

# New Road Surgery

## Quality Report

The Surgery, 166 New Road  
Croxley Green  
Rickmansworth  
Hertfordshire  
Tel: Tel: 01923604884  
Website: [www.newroadsurgery.info](http://www.newroadsurgery.info)

Date of inspection visit: 7 and 15 December 2016  
Date of publication: 30/03/2017

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to New Road Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at New Road Surgery on 7 and 15 December 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 some aspects of managing infection control risks needed strengthening.
- 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.
- Most staff had received an annual appraisal in the past 12 months.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had established systems to support carers.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Complete the infection control action plan as per the agreed completion dates paying particular attention to the immunisation status of staff with front line patient duties.

# Summary of findings

- Consider ways of improving the breast screening uptake.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

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 comparable to the national average. For example 73% of patients with asthma had received an asthma review in the preceding 12 months which included an assessment of asthma control compared with the CCG and national average of 76%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, for example there had been 22 clinical audits completed in the last two years.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. For example 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was given the Purple Star award by Hertfordshire County Council in recognition of services to help people with learning disabilities. As part of sharing good practice with others in the locality the practice in conjunction with the CCG had arranged training for three other local practices to helping them towards the Purple Star award.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Patient satisfaction for telephone access to appointments was higher than CCG and national averages. For example, 86% of patients said they could get through easily to the practice by phone compared to CCG average of 78% and the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had aims and plans to deliver high quality care and promote good outcomes for patients. Staff were knowledgeable about the aims and plans and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of 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.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named accountable GP.
- All these patients were offered an over 75s health check.
- The practice had identified 2% of the frailest patients at high risk of admissions to hospital (patients with multiple complex needs identified under the Proactive Care Programme) and worked with community services in planning support.
- The practice reviewed care of nursing home patients who had recently had a hospital admission and adjusted their care plans accordingly including adding them to the patients at high risk of admissions to hospital.
- The practice offered domiciliary phlebotomy services for patients unable to travel to hospital.
- There was a home flu vaccination service during the flu vaccination season.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported a local care home and visited twice weekly to provide healthcare for the residents.

### People with long term conditions

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

Good



- GPs supported by nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice provided specialist clinics and nurses for diabetes, chronic obstructive pulmonary disease (COPD), asthma, and anticoagulation.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.

# Summary of findings

- Performance for diabetes related indicators were comparable to the CCG and national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading showed good control (in the preceding 12 months) was 78%, where the CCG average was 77% and the national average was 78%.
- 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 care professionals to deliver a multidisciplinary package of care.
- The practice held regular review meetings involving district nurses, GPs and the local palliative care nurses for people that required end of life care and those on the palliative care register.

## 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 within target for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 81%. 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 practice provided a variety of health promotion information leaflets and resources for this population group. For example, smoking cessation, sexual health immunisations and obesity where patients could have access to dedicated slimming programmes through third party services.
- The practice offered a range of contraceptive services including sub dermal implants and contraceptive coils.

Good



# Summary of findings

- The practice offered referrals to family planning and related screening such as chlamydia screening.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was open till 8pm on Monday and Thursday. On the first and third Saturday of each month the practice was open from 7.50am until 10am.
- As part of Watford Care Alliance (a hub of local practices) patients could also access a GP at the weekend, on a Saturday between 9am and 1pm and 3pm and 7pm and on a Sunday between 9am and 1pm.
- The practice provided a ring back service by a duty GP or a nurse at the patient's request where appropriate.
- The practice offered the Men ACWY vaccine to young teenagers and 'fresher' students going to university for the first time to protect them against meningitis (an inflammation of the lining of the brain) and septicaemia (blood poisoning).
- Online services were available for booking appointments and request repeat prescriptions.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The dispensary at the branch situated at the nearby village of Sarratt was open from 8am to midday, Monday to Friday which enabled patients to collect medication without excessive travel demands.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



# Summary of findings

- The practice was given the Purple Star award by Hertfordshire County Council in recognition of services to help people with learning disabilities.
- 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.
- The practice held regular health visitor liaison and multi-disciplinary team meetings to discuss the care needs of specific patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice identified patients who were also carers and signposted them to appropriate support. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 145 patients as carers (1.4% of the practice list). The practice had a designated carers' champion who provided information and directed carers to the various avenues of support available to them. This included referral to Carers in Hertfordshire which supported people in their caring role. The practice offered annual health checks vaccinations and flexibility of booking appointments to carers.

## 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).

- 74% 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 national average.
- The practice offered annual reviews to all patients on the mental health register which included physical checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice in conjunction with other practices in the locality participated in the "twiddle muffs" knitting project to help some patients with dementia overcome their restless hands and keep them occupied.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations including the community drugs and alcohol team.
- Patients had access to onsite counselling and cognitive behavioural therapy (CBT) sessions provided by the local mental health trust.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with national averages. There were 255 survey forms distributed and 110 had been returned. This represented 49% return rate (1% of the practice's patient list).

- 86% of patients said they could get through easily to the practice by phone compared to CCG average of 78% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared with a CCG average of 89% and a national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with a CCG average of 85% and a national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 21 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted that their care experience was good and that the practice had looked after their needs in a friendly and caring way. Staff had listened to them and had treated them with dignity and respect. One comment card noted that it was hard to obtain an appointment with a GP through the telephone appointment system.

We spoke with seven patients during the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us about the personalised care they had received including how staff had maintained continuity of care over a period of time. Patients told us that they found all staff at the practice friendly and approachable.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Complete the infection control action plan as per the agreed completion dates paying particular attention to the immunisation status of staff with front line patient duties.

- Consider ways of improving the breast screening uptake.

# New Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to New Road Surgery

New Road Surgery situated in Croxley Green, Rickmansworth, Hertfordshire is a GP practice which provides primary medical care for approximately 10,432 patients. There is branch, the Church Lane Surgery, situated at the nearby village of Sarratt. The practice maintains one patient list and patients can consult at any of the above locations. We did not inspect the Church lane branch at this time. However we inspected the dispensary situated at this branch. Together they provide primary medical care to the residents living in Croxley Green, Sarratt and surrounding areas.

New Road Surgery provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian and Afro Caribbean origin.

The practice has five GPs partners (two female and three male). There are three other salaried GPs (all females). There is a senior practice nurse and five practice nurses who are supported by two health care assistants (all

females). There is a practice manager who is supported by a deputy and a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice provides training to doctors studying to become GPs (who are called GP Registrars).

New Road Surgery is a dispensing practice and has a dispensary at the Church lane branch which is open from 8am to 12 noon Monday to Friday. There is a dispenser who is supported by a lead GP for medicine management.

Patient consultations and treatments take place on ground level. There is a car park outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm. On Monday and Thursday the practice offers extended evening opening till 8pm. On the first and third Saturday of each month the practice is open between 7.50am and 10am. There are a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided by Herts Urgent Care via the 111 service.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out announced visits on 7 and 15 December 2016.

During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being assisted.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- The staff we spoke knew the reporting process used at the practice and there was a recording form available on the practice's computer system. Staff would inform a GP or the practice manager of any incidents. The incident 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. There was a consistent approach to investigations.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, the practice had strengthened their procedures for labelling blood sample bottles following investigation of an incorrectly labelled specimen.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice had acted on a recent alert concerned with the safety of a particular medicine used in emergency care and had taken steps to replace these with those recommended by the safety alert.

### 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. A GP was the lead for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. There were regular meetings with the health visitor to discuss patients who were on the child protection register. Staff demonstrated they understood their responsibilities. For example a staff member described an occasion where they had to liaise with the Police to ensure the safety of an adult patient. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.

- A notice in the waiting and in clinical rooms advised patients that chaperones were available if required. Clinical and some administration staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Hand wash facilities, including soap dispensers were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. There was an infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had recently undertaken an infection control audit and had taken action to ensure the main treatment room met essential infection control standards. This included the resealing of flooring and the replacement of taps in the hand wash sink to the elbow type. There was an action plan with agreed completion dates for other improvement work. The practice had undertaken an audit of the immunisation status of staff that had immediate contact with patients and confirmed that the immunisation against Hepatitis B was up-to-date. The practice was updating applicable staff records with details of other immunisations (measles, mumps, chickenpox and rubella) and had a target date of March 2017 to complete this work.

## Are services safe?

- 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. The practice carried out regular medicines audits, with the support of NHS Herts Valleys Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. We were shown evidence of 10 audits related to medicine optimisation and prescribing. For example in one audit the practice was able to confirm that 100% of changes to a patient's medicines were updated within seven days of their discharge from hospital. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed the system in place to assess and manage risks to patients on high risk medicines. Adequate checks were made prior to repeat prescribing including blood tests and other checks as required.
- There was a named GP responsible for the dispensary. There were standing operating procedures for the dispensary to help ensure processes were suitable and the quality of the service was maintained. The dispensary was managed by a dispenser who was suitably trained and supported. We saw evidence of regular supervision and an annual appraisal for this dispenser. The practice had assessed the checking arrangements for medicines prior to dispensing and there was a manual process in place for a second check. However the Named GP told us that they were considering an electronic bar code system to supplement this process.
- All medicines incidents or 'near misses' were recorded and shared to ensure learning.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).

Access to these medicines was restricted, the keys to the secure storage held securely and there were arrangements in place for the destruction of controlled drugs.

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

### Monitoring risks to patients

Risks to patients were assessed 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health security of vaccine fridges infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a rota system in place for the different staffing groups to ensure enough staff were on duty. Practice staff covered for each other during times of annual leave.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

## Are services safe?

- 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.

# 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 used an electronic system to access clinical guidelines pathways and safety alerts and inform on positive patient outcomes. New guidance and changes in practice were discussed during clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice regularly reviewed the records of patients with diabetes, dementia mental illness high blood pressure (hypertension) and those needing palliative care to ensure adherence to good practice guidelines.
- We reviewed four records of patients who were on the dementia register and saw that the practice used a template to ensure their physical, social and mental health needs were being addressed and were in line with good practice guidelines.

### 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 that the practice had achieved 98% of the total number of points available.

Data from 2015/2016 showed other QOF targets to be similar to local and national averages.

Performance for diabetes related indicators was comparable to the NHS Herts Valleys Clinical Commissioning Group (CCG) and national averages. For example,

- the percentage of patients with diabetes, on the register, in whom the last blood pressure reading showed good

control (in the preceding 12 months) was 78%, where the CCG average was 77% and the national average was 78%. Exception reporting for this indicator was 6% compared to a CCG average of 12% and national average of 13%. (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).

Performance for mental health related indicators was comparable to local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 91% where the CCG average was 92% and the national average was 89%. Exception reporting for this indicator was 7% compared to a CCG average of 10% and national average of 13%.

We reviewed the exception reporting and found that the practice was not a high user of exception reporting and had made every effort to ensure appropriate decision making including prompting patients to attend for the relevant monitoring and checks.

There was evidence of quality improvement including clinical audit.

- There had been 22 clinical audits undertaken in the last two years, three 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. For example antibiotic prescribing.

Findings were used by the practice to improve services. For example, following an audit of patients who were prescribed a particular type of medicine for heart failure the practice was able to identify a number of patients that would benefit from a different medicine recommended by good practice guidelines and make this change.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Are services effective?

## (for example, treatment is effective)

- 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 governance and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes asthma and COPD (chronic obstructive pulmonary disease).
- 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 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, and support for revalidating GPs. All staff had received an annual appraisal in the past 12 months. Staff we spoke with confirmed this was a positive productive experience.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They had access to and made use of e-learning training modules and in-house training.
- There were monthly education programmes where GPs and other clinical staff shared their learning from courses and learning events they had attended with other practice staff.
- GP registrar (doctors studying to become GPs) were supported well by the GPs and other staff. They were given protected time to debrief after each of their consultation session to consolidate their learning and to gain broad experience of patient care.

### 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 with palliative care needs to other services including with the out of hours service and community nursing services.
- There was a process to communicate with the district nurse and health visitor. The pathology service were able to share patient clinical information and results electronically. There was a system to review patients that had accessed the NHS 111 service overnight and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending Herts Urgent Care.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Signed consent forms were used for minor surgery and scanned into the electronic patient record.
- Verbal consent was obtained prior to insertion of an intrauterine device (IUD or coil) which was recorded on the patient's records.

# Are services effective?

## (for example, treatment is effective)

- 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 and those at risk of developing a long-term condition, those patients with mental health problems and patients with learning difficulties. Patients were offered regular health reviews and signposted to relevant support services.
- The practice was a high achiever locally for recognition diagnosis and support of people with dementia.
- The practice participated in local health related community events for example in the Croxley Revels where they aimed to support the local community in healthy living and raise money for health related charities such as the stroke association.
- We saw a variety of health promotion information and resources both in the practice and on their website. For example, on family health, long term conditions and minor illness.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were 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 consequence of abnormal results.

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

Results showed:

- 62% of patients attended for bowel screening within six months of invitation compared to the CCG average of 59% and the national average of 58%.
- 60% attended for breast screening within six months of invitation was below the CCG average of 72% and the national average of 73%.

The practice was aware of the lower uptake for breast screening and was taking action including reminding patients opportunistically when attending for GP appointments.

Childhood immunisation rates for vaccinations given were comparable to national averages. The practice achieved the 90% national target in four out of the four indicators for childhood immunisations given to under two year olds.

For five year olds, the practice achieved an average of between 96% and 97% (national averages ranged between 88% and 94%) for MMR vaccinations.

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 room to discuss their needs.

All of the 21 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted that their care experience was good and that the practice had looked after their needs in a friendly and caring way. Staff had listened to them and had treated them with dignity and respect. One comment card noted that it was hard to obtain an appointment with a GP through the telephone appointment system.

We spoke with two members of the patient participation group (PPG) (PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded sympathetically when patients 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. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. 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 mostly above the local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 92% 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% 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.

## Are services caring?

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

Patient information was available in the patient waiting area as well as on the practice website which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 145 patients as carers (1.4% of the practice list). The practice had a designated carers' champion who provided information and directed carers to the various avenues of support

available to them. This included referral to Carers in Hertfordshire which supported people in their caring role. The practice offered annual health checks as well as vaccination to carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and or by giving them advice on how to find a support service. The practice had recently audited the bereavement support provided. Of the ten concerned families eight had received contact and support by their preferred GP within 48 hours of the bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was given the Purple Star award by Hertfordshire County Council in recognition of services to help people with learning disabilities. As part of sharing good practice with others in the locality the practice in conjunction with the CCG had arranged training for three other local practices to help them towards the Purple Star award.

- The practice was open until 8pm on Monday and Thursday. On the first and third Saturday of each month the practice was open from 7.50am until 10am.
- As part of Watford Care Alliance (a hub of local practices) patients could also access a GP at the weekend, on a Saturday between 9am and 1pm and 3pm and 7pm and on a Sunday between 9am and 1pm.
- The practice provided a ring back service by a duty GP or a nurse at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice supported a local care home and visited twice weekly to provide healthcare for the residents.
- Patients over 75 had a named accountable GP and were offered the over 75 health check by a dedicated nurse.
- The practice had identified 2% of the frailest patients at high risk of admissions to hospital (patients with multiple complex needs identified under the Proactive Care Programme) and worked with community services in planning support.
- The practice reviewed care or nursing home patients who had recently had a hospital admission and adjusted their care plans accordingly including adding them to the patients at high risk of admissions to hospital.
- The practice provided specialist clinics and nurses for diabetes, chronic obstructive pulmonary disease (COPD), asthma, and anticoagulation.

- Patients had access to onsite counselling and cognitive behavioural therapy (CBT) sessions provided by the local mental health trust.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- The practice offered domiciliary phlebotomy services for patients unable to travel to hospital.
- There was a home flu vaccination service during the flu vaccination season.
- The practice offered the Men ACWY vaccine to young teenagers and 'fresher' students going to university for the first time to protect them against meningitis (an inflammation of the lining of the brain) and septicaemia (blood poisoning).
- The practice supported a canal population with arrangements to forward communications to an alternative postal addresses as well as offering home visits to canal boats.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered referrals to family planning and related screening such as chlamydia screening.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available. There was a hearing loop available.
- Online services were available for booking appointments and request repeat prescriptions.
- The dispensary at the branch situated at the nearby village of Sarratt was open from 8am to midday, Monday to Friday which enabled patients to collect medication without excessive travel demands.

### Access to the service

The practice was open Monday to Friday from 8am to 6.30pm. The practice was open till 8pm on Monday and from 7.50am until 10am on the first and third Saturday of each month. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for people that needed them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to CCG average of 78% and the national average of 73%.

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

The 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 reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would speak to a GP. Home visit requests were referred to a GP who assessed and managed requests as per clinical needs.

## 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 patient services administrator was the responsible person who handled all complaints in the practice.
- We saw there was a poster in the waiting area that informed patients of the complaints procedure together with a complaints information leaflet which outlined the complaints procedure. There was also information on the practice website.

There were seven complaints documented in the year 2015/16 and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action had been taken as a result to improve the quality of care. For example the practice had improved the way patients' medicines were managed after they had undergone hospital surgical procedures following a complaint investigation.

# 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 aimed to provide patients with medical care of the highest quality, and seek continuous improvements in the health status of the practice population overall.

It aimed to:

- Develop and maintain care which was responsive to patients' needs and expectations.
- Work in partnership with patients, their families and carers, involving them in decision making about their treatment and care.
- Whenever possible reflect the latest advances in primary health care and focus on prevention of disease by promoting health and wellbeing.
- Use NHS resources efficiently and cost effectively.

The practice had supporting plans which reflected the aims and objectives and were regularly monitored.

### Governance arrangements

The practice had a governance framework which supported the delivery of the business plans 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 electronically on their desktops.
- 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 for identifying, recording and managing risks, issues and implementing mitigating actions. However some aspects of managing infection control risks needed strengthening.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when there were unexpected safety incidents:

- The practice gave affected people reasonable support and explanation.
- They kept written records of verbal interactions as well as written correspondence.
- Had a learning culture turning lessons learnt into an improvement loop.

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

- The practice had good engagement of all staff group through a meaningful and useful meeting and communication structure.
- There was a regular schedule of practice meetings in addition to those for individual staff groups and multi-disciplinary teams to attend.
- There were staff social events arranged throughout the year.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. For example there were nominated GP leads for safeguarding, diabetes, asthma, chronic obstructive pulmonary disease (COPD) and infection control. There were also nurse led clinics for patients with respiratory

# Are services well-led?

Good 

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

conditions such as asthma and COPD. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Members of the PPG told us that they had worked with the practice on several initiatives. These included:
- The development of a practice board identifying all practice staff.
- Contributing to the structure and content of the video patient information system in the waiting room.
- Helping with practice commissioned patient surveys.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

- We saw examples of where staff had personal interests in topics and they had been encouraged and supported by partners to develop their knowledge and to share learning across the practice.

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had recently employed an additional practice nurse so nurse led appointments such as for working age people and school age children could be more accessible especially during the winter months.
- The practice encouraged continuous learning and development demonstrated by their commitment to implementing learnings and sharing best practice. A GP partner had recently had an article published in a national clinical journal entitled 'A multidisciplinary approach is key to best treatment of IBD (inflammatory bowel disease)' which gave detailed information about managing this condition.