

# Highfield Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Highfield Surgery on 18 January 2017. Overall the practice is rated as **good**.

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

- People were protected by a strong, comprehensive safety system and a focus on openness, transparency and learning when things went wrong. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- Risks to patients were comprehensively assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were sufficiently trained and had the appropriate knowledge and experience to effectively deliver care and treatment.

- Patient outcomes were in line with or above local and national averages.
- Patients said they were treated with compassion, dignity and respect and that they were suitably involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

**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.

Good



- People were protected by comprehensive safety systems and there was a focus on openness, transparency and learning when things went wrong.
- There was a system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence that events had been consistently recorded, discussed and shared.
- Practice staff used opportunities to learn from incidents to support improvement.
- Information about safety was valued and was used to promote learning and improvement, and was shared with outside agencies.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Risks to patients were identified and dealt with.
- Arrangements for managing medicines kept patients safe.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with regional and national averages. The most recent published results showed that the practice achieved 95% of the total number of points available compared with the clinical commissioning group (CCG) and national averages of 96% and 95% respectively.
- 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for all aspects of care. For example, 92% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with CCG average of 88% and the national average of 85%. 99% of patients said the last nurse they saw or spoke to was good at treating them with care and concern, compared with the CCG average of 92% and the national average of 91%.
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Managers and staff told us they were committed to providing the very best care for patients, and patient feedback aligned with this.
- Feedback from patients about their care and treatment was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had measures in place to identify, respond to and support the needs of carers.

## 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 the CCG to secure improvements to services where these were identified. For example, extended hours appointments were available at evenings and weekends.
- Home visits were offered for those whose circumstances resulted in difficulty for them to attend the practice premises.
- There was continuity of care with urgent appointments available the same day.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, elderly patients, and patients with complex needs.
- Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with or above local and national averages. 85% of patients said they were able to get an appointment to see or speak to someone last time they

Good



# Summary of findings

tried, compared with the CCG average of 88% and the national average of 85%. 92% of patients said the last appointment they got was convenient, compared with the CCG average of 93% and the national average of 92%.

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision to deliver high quality care to all 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 range of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was active.
- There was a focus on continuous learning and improvement at all levels.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent same-day appointments when needed.
- Practice staff worked closely with other health care professionals to deliver care to older people, for example community nursing staff.
- The practice offered enhanced checks for patients aged 75 and above.
- The practice offered double appointments for older people.
- The practice directed older people to appropriate support services.

### People with long term conditions

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

Good



- The practice held registers of those patients 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. We saw that nursing staff utilised, reviewed and kept up to date care plans for patients with long term conditions.
- Performance for diabetes related indicators was in line with CCG and national averages. For example, 79% of patients with diabetes had a total cholesterol measurement at or under the recommended level, compared with CCG and national averages of 83% and 80% respectively. The practice's exception reporting rate for this indicator was 6%, compared with the CCG average of 11% and the national average of 13%.
- Longer appointments and home visits were available when needed.
- All patients with long-term conditions had a named GP clinical lead.
- Structured annual reviews were provided to check health and medicine 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.

# Summary of findings

## Families, children and young people

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

Good



- There were systems to identify and follow up children who were at risk, for example, children and young people who had a high number of Accident and Emergency (A and E) attendances.
- 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. We saw evidence to confirm this including care planning.
- Performance for cervical screening indicators were in line with CCG and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 82%, compared with CCG and national averages also of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- We saw positive examples of engagement and 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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Patient engagement with online services was high.
- Appointments were offered to accommodate those unable to attend during normal working hours. For example, extended hours appointments were available evenings and weekends.

## People whose circumstances may make them vulnerable

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

Good



- The practice held registers of patients living in vulnerable circumstances.

# Summary of findings

- We saw evidence that circumstances were considered in care planning and treatment for vulnerable patients and the practice regularly worked with other health care professionals to deliver care and treatment.
- The practice had a dedicated list of patients registered as having a learning disability and had offered health checks for all of these patients. The practice used information to support care planning and offered longer appointments for patients with a learning disability.
- The practice provided help and support for patients who were carers.
- 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.

## 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).

- Performance for mental health related indicators was in line with CCG and national averages. For example, the percentage of patients with dementia whose care plan had been reviewed in the 12 months was 95%, compared with CCG and national averages of 85% and 84% respectively. The practice's exception reporting rate for this indicator was 7%, compared with the CCG average of 6% and the national average of 7%.
- Patients experiencing poor mental health (including those with dementia) had a care plan in place and were invited to see a GP for a comprehensive review at least once a year.
- Double appointments were available for those patients with mental health needs or dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 during July 2016. There were 318 survey forms distributed and 106 returned. This represented a 33% response rate and 2% of the practice's patient list.

The results showed the practice was performing above local and national averages in most areas, and in line with these averages in the remaining areas. For example:

- 96% of patients said they found it easy to get through to the practice by telephone, compared with the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 90% of patients described their experience of making an appointment as good, compared with CCG average of 78% and the national average of 73%.
- 85% of patients were satisfied with the practice's opening hours, compared with the CCG average of 77% and the national average of 76%.
- 96% of patients said they had confidence and trust in the last GP they saw or spoke to, compared with the CCG average of 96% and the national average of 95%.

- 92% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with CCG average of 88% and the national average of 85%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared with the CCG average of 98% and the national average of 97%.
- 91% of patients described their overall experience of the practice as good, compared with the CCG average of 89% and the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed eight comment cards and all but one of these were completely positive about the standard of care received. Patients said they felt the practice offered a high quality service and staff were helpful, caring, respectful, and treated them with dignity and respect.

We spoke with ten patients and four family members during the inspection. All patients and family members said they were satisfied with the care they and their relatives received and thought staff were approachable, committed and caring.

# Highfield 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 adviser and a patient expert by experience.

## Background to Highfield Surgery

Highfield Surgery is a purpose-built GP practice located in Hemel Hempstead, within the NHS Hertfordshire Valleys clinical commissioning group (CCG). The practice provides GP services to approximately 5,200 patients within the north and west areas of Hemel Hempstead.

The premises was built during 2016 and is fully accessible to wheelchair users. It is served by the local bus network and there is accessible parking including dedicated disabled spaces.

The practice population is approximately 90% White British, with Asian, Somalian and Portuguese groups making up the remaining 10%. The practice area is mostly urban and includes some areas of high deprivation.

The clinical staff team consists of one male and four female GP partners, two practice nurses and one health care assistant. The clinical team is supported by a practice manager, an office manager, a head receptionist and a team of seven administrative and reception staff.

The practice and telephone lines are open from 8am to 6.30pm on weekdays. GP and nurse appointments are

available between these times. Extended hours appointments are available once a month, on Monday evenings until 9pm and from 8am until 11pm on Saturday mornings.

When the practice is closed services are provided by the Hertfordshire Urgent Care Out of Hours service. This includes an urgent care centre in Hemel Hempstead. There is information concerning out of hours arrangements on the practice website.

## 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. These organisations included NHS England and the NHS Hertfordshire Valleys Clinical Commissioning Group (CCG). We carried out an announced inspection on 18 January 2017. During our inspection we:

- Visited the surgery premises;
- Spoke with a range of managerial, clinical and non-clinical staff;

# Detailed findings

- Spoke with patients who used the service;
- Observed how patients were treated in the reception and waiting areas, and talked with carers and family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed a total of eight comment cards where patients 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 a well-established system for reporting, recording, actioning and reviewing significant events, incidents and near misses.

- There was a dedicated template for recording and reporting significant events and incidents which was available to all staff in hard-copy form. This encompassed clinical, practice management and administrative incidents and also included near misses. This form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice manager was responsible for logging and overseeing significant events and incidents. We saw evidence that events were being consistently reported, recorded, discussed, reviewed and shared. There was a process in place to collate and review significant events and incidents annually to identify trends, learning points and areas for improvement. This included making recommendations for staff training where appropriate.
- Staff were open and transparent, and were willing to report, discuss and learn from significant events, incidents and near misses. Staff told us they would inform the practice manager and GPs of any of these and we found that staff fully understood their responsibilities to do so. Staff told us they were involved in discussions and formal meetings which focussed on learning and improvement.
- We saw evidence of internal meetings where significant events, incidents and near misses were discussed. This included a dedicated slot at monthly team meetings and six-weekly full staff meetings.
- Staff told us they would share examples of learning from significant events and incidents with stakeholders (such as other health care professionals) where this was considered to be necessary. For example, the practice had devised a pathway for dealing with aggressive

patients following a significant event in December 2016, and planned to share this with 16 neighbouring practices in February 2017 as part of their regular meetings.

- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, Medicines and Healthcare Products Regulatory Alerts (MHRA), patient safety alerts and minutes of meetings where these were discussed. The practice had an alerts protocol to identify, share and respond to any alerts. The practice manager was responsible for responding to and sharing information relating to safety and medicines alerts. We reviewed the last three MHRAs actioned by the practice and saw that these were handled appropriately, with appropriate actions taken including logging, patient searches, audits and documenting on patient records.

We saw evidence that lessons learnt were shared and action was taken to improve safety for patients. For example, following a potential medicines error the practice had provided training for all staff on the duty of candour, including information gathering, consequences, outcomes and communication.

### 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:

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation, and local guidance and requirements. Up to date policies and procedures were accessible to all staff. We saw these had been regularly updated with effective version control processes in place. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated awareness of the content of these policies and procedures.

## Are services safe?

- There was a lead member of staff for safeguarding who was one of the GP partners. The GPs and nurses attended safeguarding meetings when possible and we saw evidence they provided reports for other agencies where necessary.
- The practice maintained up to date child protection and vulnerable adult lists and we saw evidence of internal and external meetings having taken place. We saw detailed records of these meetings which included comprehensive risk assessments, discussions and actions
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and other clinical staff to level two. There were separate, detailed children and adult safeguarding policies in place.
- Notices throughout the practice advised patients that chaperones were available if required. All staff who were required to act as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There were managerial and clinical leads for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training.
- Internal combined infection control and building risk assessment audits were undertaken by the nurse leading in this area every six months, with the most recent having taken place in October 2016. The health care assistant, who was new in post, was being trained and developed to support the nurse in infection control work.
- We reviewed clinical and non-clinical staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- 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). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The nurses were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.
- 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 clinical commissioning group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures 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, had carried out weekly tests of the fire alarm system, and had carried out annual tests of fire safety equipment (with the most recent taking place in August 2016). Results of these checks and tests had been recorded and stored.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records showed that all equipment had been tested and calibrated every 12 months, most recently during September 2016. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients'

### Medicines management

## Are services safe?

needs across both sites. There was a rota system for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover each other's roles where necessary.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in the reception area and all the consultation and treatment rooms. This alerted staff to any emergency including its location.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- All staff received annual basic life support training and there were emergency medicines available on-site.

There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. There were processes in place to ensure that the equipment remained safe for use.

- Emergency medicines were accessible to staff in a secure area of the practice and at the branch surgery and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan and contact numbers were kept off-site. The practice had carried out staff training on emergency procedures.

# 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. This included National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE is the organisation responsible for promoting clinical excellence and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)

- The practice had implemented processes to keep all staff up to date with current practice and guidance. We observed that staff could access current NICE and local guidelines by using the practice intranet. We saw evidence that guidance and standards were discussed at meetings. Staff used this information to deliver care and treatment that met patients' needs.
- The practice monitored its adherence to national and local guidelines by carrying out risk assessments, audits, and sample checks of patient records. Outcomes of these checks were discussed in clinical, team and full practice meetings, with improvements implemented and documented where necessary.
- We reviewed the practice's response to examples of recent NICE guidelines and found comprehensive and appropriate actions had been completed and documented appropriately.

### 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 were 95% of the total number of points available. This was in line with the Clinical Commissioning Group (CCG) and national averages of 96% and 95% respectively.

The practice's exception reporting figures were lower than the CCG and national averages. (Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with

the practice or is newly diagnosed with a condition.) For example, the practice exception reporting rate for the clinical domain was 7%, compared with the CCG and national averages of 9% and 10% respectively.

The practice's clinical targets performance was similar to CCG and national averages overall. For example, data from 2015-16 showed:

- Performance for diabetes related indicators was in line with CCG and national averages. For example, 79% of patients with diabetes had a total cholesterol measurement at or under the recommended level, compared with CCG and national averages of 83% and 80% respectively. The practice's exception reporting rate for this indicator was 6%, compared with the CCG average of 11% and the national average of 13%.
- Performance for mental health related indicators was in line with CCG and national averages. For example, the percentage of patients with dementia whose care plan had been reviewed in the 12 months was 95%, compared with CCG and national averages of 85% and 84% respectively. The practice's exception reporting rate for this indicator was 7%, compared with the CCG average of 6% and the national average of 7%.
- Performance for a hypertension related indicator was similar to CCG and national averages. For example, the percentage of patients with hypertension (high blood pressure) whose last measured blood pressure was under the recommended level, was 83% compared with the CCG and national averages also of 83%. The practice's exception reporting rate for this indicator was 3% compared with the CCG and national averages of 4%.
- Performance for asthma related indicators was similar to the CCG and national averages. For example, the percentage of patients with asthma who had an asthma review in the preceding 12 months was 77%, compared with CCG and national averages of 75% and 76% respectively. The practice's exception reporting rate for this indicator was 4% compared with the CCG average of 6% and the national average of 8%.

QOF performance was closely monitored at all times. The practice manager was the practice lead for performance.



# Are services effective?

## (for example, treatment is effective)

Where QOF targets were not met all individual cases were reviewed by the clinical team and discussed. The practice had a documented approach to exception reporting which was followed consistently.

There was evidence of quality improvement including clinical audit.

- The practice had carried out six clinical audits in the last year. Each of these were completed audits where the improvements made were implemented and monitored. This included for example, an audit into medicines use for diabetic patients.
- We saw that audit findings had been presented, discussed and documented as part of clinical, team and practice meetings.
- Findings were used by the practice to improve services. For example, we saw evidence of increased cancer screening rates for patients.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This included for example safeguarding, confidentiality, infection prevention and control, equality and diversity, the Mental Capacity Act 2005 and information governance. We reviewed staff files and saw this training had consistently taken place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical staff could evidence a range of specialist training in cancer nursing.
- Staff who administered vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources, discussion at practice meetings and support from the GPs.
- 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. All staff had received an appraisal within the last 12 months which included documented progress, achievements, outcomes and actions.

- All staff had received training that included clinical guidelines, safeguarding, fire safety awareness, basic life support, and the duty of candour. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.

### Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the practice's patient record and intranet systems. This included care and risk assessments, care plans, medical records and investigation and test results.

We saw that 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, such as when they were referred or after they were discharged from hospital.

Meetings took place with other health care professionals (for example local health visitors) on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- The practice had a detailed and comprehensive consent and mental capacity policy.
- Staff demonstrated to us that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All staff had received training in this area. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.



# Are services effective?

## (for example, treatment is effective)

- A member of the clinical team assessed the patient's capacity and recorded the outcome of this assessment where a patient's mental capacity to consent to care or treatment was unclear.
- Practice staff monitored the process for seeking consent through patient records audits.

### Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support and provided services at both practice premises to meet these needs. This included patients receiving end of life care, carers, those experiencing or at risk of developing a long-term condition, and those requiring advice on their lifestyle. Patients were also signposted to relevant local services.
- A range of advice including for example smoking cessation, mental health, bereavement, counselling and sexual health was available from practice staff and from local support groups.
- The practice provided a range of clinics for example asthma care, diabetes, and smoking cessation.

The practice's uptake for the cervical screening programme was 82%, which was in line with the CCG and national averages also of 82%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice ensured a

female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme. The practice followed up cases that were referred as a result of abnormal results.

The practice had rates of breast and bowel cancer screening that were in line with the CCG and national averages. For example, 67% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 72% and 72% respectively. 52% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and national averages of 57% and 58% respectively.

Childhood immunisation rates for the vaccinations given were above national averages. For example, the percentage of children aged 12 months with the full course of recommended vaccines was 100%, compared with the national expected coverage of 90%. 98% of those aged five years had received the MMR (measles, mumps and rubella) vaccination, compared with the national average of 94%

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. Suitable 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 saw that practice staff were courteous and helpful to patients and treated them with dignity and respect.

- The waiting room was spacious and notices were displayed requesting that patients respect each other's privacy at the reception desk.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw there were rooms available for this.

All eight of the patient Care Quality Commission comment cards we received were completely positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect. Comment cards indicated that staff responded compassionately when they needed help and provided support when this was needed.

We spoke with representatives of the Patient Participation Group (PPG). The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey published during July 2016 showed patients felt they were treated with care and concern. The practice scored above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the last GP they saw or spoke to was good at giving them enough time, compared with the Clinical Commissioning Group (CCG) average of 88% and the national average of 87%.

- 95% of patients said the last GP they saw or spoke to was good at listening to them, compared with the CCG average of 91% and the national average of 89%.
- 92% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with the CCG average of 88% and the national average of 85%.
- 99% of patients said the last nurse they saw or spoke to was good at giving them enough time, compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said the last nurse they saw or spoke to was good at treating them with care and concern, compared with the CCG average of 92% and the national average of 91%.

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

Patients told us they felt consulted about and 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 reviewed a sample of care plans and saw that these were personalised.

Results from the National GP Patient Survey published during July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above CCG and national averages. For example:

- 93% of patients said the last GP they saw or spoke to was good at explaining tests and treatments, compared with the CCG average of 87% and the national average of 86%.
- 94% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care, compared with the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have

## Are services caring?

English as a first language, and we saw notices in the waiting area which provided information about these services. We saw that information leaflets and information about local support were available in an easy read format.

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

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

The practice held a carer's register, and the practice's computer system alerted staff if a patient was also a carer. The practice had identified 119 patients as carers which was 2% of the practice population, and the practice had measures in place to identify and meet the needs of carers. For example:

- New patient questionnaires had a carers section which requested information concerning the circumstances of the carer.
- The practice manager was identified as the carers champion and had completed relevant training and attended conferences.

- The practice had produced separate carer's information packs for adults and children.
- The practice manager had created a young carers factsheet and had shared this with other practices in the Hertfordshire area.
- Written information was available to direct carers to the various avenues of support available to them which included a noticeboard section in the reception area.
- Carers were contacted by practice staff and the carers register was checked (and updated where necessary) every six months. Carers were also invited to visit the practice to discuss any issues or concerns at this point.
- Carers were offered double appointments.
- Carers were offered influenza vaccinations each year.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly. This was followed by a visit or telephone call at a flexible time and location to meet the family's needs, and by signposting to an appropriate support service locally if required.

# 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 clinical commission group (CCG) to secure improvements to services where these were identified.

- Extended hours appointments were available once a month, on Monday evenings until 9pm and from 8am until 11pm on Saturday mornings.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, carers, elderly patients, and patients with complex needs.
- Patients were able to book appointments and order repeat prescriptions online, and the practice operated a text-messaging reminder system for appointments.
- Same day appointments were available for those patients with medical problems that required same day consultation.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available. Staff demonstrated awareness of the difficulties and issues faced by patients with hearing impairments. The practice had worked with the CCG during 2016 to secure funding for two patients who had hearing impairments to attend counselling sessions, with interpreters, at the practice.
- The practice premises and all facilities were fully accessible for wheelchair users and patients who were less mobile.
- There was adequate onsite parking available.

### Access to the service

The practice and telephone lines were open from 8am to 6.30pm on weekdays. GP and nurse appointments were available between these times. Extended hours appointments were available once a month, on Monday evenings until 9pm and from 8am until 11pm on Saturday mornings.

When the practice was closed services were provided by the Hertfordshire Urgent Care out of hours service. This included an urgent care centre in Hemel Hempstead. There was information concerning out of hours arrangements on the practice website.

Appointments could be booked up to four weeks in advance, and there were urgent appointments available on the day.

Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with or above local and national averages:

- 96% of patients said they found it easy to get through to this practice by telephone, compared with the CCG average of 78% and the national average of 73%.
- 85% of patients said they were able to get an appointment to see or speak to someone last time they tried, compared with the CCG average of 88% and the national average of 85%.
- 92% of patients said the last appointment they got was convenient, compared with the CCG average of 93% and the national average of 92%.
- 65% of patients said they did not normally have to wait too long to be seen, compared with the CCG and national averages of 58%.

We spoke with eight patients on the day of the inspection and all of them told us they were able to get appointments when they needed them, and that they had not experienced significant problems in doing so.

Following a patient request for a home visit the practice had a system to assess the urgency of the need for medical attention. Reception staff would take details to pass to a GP, who would consider and evaluate the information before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need and patient circumstances. Pre-bookable home visits were available.

We saw that alternative emergency care arrangements were made 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

We saw that the practice had an effective system for handling concerns, complaints and feedback from patients and others.

- The practice had a complaints policy and associated procedures and these were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) for all complaints made to the practice. The practice manager was responsible for overseeing and monitoring complaints and the practice's response.
- We saw that information was available to help patients understand the complaints system including information in the waiting area and on the practice website.

- Staff told us they would explain the complaints process to any patient wishing to make a complaint.
- Dedicated complaints, comments and feedback forms were available to patients in the reception area. Patients told us that they knew how to make complaints if they wished to do so.

We looked at eight complaints received since June 2016 and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologies had been given where appropriate.

We saw evidence that 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. We saw that complaints were discussed as part of staff meetings, including as a standard item at partners' meetings, with learning points shared throughout the practice.

# 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, which was to provide high quality health care to all patients. Staff told us they focussed on learning and improvement and team working to best meet the needs of their patients.

The practice had a detailed current business plan and a range of strategy documents to support this.

### Governance arrangements

The practice had a comprehensive governance framework which supported the delivery of the practice vision and good quality care.

- There was a clear staffing structure and that staff were aware of their own and each other's roles and responsibilities.
- Current, practice-specific policies and procedures were in place, and these were easily accessible to all staff. Staff demonstrated they were aware of their content and where to access them.
- We saw evidence of oversight and governance of all policies, procedures and processes through for example comprehensive version control and effective reviews.
- A comprehensive understanding of the performance of the practice was maintained. This included discussion of performance at a range of meetings and the sharing of information and learning points with staff and other stakeholders.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, and this was discussed in practice meetings.
- There were arrangements for identifying, recording and managing risks and issues, and implementing mitigating actions. Effective oversight and monitoring of risk assessment and risk management was in place.
- The practice had systems for overseeing and monitoring staff training. We reviewed staff training logs and saw that these had been fully documented and were up to date.

### Leadership and culture

On the day of inspection the partners and practice manager, supported by other staff, demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The partners and practice manager told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to, involve and encourage 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). All staff had received training on the duty of candour.

The practice had systems to ensure that when things went wrong with care and treatment, staff provided reasonable support, clear information and a verbal and written apology to those affected. Practice staff kept records of their communication with patients.

There was a clear leadership structure and staff told us that they felt supported by managers.

- Staff told us the practice held regular team and full practice meetings which included discussion of significant events, complaints and patient feedback.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings, or directly with a partner or the practice manager. Staff said they felt confident and supported in doing so. Staff were encouraged to identify and raise concerns or ideas to help benefit the practice and the service provided to patients.
- Staff said they felt respected, valued and supported by the partners in the practice, the practice manager and their colleagues.

### 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.

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received.
- The PPG had been consulted and involved in relation to the new practice building.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Meetings were used to share expertise, discuss patient concerns, consider audit findings, and reflect on patient feedback.