a complaint leaflet was available at the reception desk. Information regarding advocacy services was displayed in the patient waiting area.

We looked at two complaints received in the last 12 months and found they were dealt with in a timely way with openness and transparency. Lessons were learned 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, training in communication skills was provided for the GPs to help them when speaking with patients. Lessons learned were shared with all staff at the practice meetings.

Are services well-led?

Inadequate 

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

Our findings

At our previous inspection on 12 May 2016, we rated the practice as inadequate for providing well-led services as:

- Risks to patients were identified and assessed in most areas but identified mitigating actions were not always completed fully.
- The practice did not hold regular governance meetings and issues were discussed informally.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group. There was a virtual PPG but the practice had not engaged with them for more than one year.
- Staff told us they had not received regular performance reviews and did not have clear objectives.
- We found flaws in the leadership and governance of the practice.

There had been some improvement when we undertook the inspection on 6 July 2017. However, we found there was a lack of clinical leadership in the practice.

Vision and strategy

The provider informed us they had a vision to deliver high quality healthcare that was patient centred, continuing, holistic and responsive to patients' needs and preferences. Some of our findings indicated that this was not always evident.

The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice policies were implemented and were available to all staff. These were updated and reviewed regularly. However, some of these were not practice specific.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to

learn about the performance of the practice. The provider monitored performance in relation to other practices within their group and provided league tables to encourage improvements.

- We were informed a programme of continuous clinical and internal audit was going to be implemented and used to monitor quality and to make improvements. This would be supported by the provider's clinical effectiveness group.
- There were appropriate arrangements for identifying, recording and managing risks and issues. We found that mitigating actions had now been completed.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. However, there were no clinical meetings held within the practice.

Leadership and culture

On the day of the inspection we found there was a lack of visibility and oversight from the provider in relation to clinical leadership within the practice. The provider employed one part-time salaried GP and a part-time advanced nurse practitioner (ANP). They used two regular part time locum GPs in addition to ad hoc locum GPs. The Practice Group provided clinical support from their clinical director and nursing support from the regional nurse manager. There were no clinical meetings and we found evidence that a system was not in place to ensure appropriate monitoring of patients who were prescribed high risk medicines.

The provider was aware of and had systems 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 provider encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

Are services well-led?

Inadequate 

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported. However, some of the staff we spoke with commented on the lack of clinical leadership.
- All staff were involved in discussions about how to run and develop the practice, and the provider 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

- At the inspection in May 2016, the practice did not have a patient participation group (PPG) but informed us there were 12 patients who were part of a virtual PPG. The practice had not engaged with this group since 2014. Following the inspection, the practice contacted

each member of the virtual PPG and invited them into the practice for a face-to-face meeting to form a PPG. There had been three meetings since the previous inspection, the most recent in January 2017 when The Practice Group had been commissioned to run the service.

- Feedback from patients was sought from the NHS Friends and Family test, complaints and compliments received. The most recent published results from the NHS Friends and Family test showed 60% of 10 respondents would recommend the practice. The NHS Friends and Family test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.
- The provider sought feedback from staff through staff meetings, appraisals and discussion. All staff had now received an appraisal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The Practice Group had an improvement plan in place that included the provision of a permanent clinical workforce and to strengthen the clinical audit cycle.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The system for checking the monitoring of high-risk medicines was not evident. Electronic patient records showed that some patients had not received appropriate blood monitoring.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of visibility and oversight from the provider in relation to clinical leadership within the practice. No clinical meetings were held to ensure effective governance and oversight of incidents and performance and continuity of care for patients.</p> <p>The practice were not engaging (fully) with the patient participation group (PPG).</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>