

# Baldwins Lane Surgery

## Quality Report

266 Baldwins Lane, Croxley Green, Rickmansworth,  
Hertfordshire.

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Date of inspection visit: 14 October 2015

Date of publication: 24/12/2015

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Baldwins Lane Surgery on 14 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- Patients said they found it easy to access appointments, with urgent appointments available the same day.
- The practice appeared clean and infection control procedures were adhered to.
- There was a clear leadership structure and staff felt supported by management.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met patients' needs.

However, there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure that staff have an awareness of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards appropriate to their roles.

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- Ensure staff are facilitated to complete role specific training and maintain up to date records of training in regard to safeguarding vulnerable adults and children and infection control in accordance with their practice policies.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Significant event reporting procedures ensured when things went wrong lessons were learned and improvements were made. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. The practice adhered to infection control guidance to ensure people were protected from the risks of infection. The medical equipment at the practice was fit for purpose and maintained correctly. Whilst medicines were stored correctly the practice was not able to demonstrate a clear system of stock control. However, the practice took immediate action following our inspection and implemented a system for the management of medicines, which included appropriate accountability and monitoring arrangements.

Good



### Are services effective?

The practice is rated as good for providing effective services. Our findings on inspection found staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. We saw evidence that these guidelines were being used to evaluate practice and improve outcomes for patients. Staff had received training appropriate to their roles. Although records of training were not always available staff demonstrated the appropriate competence, including a clear understanding of data protection guidelines when discussing patients. There was evidence of appraisals and although two were slightly out of date, there was a schedule for completion. The practice was innovative and proactive in its involvement with local initiatives to improve patient care within the locality. Staff worked with multi-disciplinary teams to promote integrated care for their patients. Whilst staff demonstrated a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards in regard to procedures for obtaining valid consent from patients, not all staff were confident in their awareness of how to apply the principles and this could be improved. The staff who lacked confidence told us they would speak to one of the GPs.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for

Good



# Summary of findings

several aspects of care. For example, results from the 2015 national GP patient survey found 100% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and the national average of 95.2%. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## **Are services responsive to people's needs?**

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had recognised through patient surveys and feedback that access to appointments was an issue but had been proactive in improving access. They offered extended clinics and worked with other providers in the locality to enable their patients seven day access to routine GP care. Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day. The practice was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence reviewed showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Good**



## **Are services well-led?**

The practice is rated as good for being well-led. Whilst there was no formal strategic plan in place, staff were clear about the goals set out in what they referred to as the practice ethos and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings. The practice was aware of the risks it faced in securing the services it provides in the future.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. It was responsive to the needs of older people. It offered home visits including flu vaccines and diabetic reviews. Same day urgent appointments were also available for older people and those with multiple needs. The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, the practice contacted patients with dementia to remind them of appointments. Patients we interviewed in this group provided positive feedback about the service and care provided by the practice.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. With 18% of their practice population in this group, GP led clinics were in place for the review of these patients. These reviews resulted in a personalised care plan with agreed goals for their health and wellbeing. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Patients with diabetes and those with multiple needs were reviewed annually and were offered an interim review at six months. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Good



### 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 who were at risk. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. There was a flu clinic for children held on a Saturday and during the half term break. Staff demonstrated a clear understanding of safeguarding children from the risk of harm or abuse. The practice computer system clearly identified and alerted staff of those children who were subject to a child protection plan or who were living in care. Extended clinics were available for childhood immunisations on Saturdays and during school holidays.

Good



# Summary of findings

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

Good



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. There were extended clinic times available for people at work. The practice was proactive in offering online services for appointment booking and was registered with the electronic prescription service (EPS), reflecting the needs for this age group. Extended clinics encompassed the provision of cervical screening, flu vaccinations and long term conditions (such as diabetes) reviews with GPs and the nurse. Phlebotomy clinics for patients were also available seven days a week. Phlebotomy is the taking of blood for analysis at a laboratory.

## **People whose circumstances may make them vulnerable**

Good



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. There were 12 people on the learning disability register of which 42% had attended an annual review. Longer appointments were available if needed for people in this group. The practice worked with multi-disciplinary teams in the case management of vulnerable people, including the Living Well Team in Hertfordshire (a service that ensures patients with complex health and social care needs receive joined up care). There was a counselling service available in the practice. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. There was a carers' register and plans for the health care assistant to become the carers' champion.

## **People experiencing poor mental health (including people with dementia)**

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Of the 32 people on the dementia register 75% had received an annual review. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental

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health, including those with dementia. There was a lead GP for dementia care. The practice offered a ring back reminder service for patients with dementia, where reception staff would call these patients to remind them of their appointments.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. There was a counselling service available in the practice. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The GPs at the practice had undergone training in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DOLS) and demonstrated a good understanding of the principles of these two pieces of legislation relating to consent. Whilst some of the other staff did not have the same depth of knowledge, the staff we spoke with were able to identify the basic principles and told us they would speak to a GP if they were concerned about an individual patient.



# Summary of findings

## What people who use the service say

Results from the 2015 National GP Patient Survey (from 120 responses which is equivalent to 2.96% of the patient list) demonstrated that the practice was performing in line with or above local and national averages.

- 95.1% said their GP was good at listening to them compared with a CCG average of 89.1% and a national average of 88.6%.
- 85.4% found it easy to get through to this surgery by phone compared with a CCG average of 75.9% and a national average of 73.3%.
- 82.6% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88.7% and a national average of 85.2%.
- 66.3% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64.4% and a national average of 64.8%.
- 59.4% said they did not normally have to wait too long to be seen compared with a CCG average of 57.2% and a national average of 57.7%.

However; results indicated the practice could perform better in certain aspects of care, including patients speaking to or seeing the same GP. For example:

- 46.6% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 63.1% and a national average of 60%.

- 70.5% described their experience of making an appointment as good compared with a CCG average of 77% and a national average of 73.3%.
- 81.2% found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 86.8%.
- 84% said the last appointment they got was convenient compared with a CCG average of 92.6% and a national average of 91.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 36 comment cards which were all positive about the standard of care received. We spoke with nine patients and three representatives of the patient participation group (PPG) who were equally positive in their description of the service they received. The PPG is a group of patients who work with the practice to discuss and develop the services provided. Patients we spoke with praised the caring and helpful approach of the GPs and support staff. Patients felt they were treated with dignity and respect and involved in their care and treatment planning. Some patients told us that on occasions there could be a prolonged wait for appointments. However, they all told us that they were always given adequate time during their appointments and never felt rushed by GPs who listened well to their concerns.

# Baldwins Lane 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, two additional CQC inspectors and a practice nurse specialist advisor.

## Background to Baldwins Lane Surgery

Baldwins Lane Surgery provides a range of primary medical services from premises at 266 Baldwins Lane, Croxley Green, Rickmansworth, Hertfordshire, WD3 3LG. The practice served a population of 4,054 patients at the time of our inspection. The practice serves a slightly above average population of those aged from 10 to 14, 45 to 54 and 60 and over. There is a lower than average population of those aged from 0 to 9 and 20 to 34. The population is almost completely white British with no notable ethnic communities. The area served is less deprived compared to England as a whole.

The clinical team consists of one male and three female GP partners, one male and one female trainee GP, one nurse and one healthcare assistant. Trainee GPs are qualified doctors training to become GPs. All clinical staff work part-time. The clinical team is supported by a practice manager, four reception staff and a secretary. The practice holds a GMS contract for providing services. This is a training and teaching practice. There are two medical students who attend the practice on Mondays, but we did not meet either of them.

The practice is open between 8am to 1pm and 2pm to 6.30pm Monday to Friday. Appointments are from 8.30am

to 11am every morning and 3.30pm to 6pm daily. Extended hours are offered from 6.30pm to 8.30pm on the first Monday of the month, from 6.30pm to 7pm every Wednesday and three Thursdays a month. Emergency appointments are available from 8am to 8.30am and 6pm to 6.30pm Monday to Friday at the practice. The practice is also part of the Watford Care Alliance which enables its patients to receive seven day access to routine GP care. The Watford Care Alliance is a collaboration of GP practices in the West Hertfordshire area which enables patients to have seven day access to routine GP care. An out of hours service is provided by Hertfordshire Urgent Care via the NHS 111 service.

## Why we carried out this inspection

We inspected this practice as part of our new comprehensive inspection programme.

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

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.

# Detailed findings

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 14 October 2015. During our inspection we spoke with a range of staff including three GP partners, two trainee GPs (qualified doctors training to become GPs), a nurse, a healthcare assistant, the practice manager and members of the reception team. We spoke with nine patients and three representatives of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed the practice's own patient survey and 36 comment cards where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a comprehensive system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events. There were staff meetings quarterly and we saw minutes of discussions and actions taken.

Monthly partners' meetings reviewed significant events, complaints and vulnerable patients. Any relevant significant events, complaints or vulnerable patients were also discussed at weekly multi-disciplinary team (MDT) meetings. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For instance, we saw an example of a missed diagnosis related to cancer. To minimise the risk of such an event happening again, the practice had taken action to make sure all clinical staff were made aware of the latest National Institute for Health and Care Excellence (NICE) guidelines related to this.

Safety was monitored using information from a range of sources, including NICE guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety alerts were received by the practice manager and distributed appropriately.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe. Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 partner was the lead for safeguarding. Staff demonstrated they understood their responsibilities, although not all staff had completed their training. There was an alert system used on patients' notes to inform staff of concerns.

There was a chaperone policy in place. All staff who acted as chaperones were trained for the role and had received a criminal records check.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and Legionella (Legionella is a term for particular bacteria which can contaminate water systems in buildings). Identified risks in these assessments had been rectified or there were plans to minimise these.

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and whilst only some staff had received up to date training, all staff we spoke with were knowledgeable in their understanding of infection control practices. We looked at infection control audits and we saw evidence that action was either taken or planned to address any improvements identified as a result.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely. There was a policy for ensuring medicines were stored at the correct temperature and records showed fridge temperature checks were carried out ensuring medicines were stored at the correct temperature. Medicines were checked regularly to ensure they were in date and were rotated. However, we saw no formal record of this. All the medicines we checked were within their expiry dates. There were no formal records of stock control available to us on the day of our inspection. Following our inspection the practice took immediate action. Within 48 hours of our inspection the practice provided us with evidence that a policy and system of monitoring had been put in place for the monitoring of medicines in the practice. This included the allocation of appropriate responsibility and regular review by adequately trained staff.

## Are services safe?

The nurse used Patient Group Directions (PGDs) to administer vaccines that had been produced in line with legal requirements and national guidance. The practice nurse had received training in the administration of routine and Yellow Fever vaccinations and was in the process of completing a travel vaccines diploma.

Prescription pads were securely stored and there were systems in place to monitor their use. No controlled drugs were kept at the practice. There was a clear system in place to monitor the prescribing of controlled drugs. Repeat prescriptions for high risk medications were carefully managed by the practice. For example, prescriptions for a particular anticoagulant (an anticoagulant is a type of medicine that stops blood from clotting) were only issued on presentation of the most up to date blood test results for international normalised ratio (INR). INRs are used to test the effects of anticoagulants on a patient, for example the higher the INR the longer it will take the blood to clot.

Recruitment checks were carried out and the four files we reviewed showed that appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. References were not available for some long standing staff, however more recent files identified a clear improvement in record keeping for staff files. The practice was awaiting the criminal records checks for some staff who had been trained to chaperone. These staff were not currently performing chaperoning duties. Staff received regular appraisals and for two overdue appraisals we were shown a schedule for their completion.

Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The practice had struggled to recruit a new GP partner when the previous partner retired and this had put the practice under pressure. Staff said that through the Hertfordshire Valleys Clinical Commissioning Group GP and Practice nurse fellowship scheme the practice hoped to improve recruitment success rates in the future. The practice nurse worked part time and there were plans to

recruit another nurse. A healthcare assistant had also been recruited. The practice operated a buddy scheme with another local surgery and was able to arrange adequate cover for absence. The staff members we spoke with told us they worked well as a team and felt competent to fulfil their responsibilities.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed all staff had received training in basic life support and those we spoke with said they felt confident in their knowledge of what to do in an emergency situation. The practice had a defibrillator (used in cardiac emergencies) available on the premises and oxygen with adult and children's masks. We saw that the pads for the automated external defibrillator were within their expiry dates. There was also a first aid kit and accident book available.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of anaphylaxis and hypoglycaemia. All the medicines we checked were in date and fit for use. There was an alert system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage that may impact on the daily operation of the practice. The plan included emergency contact numbers for staff. There was a cascade system in place and all staff had been given a copy of the policy. In the event of closure there was a buddy system in place with a local practice. The practice had carried out a fire risk assessment which detailed requirements to maintain fire safety within the building. There were only minor actions required following the risk assessment and these had all been completed. The records we looked at showed staff were up to date with fire training.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date and had easy access to them.

Staff demonstrated how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They were able to explain how care was planned and how patients identified with long term conditions, such as those with diabetes, were reviewed at the required intervals. The practice made attempts to encourage personal health and wellbeing in a patient specific manner, for example setting three personal annual targets for patients with diabetes.

There were GP leads for specialist clinical areas such as mental health, dementia, chronic obstructive pulmonary disease (COPD) and asthma. There was an open culture of learning and support within the practice.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results showed the practice achieved 99.8% of the total number of points available, with exception reporting 3.9%. Data from 2013-14 showed;

- Performance for diabetes related indicators was higher than the national average. For example, the percentage of patients with diabetes who had a record of a foot examination and had been risk classified in the preceding 12 months was 93.01% compared to a national average of 88.35%
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 88.74% where the national average was 83.11%.

- Performance for mental health related indicators were generally above the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 96.67% where the national average was 86.04%. Psychosis is a mental health issue that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions.

This practice was an outlier for one area of QOF clinical targets related to prescribed medication to prevent fragility fractures in older people. The practice told us that they had reviewed this and found it was due to acceptable reasons such as intolerance to the medication. The practice's own data for the current year, though not verified, was showing an improvement so far at 88% which was in keeping with the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Examples of full-cycle clinical audits included those on the appropriate use of antibiotics and another on the use of medication to aid digestion and prevent sickness. Both audits compared the practice against current best practice guidance. Following these audits the practice had changed the way they prescribed these medicines.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, a GP partner was involved in external peer review as a locality lead for the local Herts Valleys clinical commissioning group. As a result the practice was involved in the development of a weekend transient ischaemic attack (TIA) service to ensure patients who became unwell at weekends had access to the same level of care they would expect during a weekday. (A TIA or mini-stroke is caused by a temporary disruption in the blood supply to part of the brain).

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence showed the practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

We saw the learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. This included on-going support during surgery sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). Our review of training records showed that there were some gaps in the completion of essential training for staff as required by the practice's policies. For example some staff had not completed formal training on the Mental Capacity Act. However, they told us that they could identify patients covered by the Mental Capacity Act and would speak to a GP to raise their concerns and take action if required.

The relevant staff we spoke with informed us they had access to clinical supervision if needed but formal records of supervision were not kept for all staff. All the staff we spoke with informed us they were performing duties in accordance with their competencies and we saw evidence of this. For example, we saw evidence the practice nurse had completed up to date cervical cytology training. All GPs were up to date with their yearly appraisals and the staff we spoke with felt well supported and confident in their duties.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The staff we spoke with felt confident in their competence in relation to these areas and advised us that they were well supported by the practice to maintain up to date knowledge of procedures and requirements.

### 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 electronic patient record system and their computer system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, such as referral to or discharge from hospital. All GPs reviewed unplanned admissions and readmissions and discussed them at the weekly multi-disciplinary team meetings. We saw evidence that care plans were routinely reviewed and updated.

The practice held meetings that made use of the gold standards framework (for palliative care) to discuss all patients on the register and to update their records accordingly to formalise care agreements.

Staff we spoke with were able to demonstrate a clear understanding of their responsibilities to protect patient confidentiality and ensure that records were stored securely. For example, by ensuring they removed their smart cards from computers and by refraining from disclosing personal identifiable information about patients they were discussing in public areas of the practice.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with the relevant legislation and guidance. GPs 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, assessments of capacity to consent were carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GPs assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. GPs we interviewed were aware and demonstrated a good understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

The nursing staff we spoke with were less informed on the guidance surrounding the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. However, they informed us they would speak to the GPs if they had any concerns or were unsure about the capacity of an individual patient's ability to provide valid consent. The practice had a comprehensive consent policy. They did not carry out any procedures requiring written consent.

# Are services effective?

(for example, treatment is effective)

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Additionally it included those in need of counselling services and groups of two patients who together were not considered to be vulnerable but when separated became vulnerable. For example, older couples who were able to support each other but if one was to be admitted to hospital, the other became vulnerable. Patients were then signposted to the relevant services.

A counsellor was available on the premises and smoking cessation advice was available from the health care assistant. Over the past five years the practice had identified 439 smokers, of which 412 had been offered intervention. Eighty five had accepted and received intervention. The practice participated in the Living Well scheme which was being piloted by the Clinical Commissioning Group. The Living Well scheme ensures patients with complex health and social care needs receive joined up care.

The practice had comprehensive screening programmes. The practice's uptake for the cervical screening programme was 82.4%, which was comparable to the national average of 81.88%. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.2% to 100% and five year olds from 94.3% to 100%. Flu vaccination rates for those over 65 were 77.54%, and at risk groups 55.22%. These were also comparable to the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. At the time of our inspection, for the period from September 2011 to September 2015, the practice had completed 885 of the 1806 patients eligible for the aged 40 to 74 health checks. Following these checks, where abnormalities or risk factors were identified, we saw evidence of appropriate follow ups.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that the practice was good at caring for patients. We saw that staff were considerate and accommodating to patients both at the reception desk and on the telephone and we witnessed that people were treated with dignity and respect. Staff and patients told us that consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

We saw that staff were careful to follow the confidentiality policy when discussing patients' treatments so that confidential information was kept private. The position of the reception desk made it difficult for confidential conversations to take place. Staff we spoke with were aware of the difficulties and followed correct procedures to ensure confidentiality was maintained. For example, patient identifiable data was anonymised when sharing information in this area and patients could ask to be taken to a separate room to discuss sensitive topics. There was a separate area for making confidential calls and this was separated from the general waiting area by a closed door highlighting the efforts made by the practice to maintain confidentiality.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 36 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff responded compassionately when they needed help and provided support when required. They said staff were efficient, caring and treated them with dignity and respect. We also spoke with three members of the patient participation group (PPG) and nine patients on the day of our inspection. A 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 pleased with the care provided by the practice and said the staff treated them with dignity and were proactive in their approach to patient care.

Prior to our inspection we reviewed the most recent data available from the 2015 national GP patient survey. Results from this survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 95.1% said the GP was good at listening to them compared to the CCG average of 89.1% and national average of 88.6%.
- 95.4% said the GP gave them enough time compared to the CCG average of 87.2% and national average of 86.6%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and national average of 95.2%.
- 92.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.8% and national average of 85.1%.
- 93.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.8% and national average of 90.4%.

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

Patients we spoke with told us that health issues were discussed with them and 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 choices of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the 2015 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 91.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.8% and national average of 86%.
- 91.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82.2% and national average of 81.4%.

## Are services caring?

Staff told us that telephone translation services were available for patients who did not have English as a first language. This was in addition to the many languages spoken by the staff themselves, including French, Italian, Gujarati and Hindi. They also used a Google translate service.

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

Notices in the patient waiting room informed patients of how to access a number of support groups and organisations. These included bereavement services, drug and alcohol abuse and carers' support.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 2.7% of the practice list had been

identified as carers and were being supported. This included the provision of health checks, home visits and priority flu vaccination. Written information was available for carers to ensure they understood the support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them to offer support. 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 computer system alerted staff of individuals who had recently experienced bereavement. The recently deceased were also discussed at the weekly multi-disciplinary meetings. A register of deaths was recorded and kept in the staff section of the reception area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. CCGs are groups of GP practices that work together to plan and design local health services in England.

The needs of the practice population were understood and services were planned and delivered to take into account the needs of different patient groups to provide choice, ensure flexibility and continuity of care. For example, the practice was part of a pilot scheme in the area known as the Living Well service. This was a service to provide patients with complex health and social needs integrated care.

We saw that patients with diabetes received an annual health review at the practice, with an interim check at six months. All newly diagnosed patients with diabetes were referred to the DESMOND service (a specialist service that helps to meet the needs of newly diagnosed patients with diabetes) and for diabetic eye screening.

The practice had a system in place to reduce unplanned hospital admissions for vulnerable and at risk patients. As part of this, each relevant patient had a named GP and received a care plan based on their specific needs. At the time of our inspection, 63 patients (less than 2% of the practice's patient population) were receiving such care. There was a palliative care register of seven patients at the practice, with monthly meetings held to discuss the care and support needs of these patients.

There were registers for patients with dementia and those with learning disabilities. These patients were also invited for an annual review and could request longer appointments if they wished. There was a call back system in place to remind patients in these groups of their appointments. At the time of our inspection there were 12 people on the learning disability register of which five had attended their annual review. There were 32 patients on the dementia register (some of whom had recently been diagnosed) and 24 of these had received a review in the last year.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11am every morning and 3.30pm to 6pm in the afternoon. Extended hours surgeries were offered on the first Monday of the month from 6.30pm to 8.30pm and every Wednesday and three Thursdays a month from 6.30pm to 7pm. These extended opening times provided some additional access to the practice for patients who found it difficult to attend during normal working hours.

In addition to pre-bookable appointments, urgent same day appointments were also available for people that needed them. On the day of our inspection we found that the next available routine pre-bookable appointment was in two days. We saw the appointments system was structured to allow GPs time to make home visits when needed and ensured that all urgent patients were seen on the same day. There were daily designated slots for telephone consultations.

Information was available to patients about appointments on the practice website, including the option to book appointments via the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was available on the practice website and was provided by Hertfordshire Urgent Care via the NHS 111 service.

As a member of the Watford Care Alliance patients from the practice had access to a GP during weekday evenings and weekends, including to a weekend phlebotomy service (taking blood from a vein) at two practices of the alliance. The Watford Care Alliance is an informal group of 11 GP practices who have combined their services to increase access and availability to patients in their locality.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that GPs reviewed their own lists of these patients and made contact and provided further care if required.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. For example:

- 67.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.4% and national average of 74.9%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 70.5% of patients described their experiences of making an appointment as good compared to the CCG average of 77% and national average of 73.3%.

However, waiting times for appointments were above average with 59.4% saying they did not have to wait too long to be seen, compared to the CCG average of 57.2% and national average of 57.7%.

During our inspection we spoke with nine patients and three members of the patient participation group (PPG) as well as reviewing 36 CQC comment cards left by patients of the practice. The PPG is a group of patients who meet regularly with the practice to discuss and develop the services provided. The feedback we received with regard to the appointments system and access to the practice was positive. Patients told us they were able to book appointments and whilst waiting times were sometimes longer than anticipated, they were always given adequate time to discuss their concerns and planned care.

### **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. There was a complaints procedure and a designated responsible person who handled all complaints in the practice.

Information about how to make a complaint was displayed in the reception area and on the practice's website. There were details of when, how and who to complain to. The complaints policy clearly outlined a time framework of when the complaint would be acknowledged and responded to. In addition, the policy advised patients on whom to contact if they were unhappy with the outcome of a complaint.

We looked at the complaints received by the practice in the last 12 months. We found complaints had been handled in an appropriate and timely manner, lessons were learnt and action was taken as a result to improve the quality of care. For example, the practice had investigated a complaint related to the correct identification of patients prior to treatment and care. Following investigation an apology was issued to the concerned patient and the practice made changes to its procedures to prevent reoccurrence.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to provide holistic, safe and effective care that affords dignity and respect. There was an emphasis on delivering personalised and coordinated care that supported patients' development and encouraged independent living. The practice had what staff described as a surgery ethos which was displayed in the waiting area and staff knew and understood the practice's values. The practice had no formal strategic plan to achieve its vision and viewed it more as a general goal and approach to the way they worked.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. The staff at the practice were aware of this framework. They understood the GP partners were the overall decision makers. Staff told us that they were not aware of any occasion where a consensus had not been achieved. The practice had a number of policies and procedures in place that were available to staff. Staff were able to confirm that they were provided with copies of policies and procedures and asked to confirm they had read and understood them. There was a GP lead for staffing. The practice manager informed us that policies were reviewed and updated annually unless otherwise stated.

There was a clear leadership structure with named members of staff in lead roles. For example, there were GP leads for safeguarding, staffing, dementia and mental health and the practice nurse was the infection control lead. Staff we spoke with said they felt well supported, valued and were clear about who to contact if they had any concerns. There was a clear staffing structure and staff were aware of their own roles and responsibilities. Identified staffing requirements, for example the need for an additional nurse and more support staff, had been recognised and recruitment processes were underway.

Staff we spoke with said they received annual appraisals and although two staff members were overdue their appraisals these were scheduled for completion before the end of the year. Clinical staff we spoke with said they were supported in maintaining their clinical professional

development. Trainee GPs were well supported by the GP partners and received regular feedback and tutorials in addition to running weekly joint surgeries with a GP partner.

The practice identified, recorded and managed risks. It had carried out risk assessments and where risks had been identified action plans had been produced and implemented. These included where improvements were required to the premises in relation to reducing the risk of Legionella (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The monthly partners' meeting was used to review and take action on all reported risks, serious incidents, events and complaints. We looked at minutes of these meetings which confirmed these discussions took place and any required actions were agreed and implemented.

The practice had a comprehensive system in place for reporting, recording and taking action on significant events. These were discussed at monthly partners' meetings and additionally at weekly multi-disciplinary meetings or quarterly staff meetings if required. Minutes of meetings we saw showed discussion on how learning from incidents could be addressed and the action required to reduce the risk of reoccurrence.

### Leadership, openness and transparency

We found the GP partners in the practice prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

There was an open and honest culture within the practice and staff told us they had the opportunity to raise concerns if they had them and would feel confident in doing so. Staff told us regular team meetings were held and any information they were required to know in the interim would be made available. Staff said they felt respected, valued and supported, particularly by the GP partners in the practice. We were informed by staff that they would feel confident to raise any additional training requirements and that they would be supported in achieving them.

Whilst there was provision for training staff in many areas, including basic life support, equality and diversity, infection control and safeguarding for adults and children, there was no protected time allocated to this training.

# Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and engaged with them in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG is a group of patients who work with the practice to discuss and develop the services provided. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had initiated the installation of a suggestions box in the waiting room and had been involved in developing the extended hours clinics in response to patient concerns about access to the practice.

The practice had distributed its last patient survey in January 2014 and of the 99 respondents, 78 found getting through to the practice by phone easy or satisfactory. Ninety patients felt their treatment by reception was good or satisfactory and 94 said they thought the doctors were satisfactory or very good at listening.

The practice engaged with its staff through meetings, appraisals and supervision. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt their opinions would be valued by the leadership team.