

# The Garden City Practice

## Quality Report

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Date of inspection visit: 27 April 2016  
Date of publication: 12/08/2016

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Garden City Practice on 27 April 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. For example, the practice had achieved 99% of the total number of points available, with 9% exception reporting which was in line with the local and national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was proactive in ensuring staff learning needs were met.
- 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



- Data from the National GP Patient Survey results published on 7 January 2016 showed patients rated the practice higher than others for several aspects of care. For example, 91% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.

# Summary of findings

- 90% of respondents said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 88% and national average of 89%.
- The practice offered flexible appointment times based on individual needs.
- 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.
- The practice held a register of approximately 300 carers which was 3% of the practice list. There was a nominated carers' champion who promoted a carers' pack which included information and advice about local support groups and services available.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example, the practice participated in the local Clinical Commissioning Group winter resilience scheme, offering additional appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local A&E unit.
- A Phlebotomist from the local hospital visited the practice three times a week to take blood samples from patients for required testing.
- 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.
- 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.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, there were two areas identified which required improvement.
- The practice 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 identifying notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice operated from three premises and had been actively looking for new premises for several years. The practice had recently submitted a new business case to the local Clinical Commissioning Group (CCG).
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices, a local GP federation and the local CCG.

# 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, this included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- The practice offered a comprehensive and detailed health check for all patients aged 75 or over which included a six point dementia assessment. The practice had completed 555 health checks for patients aged 75 or over since October 2014, which was 59% of this population group.
- A hearing aid clinic was delivered at the practice by a NHS technician every two months.

### People with long term conditions

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

Good



- A nurse practitioner had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held a multidisciplinary diabetic clinic for patients on a weekly basis, providing all aspects of diabetes management. The practice worked closely with secondary care and all diabetic patients were invited to attend an annual review with the diabetes consultant.
- Performance for diabetes related indicators was above the CCG and national average. The practice had achieved 95% of the total number of points available, compared to 89% locally and 89% nationally.
- 75% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was with the same as the national average.
- The practice worked closely with a local multidisciplinary team which provided a rapid response service to support people with long term or complex conditions.
- Longer appointments and home visits were available when needed.

# Summary of findings

- The practice had re-structured their system for completing patients' annual reviews. Patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met.

## 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 identified as being at possible risk, for example, children and young people who had a high number of A&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, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82% which was the same as the national average.
- Appointments were available on the same day and outside of school hours. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and children's centres.
- The practice was working with other practices and secondary care services in the locality to design and set up a shared paediatric walk-in clinic to meet growing demand for access to paediatric services during the late afternoon/early evening.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Bowel and breast cancer screening rates were comparable with local and national averages. Data showed 59% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30

Good



# Summary of findings

months compared to 60% locally and 58% nationally. Data showed 69% of female patients aged 50 to 70 years had been screened for breast cancer in the last 3 years compared to 72% locally and 72% nationally.

- The practice was proactive in offering on line services such as appointment booking and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- It offered an appointment reminder text messaging service and additional pre-bookable appointments were made available between 9am and 12pm during the first three Saturdays of each month.
- The practice was planning on providing an Electronic Prescribing Service (EPS) in June 2016. This service would enable GPs to send prescriptions electronically to a pharmacy of each patient's choice.

## 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 and had completed 37 out of 39 learning disability health checks since April 2015.
- It offered longer appointments and annual health checks for people with a learning disability.
- The practice had a system in place to identify patients with a known disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access various support groups and voluntary organisations.
- The practice worked closely with a local women's refuge centre.
- Staff had received safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff members 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.

Good



## 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).

Good





# Summary of findings

- Senior practice staff had led on a project to establish Dementia Support Workers in GP practices within the locality and had been working with these workers since May 2015. We were told that all patients on the practice dementia register, and their carers, had been offered support and approximately 42% of these patients were actively involved.
- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was slightly below the national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice had access to a NHS counsellor and we were told that patients would be seen shortly after making a referral.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- Performance for mental health related indicators was above the CCG and national average. The practice had achieved 100% of the total number of points available (with 7% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting).
- 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 A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We looked at the National GP Patient Survey results published on 7 January 2016. The results showed the practice was performing above national averages. There were 243 survey forms distributed and 107 were returned. This represented a 44% response rate and 1% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the local CCG average of 69% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 43 comment cards which were all positive about the standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as excellent.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and described staff members as approachable, committed and caring. The practice had received 100 responses to the NHS Friends and Family Test (FFT) since December 2014. The FFT asks people if they would recommend the services they have used and offers a range of responses. 96% said they were either 'extremely likely' or 'likely' to recommend the practice.

## Areas for improvement

# The Garden City Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Garden City Practice

The Garden City Practice provides primary medical services, including minor surgery, to approximately 9,970 patients from three premises in Welwyn Garden City, Hertfordshire. The Garden City Practice and Knightsfield are the two main sites whilst Haldens surgery is open three mornings a week. All three premises are converted houses and services are provided on a General Medical Services (GMS) contract, a nationally agreed contract.

The practice serves a lower than average number of patients aged between 20 to 34 years and 55 to 69 years, and a higher than average number of patients aged between 0 to 9 years, 35 to 49 years and those aged 75 and over. The population is 91% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team working across the three premises consists of six GP Partners. Three GPs are female and three are male. There are two nurse practitioners who are prescribers, one practice nurse and one Health Care Assistant. The non-clinical team consists of a practice manager, an assistant practice manager, one administrator,

seven receptionists and three medical secretaries. The Garden City Practice is a teaching practice which enables medical students to train at the practice as part of their medical education.

The two main sites are open to patients between 8:30am and 6.30pm Mondays to Fridays. Patients can telephone the practice between 8am and 6pm Mondays to Fridays. The practices have arrangements in place for telephone calls to be diverted to the out of hours service from 6pm to 6:30pm Mondays to Fridays. Appointments with a GP are available from 8:30am to 11:30am and from 3pm to 5.30pm Mondays to Fridays. These sessions are extended as and when required and the practice offers extended opening hours from 9am to 12pm during the first three Saturdays of each month. Emergency appointments are available daily with the duty doctor. A telephone consultation service is also available for those who need urgent advice. Haldens surgery is open between 9am and 12pm Mondays, Wednesdays and Fridays.

Home visits are available to those patients who are unable to attend the surgery and the practice is also able to offer home visits via the Acute In Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce admission to hospital. The out of hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

## Why we carried out this inspection

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

# Detailed findings

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 contacted NHS East and North Hertfordshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 27 April 2016. We inspected the two main sites and during our inspection we:

- Spoke with two GPs, the practice manager, the assistant practice manager and the Health Care assistant at The Garden City Practice.
- Spoke with one GP, one nurse practitioner, the practice nurse and two receptionists at Knightsfield.
- Spoke with five patients and observed how staff interacted with patients.
- Reviewed 43 comment cards where patients and members of the public shared their views and experiences of the service.

- Received feedback from the Chairperson of the Patient Participation Group (PPG). (This was a group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).

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 on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. Senior staff understood their roles in discussing, analysing and learning from incidents and events.
- Staff completed a significant event record form when appropriate. We were told that the event would be discussed with the GP partners as soon as possible, acted upon and discussed at a partners meeting, which took place fortnightly. Information and learning would be circulated to staff and discussed at staff meetings.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, the practice had received an alert about changes to the meningitis C vaccine and the nursing team had taken the appropriate action. In addition, the practice had received a MHRA alert about a particular medicine and associated risks of abnormal pregnancy outcomes. We saw evidence to confirm staff had discussed this alert and had completed a check on their system to identify and take the necessary action for any patients using this particular medicine.

During our inspection we checked how the practice had managed four earlier MHRA safety alerts. We identified a number of patients that had not been reviewed following these earlier safety alerts. The practice contacted all of the affected patients and had taken the appropriate action. Following our inspection, the practice had liaised with their local CCG prescribing team and had reviewed their systems to ensure reporting mechanisms were in place for significant safety alerts that had been issued in the past.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve

processes to prevent the same thing happening again. For example, the practice revised their policy for the allocation of responsibility for blood test results to ensure results were acted on by the GP who made the original request.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding adults and children. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All GPs and nurses were trained to an appropriate level in safeguarding children and adults (level 3).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and a risk assessment was in place for circumstances in which staff acted as a chaperone without having a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the nurse practitioners was the infection control clinical lead who accessed regular training to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken annually and we saw evidence that action was taken to address any improvements identified as a result.

## Are services safe?

- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a fortnightly basis.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. The practice carried out regular medicines audits, with the support of the local 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 and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### Monitoring risks to patients

The practice had a system in place to assess and manage risks to patients on high risk medicines. The practice had a shared care agreement in place with secondary care for patients receiving Warfarin (an anticoagulant medicine to reduce the risk of blood clots forming). There was a robust system in place to follow up patients who had abnormal results or who had not attended the clinic for a blood test called an international normalised ratio. (INR measures the time it takes for blood to clot).

We reviewed patients taking medication for high blood pressure. We found that 4% of patients taking a particular type of medication for high blood pressure had not had the

required checks for 13 months or longer. The practice subsequently told us that they had taken steps to investigate this and contacted all of these patients for a review.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available along with a poster in the staff area which included the names of the health and safety leads at the practice. A health and safety assessment was completed in June 2015. The practice had up to date fire risk assessments. Fire alarms were tested weekly and the practice carried out fire drills and checked fire equipment on a regular basis. All electrical equipment had been checked and was scheduled to be re-checked in August 2017 to ensure the equipment was safe to use and clinical equipment had been checked in February 2016 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 (COSHH), 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 mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff members were on duty. The practice had a system in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required. The practice had a locum GP information pack in place and completed the necessary recruitment checks on those individuals.

### 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 and telephone handsets which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had oxygen available with adult and children's masks. A first aid kit and an accident book were available.

## Are services safe?

- The practice did not have a defibrillator on any of the three sites. We saw evidence that this had been discussed on several occasions during partner meetings. However the information recorded in these meeting minutes was minimal and the practice had not completed a robust risk assessment. Following our inspection, the practice created a robust risk assessment and told us that the assessment would be reviewed in 12 months.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was available on the staff intranet and additional copies were kept off the premises.



# 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 people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice met with the local Clinical Commissioning Group (CCG); East and North Herts CCG, on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice received information from the CCG on A&E attendance, emergency admissions to hospital, outpatient attendance and bowel and breast screening uptake. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

### 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 99% of the total number of points available, with 9% exception reporting which was in line with the local and national average. (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). The practice was not an outlier for any QOF (or other national) clinical

targets. We checked the exception reporting system and saw that the practice had an effective recall system in place and a systematic approach for recording exceptions. Data from 2014/2015 showed;

- The overall performance for diabetes related indicators was above the CCG and national average. The practice had achieved 95% of the total number of points available, compared to 89% locally and 89% nationally.
- The percentage of patients aged 45 years or over who have a record of blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 91% of the total number of points available, compared to 90% locally and 91% nationally.
- Performance for mental health related indicators was above the CCG and national average. The practice had achieved 100% of the total number of points available (with 7% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting).

Clinical audits demonstrated quality improvement.

- There had been 11 clinical audits undertaken in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer reviews.
- Findings from audits were used by the practice to improve services. For example, one of these audits looked at three day antibiotic prescribing for uncomplicated urinary tract infections (UTIs) to review prescribing adherence to national guidelines. The first audit identified a 66% adherence rate. The practice then completed a re-audit which identified an increased rate of 89% for appropriate three day prescribing. The practice developed an action plan which included creating a flow chart outlining good antibiotic prescribing for uncomplicated UTIs, including first presentation and after initial treatment failure.
- The practice also completed an audit on antibiotic prescribing to review their prescribing against local and national guidelines. This audit identified good practice and learning points. For example, the overall number of appropriate prescriptions for a certain antibiotics



# Are services effective?

## (for example, treatment is effective)

increased by 36% during the full cycle audit process. Action points included better access to local antibiotic guidelines for prescribers and further information for locum GPs.

### 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. It covered such topics as safeguarding, confidentiality, customer support training, information governance, basic life support, health and safety, fire safety and equality and diversity.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attendance to conferences and discussions at practice meetings.
- The learning needs of staff were identified through a system of staff meetings, one to one meetings, a planned programme of appraisals and a review of personal development needs. Staff had access to a wide range of training courses to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, infection control, chaperoning, basic life support, information governance and confidentiality. Staff had access to and made use of e-learning and Clinical Commissioning Group (CCG) led training days.
- A nurse practitioner was trained as a specialist in asthma, chronic obstructive pulmonary disease and diabetes.
- We were told that the practice had close links with the University of Hertfordshire who provided nurse training

modules and updates on childhood immunisations and travel vaccinations. Nurses told us that they discussed NICE guidelines and updates during their weekly meetings.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff had been fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient 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. We saw evidence that multi-disciplinary Gold Standard Framework (GSF) team meetings took place on a monthly basis for vulnerable patients and for patients requiring palliative care (The Gold Standards Framework is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis).
- The practice had started to use a template to record information about patients considered to be in the last 12 months of their lives. We were told that this software enabled community teams and hospice nurses to access the latest information about each patient's needs and requirements.

# Are services effective?

## (for example, treatment is effective)

- Health visitors attended meetings with the GP partners on a regular basis in order to support and manage care and treatment for vulnerable families and children.
- The practice worked closely with a local multidisciplinary team which provided a rapid response service to support people with long term or complex conditions.
- A Community Midwife held an antenatal clinic at the practice on a weekly basis.
- The practice was working with other practices and secondary care services in the locality to design and set up a shared paediatric walk-in clinic to meet growing demand for access to paediatric services during the late afternoon/early evening.
- The practice held a multidisciplinary diabetic clinic for patients on a weekly basis, providing all aspects of diabetes management. The practice worked closely with secondary care and all diabetic patients were invited to attend an annual review with the diabetes consultant.

### Consent to care and treatment

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

- The practice had a consent policy in place and 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.

- These included patients considered to be in the last 12 months of their lives, carers, homeless people, those at risk of developing a long-term condition and those

- requiring advice on their diet, smoking and alcohol cessation, patients requiring support with substance misuse and patients experiencing poor mental health. Patients were then signposted to the relevant service.
- Senior practice staff had led on a project to establish Dementia Support Workers in GP practices within the locality and had been working with these workers since May 2015. We were told that all patients on the practice dementia register; and their carers, had been offered support and approximately 42% of these patients were actively involved.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had completed 37 out of 39 learning disability health checks since April 2015.
- A hearing aid clinic was delivered at the practice by a technician every two months.
- The practice had access to a NHS counsellor and we were told that patients would be seen shortly after making a referral.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- The practice worked closely with a local women's refuge centre and fast tracked patient registration and urgent medication requests for these patients.
- A NHS dietician attended the practice on a weekly basis.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending letters to patients who had not responded to the initial invitation. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were comparable with local and national averages. Data showed 59% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally. Data showed 69% of female patients aged 50 to 70 years had been screened for breast cancer in the last 3 years compared to 72% locally and 72% nationally.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 94% to 99%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. New patients were offered a health check

upon registering. The practice offered a comprehensive and detailed health check for all patients aged 75 or over which included a six point dementia assessment. The practice had completed 555 health checks for patients aged 75 or over since October 2014, which was 59% of this population group. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

We received 43 CQC patient comment cards, all of the comments were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We received feedback from the Chairperson of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

On the day of our inspection, we spoke with five patients who all told us that 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 in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 85%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 91% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

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

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

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 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 were hard of hearing or did not have English as a first language.

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

- Notices in the patient waiting rooms told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified

## Are services caring?

approximately 300 carers which was 3% of the practice list. A reception team member had attended training on carer awareness and was the nominated carers' champion. The practice had close links with local organisations and provided information and advice about support groups and services.

- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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 Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the Local Clinical Commissioning Group (CCG) winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local A&E department. The practice had offered 1,472 additional appointments and seen 1,438 patients during these appointments between 9 November 2015 and 31 March 2016.

- The practice offered extended hours during the first three Saturday mornings of each month for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.
- A Phlebotomist from a local hospital visited the practice three times a week to take blood samples from patients for required testing.
- Patients had access to a blood pressure monitor which was located in the patient waiting area.
- Patients with hearing difficulties could use a fax machine to communicate urgent requests to the practice.
- The practice was planning on providing an Electronic Prescribing Service (EPS) in June 2016. This service would enable GPs to send prescriptions electronically to a pharmacy of each patient's choice.

The main two sites were open to patients between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am and from 3pm to 5.30pm daily. Extended surgery hours were offered between 9am and 12pm during the first three Saturdays of each month at one of the main sites. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the same day for people that needed them. The branch surgery was open to patients between 9am and 12pm on Mondays, Wednesdays and Fridays.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was mostly above local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 86% of patients said they could get through easily to the surgery by phone compared to the CCG average 63% and national average of 73%.
- 42% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 31% and national average of 36%.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager 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. This information was available on the practice website and in the patients' waiting areas.

We looked at six complaints received in the last 12 months and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency when dealing with complaints. The practice shared their complaints data with NHS England. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken as a result

### Access to the service

# Are services responsive to people's needs?

(for example, to feedback?)

to improve the quality of care. For example, the practice changed their system for the management of repeat prescription requests and recording of when patients' medication was due for a review.



# 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 deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in several places and staff knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice held business and future strategy meetings on a regular basis.
- There was a practice improvement plan in place and the practice had recently submitted a new business case to move to new premises as part of the Primary Care Infrastructure Fund.

### 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.
- There was a programme of continuous clinical and internal audit which 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff 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). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support 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.

- Staff told us the practice held regular team meetings. We saw evidence to confirm team meetings took place every two to three months and all reception and administration staff met monthly.
- 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. We noted team away days took place two times a year.
- 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. For example, a member of staff attended a carers' awareness workshop and made suggestions to further improve awareness and information available to patients across the three premises. This member of staff told us that their suggestions were listened to and implemented and we saw evidence to confirm this.

### 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.

- The practice had gathered feedback from patients through the Friends and Family Test, the Patient



# Are services well-led?

Good 

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

Participation Group (PPG) and through surveys and complaints received. The practice had acted on patient feedback and had made improvements to the website, changed their telephone number to a local number and made arrangements for disabled users to park outside the main site. There was an active PPG which met regularly, and carried out patient surveys and submitted proposals for improvements to the practice management team and local CCG. For example, the PPG worked with the practice to support flu clinics and promote healthy lifestyles. The PPG helped the CCG run an annual health festival and promoted healthy walking, healthy eating and local/national initiatives by using their noticeboards, the practice newsletter and through social media.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice manager produced a staff bulletin to improve awareness and communication within the staff teams. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff told us that they listened to

patient feedback and spoke to senior staff about increasing the number of same day appointments available to patients. Staff told us that this feedback was listened to and acted upon.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Senior staff regularly attended meetings with peers within their locality. GP partners had co-chaired the locality and had positions on the CCG governing body. GPs at the practice had been locality leads in a number of areas and helped set up an integrated point of access for a multidisciplinary team approach towards providing services.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice continued to support the dementia support workers scheme, was actively involved in designing local services and was a founder of a local federation. Two GPs and the practice manager were recently elected as directors of the federation. We were told that training within the locality was initially set up by the practice. The practice had plans to become a training practice and participate in research.