

Stanhope Surgery

Quality Report

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Date of inspection visit: 18 May 2017
Date of publication: 29/06/2017

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

Ratings

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

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 Stanhope Surgery on 18 May 2017. Overall the practice is rated as requires improvement.

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

- There was a system for reporting and recording significant events. Staff were aware of the significant event reporting process. However, there was limited use of the system to record and report safety concerns, incidents and near misses. We were informed that significant events were often managed informally, they were discussed at staff meetings but there was no documented learning from these.
- Data showed patient outcomes were comparable with the others in most areas but significantly lower for diabetes related indicators. Although some audits had been carried out, they were only in relation to medicines management and were completed following direction from the local clinical commissioning group (CCG).
- Patients we spoke with said they were treated with compassion, dignity and respect. However the practice scored below average in most areas of the national GP patient survey published in June 2016. For example, 62% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, a copy of the business continuity plan was not kept off site by the GP partners or other staff members so could not be used for reference if the building was not accessible.
- Risks to patients were assessed and well managed.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- The practice had identified 203 patients as carers, which equated to approximately 3% of the practice list.
- The practice employed a clinical pharmacist as part of a pilot programme to test the role of clinical pharmacy in general practice. They submitted a bid to the local CCG and were approved for funding to take part in the pilot. They recruited a pharmacist and supported their training to become an independent prescriber.

The area where the provider must make improvements are:

- Identify, document and investigate safety incidents thoroughly and ensure that patients affected receive support and a verbal and written apology and ensure learning from incidents are documented, shared and trends are considered.

In addition the provider should:

- Continue to make improvements to the care and monitoring of patients with diabetes (long-term conditions).
- Ensure a process for continuous clinical improvement is introduced. For example, practice specific clinical audit and re-audit to improve patient outcomes.
- Continue to encourage patients to attend national screening programmes for bowel and breast cancer screening.
- Continue to monitor and ensure improvements to national patient survey results in all areas including access to the practice by telephone and availability of appointments.
- Keep a copy of the business continuity plan offsite for use if the building is inaccessible.

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 requires improvement for providing safe services.

- There was a system for reporting and recording significant events. However, there was limited use of the system to record and report safety concerns, incidents and near misses. We were informed that significant events were often managed informally, they were discussed at staff meetings, but there was no documented learning from these. There was evidence of one documented internal significant event in the past 12 months. We reviewed the documentation and found that when things went wrong with care and treatment, the patient was informed of the incident as soon as reasonably practicable, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Safeguarding policies were in place that included contact numbers for referral to other agencies.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, a copy of the business continuity plan was not kept off site by the GP partners or other staff members so could not be used for reference if the building was not accessible.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable with the others in most areas but significantly lower for diabetes related indicators. For example, for diabetes related indicators
- Staff were aware of current evidence based guidance. Treatment templates were used in the patient computer records that incorporated National Institute for Health and Care Excellence (NICE) best practice guidelines.

Good



Summary of findings

- Clinical audits undertaken by the practice were only in relation to medicines management and were completed following direction from the local CCG. For example, the practice had reduced the prescribing of certain antibiotics in line with CCG guidance.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 57% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- Patients we spoke with said they were treated with compassion, dignity and respect and we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. However, data from the national GP patient survey showed 62% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- Information for patients about the services available was accessible.
- The practice had identified 203 patients as carers which equated to approximately 3% of the practice list. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Requires improvement



Summary of findings

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages. For example, 37% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.
- Patients we spoke with said there was sometimes difficulty making an appointment although urgent appointments were available the same day.
- The practice had completed a demand and expectation audit and as a result informed us they had installed a new telephone system in April 2016.
- There were facilities suitable for people with disabilities and patients with young children that included a ramp at the entrance and wide doors and corridors to manoeuvre wheelchairs and pushchairs. The building was two storeys with all of the consultation and treatment rooms were on the ground floor.
- Information about how to complain was available and evidence from five examples reviewed 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 requires improvement for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, we found that the leadership team had not ensured that the governance processes at the service, were effective in all areas. For example, the practice did not have a programme of continuous clinical and internal audit monitor quality and to make improvements and there was limited use of the system to record and report safety concerns, incidents and near misses.
- Although the partners encouraged a culture of openness and honesty significant events and incidents were often managed informally.
- The provider was aware of the requirements of the duty of candour. In the example we reviewed we saw evidence the practice complied with these requirements.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

Requires improvement



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- They were one of three practices within the locality to take part in a pilot to recruit pharmacists into general practice.

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 provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Home visits by the practice nurse or pharmacist to complete long term condition reviews or to administer vaccinations such as flu jabs were offered to housebound patients.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Annual health checks were offered to all patients over 75 years of age.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice nurse had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the CCG and national averages. For example, the practice achieved 75% of available points, with 7% exception reporting, compared to the CCG average of 89%, with 9% exception reporting, and the national average of 90%, with 12% exception reporting.

Requires improvement



Summary of findings

- The practice informed us they made use of the new Integrated Respiratory Service, created by the local CCG in the past 12 months, for patients with asthma and chronic obstructive pulmonary disease (COPD) to review their medication and assess the need for home oxygen. Performance for COPD related indicators was comparable to the CCG and national averages. For example, the practice achieved 100% of available points, with 7% exception reporting, compared to the CCG average of 97%, with 12% exception reporting, and the national average of 96%, with 13% exception reporting.
- The practice hosted weekly visits by the Hertfordshire Stop Smoking Service.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service. For example, council run exercise classes and slimming groups.

Families, children and young people

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice achieved the 90% target for uptake of vaccinations given to under two year olds.

Requires improvement



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a separate waiting area for children. This area was also used for mothers who wished to breastfeed their babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 82%.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were available from 6.30pm to 7.45pm on Mondays and Wednesdays and from 10am to 12pm one Saturday every two months and Saturday appointments.
- The practice was proactive in offering online services, appointment booking and repeat prescription requests could be made via the practice website.
- The practice encouraged a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Although the uptake was lower than average. For example,
 - 64% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 73%.
 - 50% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. Annual health checks were offered to these patients. The practice had completed 17 out of 31 health checks the past year.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access support groups and voluntary organisations.
- The practice informed us that patients of no fixed abode could use the practice address to register and for correspondence from secondary care.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 203 patients as carers, which equated to approximately 3% of the practice list. A member of staff acted as a carers' champion. There was a carers noticeboard and a carers pack available with written information for carers to direct them to the avenues of support available to them.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 87% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Requires improvement



Summary of findings

- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 22% exception reporting, compared to the CCG average of 93%, with 12% exception reporting, and the national average of 93%, with 11% exception reporting.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below the local and national averages. There were 313 survey forms distributed and 112 were returned. This was a 36% completion rate and represented approximately 2% of the practice's patient list.

- 53% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 41% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 42% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients said the service was good and they felt supported and listened to by the GPs. There were positive comments about the

reception staff including that they were polite and helpful. The practice premises were described as good and hygienic. Six of the cards contained additional negative comments regarding the appointment system, stating they sometimes had to wait up to four weeks for a routine appointment, and difficulty getting through to the practice by telephone.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were helpful, and caring. Patients again highlighted they sometimes had difficulty obtaining an appointment. Members of the patient participation group (PPG) we spoke with stated that improvements had been made to the appointment and telephone system in the past 12 months.

The most recent published results from the NHS Friends and Family test showed 87% of 23 respondents would recommend the practice. The NHS Friends and Family test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Stanhope Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Stanhope Surgery

Stanhope Surgery provides a range of primary medical services to the residents of Waltham Cross from its purpose built location of Stanhope Road, Waltham Cross, EN8 7DJ.

The practice population is ethnically diverse that represents the population of Waltham Cross. There is a higher than average under nine year and 25 to 39 year age range and a lower than average over 55 year age range. National data indicates the area is one of mid deprivation.

The practice has approximately 6,300 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England and GP Practices.

The practice is led by two male GP partners and employs one male and one female salaried GPs. The nursing team consists of one practice nurse and one health care assistant, both female. The practice is currently recruiting a further practice nurse. The practice employs a team of reception and administrative staff all led by a practice manager. The practice also employs a male clinical pharmacist as part of a pilot programme to test the role of clinical pharmacy in general practice.

The practice is open from 8am to 6.30pm Monday to Friday with extended opening hours are offered from 6.30pm to 7.45pm on Mondays and Wednesdays. The practice is open from 10am to 12pm one Saturday every two months.

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

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations, for example the East and North Hertfordshire CCG, to share what they knew. We carried out an announced inspection on 18 May 2017. During our inspection we:

- Spoke with a range of staff, including GPs, the practice nurse, the practice manager, reception and administrative staff, and spoke with patients who used the service.
- Spoke with patients and observed how patients were being cared for in the reception area.

Detailed findings

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 system for reporting and recording significant events. However, there was limited use of the system to record and report safety concerns, incidents and near misses.

- 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had only documented one internal significant event in the past 12 months. We had discussions with the practice regarding the process and how they would identify events and learn from them and we were informed that they were often managed informally. We reviewed the documentation of the one event and found that when things went wrong with care and treatment, the patient was informed of the incident as soon as reasonably practicable, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We reviewed the minutes of staff meetings that showed events identified and managed informally had been discussed but there was no documented learning from these.
- There was a lack of understanding as to what constituted a significant event. The practice had a process for documenting concerns they had identified with secondary care and other services which they had given feedback via a clinical commissioning group (CCG) hotline. They called these significant events but did not document them using their significant event procedure.
- There was no record to show the practice monitored trends in significant events and evaluated any action taken due to the lack of documentation for the informally managed events.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. Patient safety alerts and MHRA (Medicines and Healthcare Regulatory

Agency) alerts were received into the practice by the practice manager and disseminated to the appropriate staff for action. We noted that individual staff members had taken appropriate actions following alerts.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. The practice held monthly meetings with the health visitor and the community multi-disciplinary team where vulnerable children and adults registered with the practice were discussed. Alerts were used on the patient electronic record system to highlight these patients and their family members to the practice staff when they contacted the practice.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the practice nurse and the pharmacist were trained to child safeguarding level three.
- A notice in the waiting room and on the consultation room doors advised patients that chaperones were available if required. Members of the reception team acted as chaperones and were trained for the role. The practice had completed a risk assessment to determine if a Disclosure and Barring Service (DBS) check was required for these staff members. The practice had considered in the risk assessment that these staff were not left on their own with patients and therefore they did not require a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice manager and the health care assistant had completed infection control audits every six weeks and they planned for the practice nurse to become the infection prevention and control (IPC) clinical lead. The practice had arranged for the local infection prevention team to visit the practice in June 2017 to review IPC measures and give advice on best practice. There was an IPC protocol and staff had received up to date training.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised records and found that appropriate monitoring was in place.
- The practice carried out regular medicines audits, with the support of the East and North Herts 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.
- Patient Group Directions had been adopted by the practice to allow the practice nurse and pharmacist to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had completed a fire risk assessment and carried out annual fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan, with notices at various points throughout the practice, which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure they were safe to use and were in good working order.
- 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 of staff and skill mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice rarely used locum staff but if they did locum packs were available that contained information about the practice and the locality.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, a copy of the plan was not kept off site by the GP partners or other staff members so could not be used for reference if the building was not accessible.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Treatment templates were used in the patient computer records that incorporated NICE guidance.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

Data from 2015/16 showed:

- Performance for hypertension related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 6% exception reporting, compared to the CCG average of 97%, with 3% exception reporting, and the national average of 97%, with 4% exception reporting.
- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 22% exception reporting, compared to the CCG average of 93%, with 12% exception reporting, and the national average of 93%, with 11% exception reporting.
- Performance for dementia related indicators was comparable to the local and national averages. The practice achieved 99% of available points, with 8% exception reporting, compared to the CCG average of

97%, with 15% exception reporting, and the national average of 97%, with 13% exception reporting. The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 87%.

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. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times and had were contacted by telephone before being subject of exception.

We noted that performance for diabetes related indicators was lower than the CCG and national averages. For example, the practice achieved 75% of available points, with 7% exception reporting, compared to the CCG average of 89%, with 9% exception reporting, and the national average of 90%, with 12% exception reporting. We reviewed this information with the practice and they informed us that they had introduced a clinic for patients with diabetes, where they had an appointment with the practice nurse followed by one with the GP. One of the GPs had attended additional training in diabetes and the pharmacist had specialised in diabetes prescribing as part of their training. The performance data for 2015/16 had been an improvement from the year 2014/15 when the practice had achieved 70% of available points.

The practice informed us they made use of the new Integrated Respiratory Service, created by the local CCG in the past 12 months, for patients with asthma and chronic obstructive pulmonary disease (COPD) to review their medication and assess the need for home oxygen. Performance for COPD related indicators was comparable to the CCG and national averages. For example, the practice achieved 100% of available points, with 7% exception reporting, compared to the CCG average of 97%, with 12% exception reporting, and the national average of 96%, with 13% exception reporting.

Clinical audits undertaken by the practice were in relation to medicines management and were completed following direction from the local CCG.

Are services effective?

(for example, treatment is effective)

There had been three clinical audits undertaken in the last two years, all of these were completed audits where the improvements made were implemented and monitored. For example, the practice had reduced the prescribing of certain antibiotics in line with CCG guidance.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions such as diabetes, COPD (chronic obstructive pulmonary disease) and cardiac disease received additional training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. They also attended training provided by the local CCG.

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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- Written consent was obtained for procedures such as joint injections and we saw evidenced that a copy of this was kept on the patients computer record.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, were reviewed with the local multi-disciplinary team at monthly meetings.
- Patients identified as carers were offered annual health checks and flu jabs.

Are services effective?

(for example, treatment is effective)

- Those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service. For example, council run exercise classes and slimming groups.
- The practice hosted weekly visits by the Hertfordshire Stop Smoking Service.

The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG average of 83% and the national average of 82%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. Alerts were placed on the computer records of patients that had not attended to encourage staff to opportunistically remind patients when they visited the practice for other concerns and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Although the uptake was lower than average. For example,

- 64% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 73%.
- 50% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

The practice sent a letter to all patients that did not complete the bowel screening that outlined the benefits of screening and early detection of bowel cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice achieved the 90% target for uptake of vaccinations given to under two year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had completed 70 NHS health checks in the past 12 months.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the service was good and they felt supported and listened to by the GPs. There were positive comments about the reception staff including that they were polite and helpful.

We spoke with four patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016, showed how patients felt they were treated particularly in relation to compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 62% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 57% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 81% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%

- 52% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 84% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 91%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

The practice told us that at the time the survey had been completed the practice had experienced difficulties in recruiting clinical staff. They had since recruited two salaried GPs and a pharmacist.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below the local and national averages for the GPs and comparative to the local and national averages for nurses. For example:

- 60% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.

Are services caring?

- 57% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Interpretation services were available for patients who did not have English as a first language. Some of the staff were multi-lingual.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 203 patients as carers which equated to approximately 3% of the practice list. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They also attended carers meetings within the locality. There was a carers noticeboard and a carers pack available with written information for carers to direct them to the avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and 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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday and Wednesday evening until 7.45pm and one Saturday every two months from 10am to 12pm. This catered for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. Annual health checks were offered to these patients. The practice had completed 17 out of 31 health checks the past year.
- Home visits and telephone consultations were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included home visits by the practice nurse or pharmacist to complete long term condition reviews or to administer vaccinations such as flu jabs.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments were available outside of school hours for children to attend.
- There was a separate waiting area for children. This area was also used for mothers who wished to breastfeed their babies.
- The GPs completed postnatal checks and six week baby checks.
- There were facilities suitable for people with disabilities and patients with young children that included a ramp at the entrance and wide doors and corridors to manoeuvre wheelchairs and pushchairs. The building was two storeys with all of the consultation and treatment rooms were on the ground floor.
- Online appointment booking and repeat prescriptions were available. SMS text messaging was used to confirm appointment booking and remind patients of their appointments.

- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities available, which included a hearing loop, and interpretation services.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, the practice informed us that patients of no fixed abode could use the practice address to register and for correspondence from secondary care.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 12pm and from 2.30pm to 5.30pm daily. Extended hours appointments were offered from 6.30pm to 7.45pm on Mondays and Wednesdays every week and from 10am to 12pm on one Saturday every two months. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 63% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 69% and the national average of 76%.
- 37% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.
- 67% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 85%.
- 74% of patients said their last appointment was convenient compared with the CCG average of 89% and the national average of 92%.
- 41% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 37% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

Patients told us on the day of the inspection that there was sometimes difficulty getting appointments. Comments on

Are services responsive to people's needs?

(for example, to feedback?)

the CQC comments cards also reflected this, as well as difficulty getting through to the practice by telephone. The practice had completed a demand and expectation audit and as a result informed us they had installed a new telephone system in April 2016. This included extra telephone lines available and messages advising patients they were in a queue rather than continual ringing. Members of the patient participation group (PPG) told us that the practice had tried different appointment systems and consulted with the PPG to find the most effective for the practice.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Requests were reviewed by the duty GP and the patient contacted by telephone to assess the urgency and need for a home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice made use of the East and North Hertfordshire CCG Acute in Hours Visiting Service to refer patients who required an urgent home visit. This service was a team of doctors who worked across east and north Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital. All housebound patients had an alert on their computer record that informed the reception staff that home visits were required. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- One of the GPs was the designated responsible person who handled all complaints in the practice with support from the practice manager.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk and there was information on the practice website.

We looked at five complaints received in the last 12 months and found these had been dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint regarding repeat prescribing the relevant policy was updated. We also saw that the practice had used the services of an external company to update their complaints policy so it was in line with recognised guidance.

Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

They had aspirations to become a training practice but were constrained by the premises they used to accommodate extra consulting rooms.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, one of the GPs was the safeguarding lead and the practice nurse was taking over the lead for infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Practice meetings were held every one to two months which provided an opportunity for staff to learn about the performance of the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We found that the leadership team had not ensured that the governance processes at the service, were effective in all areas. For example,
- They did not have a programme to ensure continuous clinical improvement and internal audit to monitor quality and to make improvements that was specific to the practice. Clinical audits undertaken by the practice were in relation to medicines management and were completed following direction from the East and North Herts CCG.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. However,

there was limited use of the system to record and report safety concerns, incidents and near misses and therefore monitoring of trends and evaluation of incidents taking place had not occurred.

Leadership and culture

The practice had experienced some difficulty recruiting clinicians in the past and had relied on locum GPs to support the two GP partners. They had recruited two salaried GPs in 2016 in addition to the support of a pharmacist. We were informed that this had been a positive step for the practice and members of the patient participation group also informed us that they had noticed improvements in the past 12 months.

The practice was led by two GP partners with the support of the practice manager. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. Although the partners encouraged a culture of openness and honesty significant events and incidents were often managed informally. We saw one documented example from the past 12 months that we reviewed and found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs met with health visitors every month to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings every one to two months.

Are services well-led?

Requires improvement 

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

- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG were consulted on the most appropriate appointment system for the practice to use.
- the NHS Friends and Family test, complaints and compliments received. The NHS Friends and Family test

is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. Most recent published results showed 87% of 23 respondents would recommend the practice.

- The practice had gathered feedback from staff through staff meetings, informal discussions and appraisals. 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.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they were one of three practices within the locality who employed a clinical pharmacist as part of a pilot programme to test the role of clinical pharmacy in general practice. They submitted a bid to the local CCG and were approved for funding to take part in the pilot. They recruited a pharmacist and supported their training to become an independent prescriber.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Good Governance How the regulation was not being met: There was limited use of the system to record and report safety concerns, incidents and near misses. We were informed that significant events were often managed informally, they were discussed at staff meetings but there was no documented learning from these. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.