

Watton Place Clinic

Quality Report

60 High Street
Watton-At-Stone
Hertfordshire
SG14 3SY

Tel: 01920830232

Website: www.watton-pc.org.uk/Healthcare/Healthcare

Date of inspection visit: 15 June 2016

Date of publication: 23/08/2016

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	10

Detailed findings from this inspection

Our inspection team	11
Background to Watton Place Clinic	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Watton Place Clinic on 15 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice held regular staff and clinical meetings where learning was shared from significant events and complaints.
- They worked well with the multidisciplinary team to plan and implement care for their patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was in an old 15th century building but the facilities were well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, upon which it acted.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Implement a system to monitor the use of blank prescription forms.
- Develop systems to identify and support more carers in their patient population.

Summary of findings

- Review the national GP patient survey results and identify areas of improvement.
- The practice should consider national guidance on the availability of emergency equipment and risk assess what is needed at their practice
- Ensure there are regular checks of the new oxygen and defibrillator to ensure it is fit for use and ensure all staff are trained to use it.
- Ensure the patient participation group (PPG) is developed.

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 reasonable support, an explanation, 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.
- Staff had received training appropriate to their role and relevant pre-employment checks had been completed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. Although they were lower than average in some areas relating to consultations with GPs.
- Feedback from patients on the CQC comments cards was very positive about all staffing levels within the practice.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was a carers lead and a carers noticeboard in the waiting area with information about local support groups.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice recognised the limitations of their building and made best use of the space available to them. They were 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.
- The practice had a dispensary that catered for patients who lived more than one mile from a pharmacy.

Good



Are services well-led?

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

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

Good



Summary of findings

- 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, upon which it acted. They were developing a patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Care plans were in place and reviewed annually
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They provided a delivery service for housebound patients to receive their medicines.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the national average. The practice achieved 91% of available points compared to the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%.

Good



Summary of findings

- 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.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations with GPs were available for patients who had difficulty attending the practice, for example, those at work during the practice opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a phlebotomy service for patients to have blood tests taken at the surgery rather than travel to hospital.

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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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 placed an alert on their electronic record to inform the GP and other staff in the practice. They had identified 25 patients as carers, which was 0.5% of the practice list.

Good



Summary of findings

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).

- 100% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, which was better than the national average of 88%.
- 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. There were 234 survey forms distributed and 132 were returned. This was a 56% response rate and represented 3% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 63% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards, which were all positive about the standard of care received. All levels of staff were complimented. Staff were described as helpful and respectful and they listened to patient needs. The GPs and nursing staff were described as caring and patients stated they were happy with the care and treatment they received.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff helpful and caring. Appointments were usually available on the day if needed. The practice made use of the NHS friends and family test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The most recent results showed that 98% of respondents would recommend the practice.

Watton Place Clinic

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 adviser and a practice manager specialist adviser.

Background to Watton Place Clinic

Watton Place Clinic provides a range of primary medical services to the residents of Watton-At-Stone and the surrounding villages. The practice has been at its current location of 60 High Street, Watton-At-Stone, Hertfordshire, SG14 3SY since 1991. The building is a Grade 1, 15th century building that has been converted into a surgery. The practice has a branch surgery at Benington Surgery, Oak Tree Close, Benington, Hertfordshire, SG2 7QZ which was not inspected as part of this inspection.

The practice is pre-dominantly White British with a higher than average number of patients aged 40 to 69 years. National data indicates the area is one of low deprivation. The practice has approximately 4,950 patients with services provided under a general medical services (GMS) contract, a nationally agreed contract with NHS England.

The practice is led by two male GP partners and employs two female practice nurses. There are a number of dispensary, reception and administrative staff led by a practice manager.

The practice is open from 8am to 6.30pm Monday, Tuesday, Thursday and Friday and from 8am to 1pm Wednesday.

There is an emergency telephone number for patients to contact a GP on Wednesday after 1pm for urgent medical attention. The branch practice is open on a Wednesday afternoon according to need.

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

Why we carried out this inspection

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

How we carried out this inspection

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

During our inspection we:

- Spoke with a range of staff including GPs, the practice manager, a practice nurse, reception and dispensary staff and spoke with patients who used the service and a member of the patient participation group (PPG).
- Observed how patients were being cared for and how staff interacted with them.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for completion. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an explanation, 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.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw there had been six significant events reported in the last year and reviewed a selection of the completed forms which showed that lessons learnt were noted and shared with the practice staff. We saw evidence that action was taken to improve safety in the practice. For example, following a significant event a process was put in place to ensure an acknowledgement was received from the secondary care provider when a patient was referred for a two week wait appointment for a suspected cancer diagnosis.

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 to safeguard children and vulnerable adults from abuse were in place. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff either on the practice computer system or by hardcopy kept in the practice manager's office. The policies clearly outlined whom to contact for further guidance if staff had concerns about

a patient's welfare. The GP partners were the lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All staff in the practice including the GPs were trained to the appropriate levels for adult and child protection or child safeguarding (level 3).

- A notice in the waiting room and in the consultation and treatment rooms advised patients that chaperones were available if required. The nursing staff fulfilled this role, they had been trained and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local East and North Hertfordshire CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but there were no 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.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.

Are services safe?

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these were written instructions about how to safely dispense medicines).

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed 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 with a poster in the reception office which identified local health and safety representatives. 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. Staff informed us they were flexible with their working hours and covered their colleagues' absences if required. We were informed locum GPs were used occasionally and we saw there was a locum pack available for them to familiarise themselves with the practice systems and the local area.

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.
- There was no defibrillator or oxygen available on the premises. Immediately after the inspection the practice provided evidence that this equipment had been purchased. A first aid kit and accident book were available.
- All staff received annual basic life support training.
- There were emergency medicines available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Following an incident, a copy of the plan was now kept off site for reference. 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. We were informed that new guidelines were discussed in clinical meetings.

The practice used templates and care plans on the patient computer record system that incorporated up to date guidance for use when treating patients.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 91% of the total number of points available, with 5% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the local and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91% with 1% exception reporting compared to the local average of 89% (7% exception) and the national average of 88% (8% exception).
- Performance for mental health related indicators was better than the local and national averages. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a

face-to-face review in the preceding 12 months was 100% with 0% exception reporting compared to the local average of 86% (11% exception) and the national average of 84% (8% exception).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, all of these were completed full cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice demonstrated that there had been an improvement in the appropriate prescribing of certain antibiotics and they followed the local CCG prescribing guidance.

Information about patients' outcomes was used to make improvements. They regularly reviewed their QOF achievement to identify if there were any areas which required additional focus, this included both GPs and the nursing team.

Effective staffing

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

- All newly appointed staff to the practice went through a period of induction where they received training relevant to their job role and essential training including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. As part of the induction process, they had performance reviews to monitor their progress.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The nursing staff had undertaken additional training in a variety of conditions, for example, chronic obstructive pulmonary disease (COPD), diabetes, dementia and wound care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by discussion at practice and nurse meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance.

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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice dealt with referral and discharge letters appropriately within an acceptable timescale.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. Information regarding patients was shared with the out-of-hours provider, as required, to ensure appropriate care was delivered when the practice was closed. Meetings took place with other health care professionals every three months, or more often if needed, when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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 were signposted to the relevant service.
- The nursing staff were trained to offer smoking cessation advice and informed us that they would refer patients to slimming clinics and gyms for healthy lifestyle and weight management advice.
- One of the GP partners had a special interest in the treatment of patients with obesity related health conditions and informed us they opportunistically screened patients for signs and symptoms of these conditions.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

- 71% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 72%.
- 61% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

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

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 94% to 98% and five year olds from 93% to 98%. The CCG average was 96% to 98% and 95% to 97% respectively.

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 years. 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.

- Screens were provided in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- If a patient wanted to discuss sensitive issues with reception staff or appeared distressed a private area next to the reception office was used.

The national GP patient survey asked patients if they felt they were treated with compassion, dignity and respect. The practice was below average for some of its satisfaction scores on consultations with GPs but scored better than average for consultations with nurses. They also scored better than average for reception staff. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% national average of 85%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The comments we received on the 26 patient Care Quality Commission comment cards were more positive about the service experienced. Patients said they felt the practice offered an excellent service and they were treated with dignity and respect. All levels of staff were commented on and described as caring, helpful and friendly.

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 in line with local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, Cancer Research UK and Change 4 Life.

The practice identified patients who were also carers and placed an alert on their electronic record to inform the GP and other staff in the practice. They had identified 25 patients as carers, which was 0.5% of the practice list. There was a carer's noticeboard in the patient waiting area. They offered flexible appointment booking to carers so they could attend the practice at a convenient time. Written

information was available to direct carers to the various avenues of support available to them. The practice had identified a member of staff to act as a carers champion and to review the patient list with an aim to detect more carers. They had set themselves a target of 3% of the patient population.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent them a condolence card. They were offered consultation at a flexible time and location to meet the family's needs.

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 East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They had recognised the limitations of their building and made best use of the space available to them.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations with GPs were available for patients who had difficulty attending the practice, for example, those at work during the practice opening hours.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had a dispensary that catered for patients who lived more than one mile from a pharmacy.
- There was a delivery service for housebound patients to receive their medicines.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Online appointment booking and repeat prescription requests were available.
- The practice offered a phlebotomy service for patients to have blood tests taken at the surgery rather than travel to hospital.
- There were facilities suitable for people with disabilities and patients with young children that included wide doors and corridors to manoeuvre wheelchairs and pushchairs. There was an access enabled toilet and baby changing facilities. All of the consultation and treatment rooms were on the ground floor.
- Translation services were available.

Access to the service

The practice was open between 8am and 6.30pm on Monday, Tuesday, Thursday and Friday and from 8am to 1pm Wednesday. There was an emergency telephone number for patients to contact a GP on Wednesday after

1pm. The branch practice was open on a Wednesday afternoon according to need. There was a range of appointments available between these times with all members of the health team. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We also noted from the appointment system that routine appointments were available the next day with the GPs.

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 logged requests for home visits and the duty GP would contact the patient by telephone in advance to gather information to allow them to make an informed decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice had access to the local CCG Acute in Hours Visiting Service to refer patients who required an urgent home visit. This service was a team of doctors who worked across east and north Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- The practice manager in conjunction with a GP partner was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were complaints leaflets available in the reception area and information on the website.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. Details of complaints and lessons learnt were discussed with staff at practice meetings.

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 work in partnership with their patients and staff to provide high quality, safe and professional primary care services. Their mission statement was to improve the health, well-being and lives of those they cared for.

Staff we spoke with knew and understood the values of the practice.

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained through the monitoring of the quality and outcomes framework (QOF).
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice was led by two GP partners with the support of the practice manager. On the day of inspection the partners and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The practice manager was due to leave the practice and there was succession planning in place. They had recruited a new practice manager who had commenced employment with the practice so there was a handover time to ensure there was no disruption to the management to the service.

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, an explanation and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. They informed us that informal meetings were held daily in addition to regular practice meetings. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- There was a suggestions box in the patient waiting area and they made use of the NHS Friends and Family test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The practice had analysed the results of the Friends and Family test for the preceding 12 months and found that 98% of respondents were either extremely likely or likely to recommend the practice. The practice had put in

Are services well-led?

Good 

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

place actions in response to comments made on the feedback cards. For example, they had purchased a ramp to make it easier for patients in wheelchairs to access the building.

- The practice were starting a patient participation group (PPG). A chairperson was working with the practice to recruit members to the group. They planned to carry out patient surveys to gather their views on the practice and submit proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

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

One of the GPs was a professor in the care of patients with obesity and related conditions. He had formulated guidelines for adult obesity management in primary care, and produced primary care guidelines for the management of childhood obesity with the Royal College of Paediatrics and Child Health.