

# Chells Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chells Surgery on 18 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was delivered in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Picture signage was used around the practice for those patients who had difficulty reading. For example, there were pictures of the different specimen pots used by patients above the different boxes they put them in ready for collection or testing.
- The practice had a newly refurbished and extended building that was designed with good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

# Summary of findings

- The practice had developed an enhanced support service, this consisted of a team of five senior administrative staff (GP assistants) who were able to provide additional support and guidance to patients who had complex health and social care needs. For example, palliative care patients, the elderly, patients with long term conditions and those experiencing vulnerable circumstances. The service provided a single point of contact for the patient, their carer and any other provider involved in their care. Patients referred to the service were able to order repeat prescriptions over the telephone. Members of the team were able to co-ordinate services and equipment for patients. For example, community nurses, MacMillan nurses and Hertshelp, a local advice service. At the time of the inspection there were 247 patients

receiving enhanced support. The practice kept a folder of compliment letters and cards they received from patients. We saw feedback from patients to show that the enhanced support service was positive.

The areas where the provider should make improvement are:

- Continue to review the data from the Quality and Outcomes Framework (QOF) and make improvements in relation to long term conditions where they are below others when compared to the local and national averages.
- Ensure consent for procedures, including verbal consent, is documented in the patient's notes.

**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 were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Appropriate recruitment checks had been made prior to staff employment.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average in most areas but below in others when compared to the national average. The practice demonstrated the steps taken to make improvements.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff however at the time of our inspection not all appraisals had been completed.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Verbal consent for some procedures was not always documented in the patients' record.

# Summary of findings

- The practice worked with the patient participation group to educate patients on the importance of bowel cancer screening and had increased the uptake from 34% to 58%.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.
- Palliative care patients, the elderly, patients with long term conditions and those experiencing vulnerable circumstances were referred to the enhanced support service to provide a single point of contact into the practice. The practice informed us they registered patients with no fixed abode and with their consent arranged for a patient advocate to assist them with communicating their health needs.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was comparable with others for its satisfaction scores on consultations with GPs and nurses.

## 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a newly refurbished and extended building that was designed with good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had developed an enhanced support service, this consisted of a team of five senior administrative staff (GP assistants) who were able to provide additional support and guidance to patients who had complex health and social care needs. The service provided a single point of contact for the

# Summary of findings

patient, their carer and any other provider involved in their care. Patients referred to the service were able to order repeat prescriptions over the telephone. Members of the team were able to co-ordinate services and equipment for patients. We saw feedback from patients about the enhanced support service was positive.

- The practice developed the enhanced support service in response to feedback from patients and their families.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure in place with team leaders for each staff group. Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. They had recently introduced team building sessions once a week.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Over 75 year health checks were completed for the housebound by a nurse in the patient's home.
- Weekly ward rounds were carried out at a local care home.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below others when compared to the local and national averages for some long term conditions.
- The practice had worked with a hospital diabetic consultant and a diabetic specialist nurse to identify learning points for improving patient care.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. These patients were referred to the enhanced support service.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 90%, which was better than the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice identified young carers and currently had two on their carers register.

## 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available with the nursing staff from 7am daily.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- The practice informed us they registered patients with no fixed abode and with their consent arranged for a patient advocate to assist them with communicating their health needs.

Outstanding





# Summary of findings

- The practice identified patients who were also a carer and placed an alert on the computer system so staff were aware. The practice had identified 226 patients as carers which equated to approximately 1.5% of the practice list
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Vulnerable patients were referred to the enhanced support service. The practice had developed the enhanced support service, this consisted of a team of five senior administrative staff (GP assistants) who were able to provide additional support and guidance to patients who had complex health and social care needs. The service provided a single point of contact for the patient, their carer and any other provider involved in their care. Patients referred to the service were given a letter and an information leaflet with a direct dial telephone number that bypassed the reception. Patients referred to the service were able to order repeat prescriptions over the telephone. Members of the team were able to co-ordinate services and equipment for patients. We saw feedback from patients about the enhanced support service was positive.

## 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).

- 88% 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%.
- Performance for mental health related indicators was comparable to the CCG and national average. The practice achieved 98% of available points, with 15% exception reporting compared to the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



## Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients experiencing poor mental health were referred to the enhanced support service.

# 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 in line with or better than the local and national averages. There were 261 survey forms distributed and 117 were returned. This was a completion rate of 45% and represented approximately 1% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 84% 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 30 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Comments had been made about all levels of staff within the practice.

We spoke with four patients during the inspection. Three of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One of the patients told us they had experienced a delay with a referral to secondary care and this was highlighted to the practice.

# Chells Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

### Background to Chells Surgery

Chells Surgery provides a range of primary medical services to the residents of Stevenage from its purpose built location of 265 Chells Way, Stevenage, Hertfordshire, SG2 0HN. The practice has been at its current location since 1969 and has recently undergone an extensive redevelopment and expansion of the premises.

The practice population is ethnically diverse and covers all ages with a slightly higher than average number of patients aged 45-59 years. National data indicates the area is one of lower deprivation. The practice has approximately 14,350 patients with services provided under a general medical services (GMS) contract, a nationally agreed contract with NHS England.

There are seven GP partners, five male and two female and they employ two female salaried GPs. The nursing team consists of six practice nurses; all female. There are also a team of reception, administrative and cleaning staff all led by a practice manager and a premises manager.

The practice is open from 8am to 6.30pm Monday to Friday with extended opening hours from 7am to 8am daily.

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

### Why we carried out this inspection

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

### How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 October 2016.

During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the premises manager, practice nurses, administration and reception staff.
- Spoke with patients who used the service.
- Observed how staff interacted with patients and their family members.
- Reviewed an anonymised 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.

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

# Detailed findings

- 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.

- The practice had a significant event policy that was available to all staff on the practice computer system.
- Staff told us they would inform the practice manager of any incidents and they would complete a recording form. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, treatment templates for the nursing staff had been updated following a medicine error to prevent a reoccurrence.

MHRA (Medicines and Healthcare products Regulatory Agency) and safety alerts were received into the practice by the practice manager. These were then disseminated to the relevant staff and a log was kept of any actions taken.

### 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. These arrangements 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 and contact details were displayed on noticeboards in all the consulting and treatment rooms. One of the GPs was the lead member of staff for safeguarding. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to the appropriate level for child safeguarding (level 3).

- Notices in the waiting room and the consulting rooms advised patients that chaperones were available if required. Nursing staff acted as chaperones, they were trained for the role and had received a Disclosure and Barring Service (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. We observed the premises to be visibly clean and tidy. One of the practice nurses and the premises manager were the infection control leads. There was an infection control protocol in place and staff had received up to date training. We saw that an infection control audit had been completed following the move into the extended premises and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the East and North Hertfordshire CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely.. There were also arrangements in place for the destruction of controlled drugs.

## Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked in March 2016 to ensure the equipment was safe to use and clinical equipment was checked in November 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. The practice had reorganised their staffing structure two years ago and implemented the role of team leader for the different staffing groups. This aided communication channels within the practice. There was a rota system in place for

all the different staffing groups to ensure enough staff were on duty. The practice had a skills matrix for the non-clinical staff and each work station had clear tasks for staff to complete whilst they were on duty. The skills matrix was used to ensure staff with the correct skills were in place to complete the tasks.

### 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 alarm buttons in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and flow charts with up to date resuscitation guidelines were available.
- Emergency medicines were 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 defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a 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 the plan was held off site by the practice manager.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 93% of the total number of points available with 17% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

There were areas where the practice had a higher than average exception reporting rate. We reviewed this with the practice and found they had a system for recalling patients on the QOF disease registers. 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 before being subject of exception.

Data from 2014/15 showed:

- Performance for chronic obstructive pulmonary disease related indicators was comparable to the CCG and national average. The practice achieved 99% of available points, with 16% exception reporting compared to the CCG average of 97%, with 11% exception reporting and the national average of 96%, with 12% exception reporting.

- Performance for mental health related indicators was comparable to the CCG and national average. The practice achieved 98% of available points, with 15% exception reporting compared to the CCG average of 96%, with 12% exception reporting and the national average of 93%, with 11% exception reporting.

The practice was an outlier for an area of diabetes monitoring. For example, data from 2014/15 showed:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 65% compared to the CCG average of 79% and the national average of 81%.

The practice had worked with a hospital diabetic consultant and a diabetic specialist nurse to identify learning points for improving patient care.

Following the inspection data from 2015/16 was published and showed:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 61% compared to the CCG average of 78% and the national average of 80%.

There was evidence of quality improvement including clinical audit.

- Prior to the inspection the practice provided us with evidence of two clinical audits completed in the last year, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit reviewed the use of antibiotics to treat non pregnant female patients with uncomplicated urinary tract infections. The audit identified areas of good practice and areas where improvements could be made, guidance was given to the GPs on the use of best practice antibiotic prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- 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, for those reviewing patients with long-term conditions. 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 practice nurses made use of the local practice nurse forums to keep themselves updated on clinical matters relevant to their role.
- 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 nursing staff. Most of the staff had received an appraisal within the last 12 months and a plan was in place for those outstanding.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to in-house training.

### 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. They had devised and piloted an electronic referral system to refer patients to community services. This was done within the patient electronic record system and reduced the amount of time taken to refer patients.

- A member of the administrative team reviewed all consultation notes daily to ensure that all documented actions had been completed.

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. 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 provided us with examples of when they had referred patients to a local rapid response team to provide integrated community care in the patient's home and reduce hospital admissions.

The practice were assigned to look after the residents in a local care home and informed us they did a weekly ward round in addition to home visit requests as required to review the residents medical needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had a consent policy for recording consent for minor procedures, however, it was not always followed. We were informed that verbal consent was obtained but we noted that this was not always documented in the patient's record. When we highlighted this to the practice we were informed that they would complete an audit of the consent process and educate all clinical staff of the correct process to follow.

### Supporting patients to live healthier lives

# Are services effective?

## (for example, treatment is effective)

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. For example, a smoking cessation advisor visited the practice regularly and patients were referred to slimming groups for weight management advice.
- The practice hosted a well-being advisor who visited the practice weekly to provide counselling for patients.

The practice's uptake for the cervical screening programme was 90%, which was better than the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

- 65% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 72%.

- 58% 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 had worked with the patient participation group (PPG) to increase the uptake of bowel cancer screening and improved from 34%. The PPG worked on the project and a campaign was run in the surgery and on the website. Non-responders to the national programme were sent a personalised letter from their doctor and received a phone call from a practice nurse. The PPG developed a good practice pack which reflected the work that had been done and distributed it to other practices in the locality.

Childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% and five year olds from 94% to 98%. The CCG averages were from 93% to 98% and 94% to 98% respectively and the national averages were from 73% to 95% and 81% to 95% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- 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.
- There were privacy screens at the reception desk and all telephone calls were answered in a separate room. There was a sign for patients to stand behind whilst waiting to speak to a receptionist so conversations taking place at the desk were not overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 30 patient Care Quality Commission comment cards we received 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.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Comments had been made about all levels of staff within the practice.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 86% 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%.
- 98% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 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. We also saw that care plans were personalised.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 79% 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%.
- 86% 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:

- They used telephone translation services for patients who did not have English as a first language.

## Are services caring?

- They had developed their own information leaflets to explain common procedures such as ear syringing, fasting blood tests and joint injections. These were available in an easy read format.
- They directed patients to approved websites such as Patient.co.uk and NHS Choices for further information about their conditions.

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

The practice identified patients who were also a carer and placed an alert on the computer system so staff were aware. The practice had identified 226 patients as carers which equated to approximately 1.5% of the practice list. This included two young carers who had access to support. One of the nurses was identified as a carers champion and these patients were given enhanced support from the GP assistants. There was a carers board in the patient waiting room with information of local carers support groups and a carers pack was available to direct carers to the various avenues of support available to them.

Palliative care patients, the elderly, patients with long term conditions and those experiencing vulnerable circumstances were referred to the enhanced support service to provide a single point of contact into the practice. The practice informed us they registered patients with no fixed abode and with their consent arranged for a patient advocate to assist them with communicating their health needs.

Staff told us that if families had suffered bereavement, a letter of condolence was sent to them with a bereavement booklet detailing information on what to do and guidance on support available. We were informed that if appropriate the GPs would contact the family and an alert was placed on their patient record.

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.

# 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, they secured funding and obtained planning permission to extend and refurbish the premises to meet the requirements of the practice for the next 20 years.

- The practice offered extended opening hours, for appointments with the nursing team, from 7am to 8am Monday to Friday, this was especially useful 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 had clinical needs which resulted in difficulty attending the practice.
- Over 75 year health checks were completed for the housebound by a nurse in the patients home.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments times were available outside of school hours for children.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for people with disabilities that included automatic doors, wide corridors and internal doors. There were access enabled toilets. All treatment and consulting rooms were on the ground floor.
- A hearing loop and translation services available.
- Picture signage was used around the practice for those patients who had difficulty reading. For example, there were pictures of the different specimen pots used by patients above the different boxes they put them in ready for collection or testing.

### Access to the service

The practice was open between 7am and 6.30pm Monday to Friday. Appointments with the GPs were from 8.30am to 11.30am and 2.15pm to 5pm daily. Appointments were available with the practice nurses between 7am and 6pm.

The practice offered pre-bookable appointments that could be booked up to nine weeks in advance. Same day and urgent appointments were also available for people that needed them.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 76%.
- 70% 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%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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. Home visit requests were all reviewed by a GP within 30 minutes of the call. The GP would contact the patient by telephone in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. We reviewed two requests that had been made on the day of the inspection and noted that they had been dealt with promptly.

The practice made use of the local CCG Acute in Hours Visiting Service to refer patients who required an urgent home visit. This service was a team of doctors who worked across east and north Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.

### 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. For example, there were complaints leaflets available at the reception desk and could be downloaded from the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had received nine complaints in the last 12 months. We looked at two of these and found they had been satisfactorily handled and dealt with in a timely way. We noted there was openness and transparency with dealing with the complaints. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint regarding the processing of letters and confidentiality a checklist had been devised for the reception staff to follow when dealing with requests and receiving information.

The practice had developed an enhanced support service, this consisted of a team of five senior administrative staff (GP assistants) who were able to provide additional support and guidance to patients who had complex health and social care needs. For example, palliative care patients, the elderly, patients with long term conditions and those experiencing vulnerable circumstances. Patients were referred to the service following an assessment by a GP or a practice nurse. The service provided a single point of contact for the patient, their carer and any other provider involved in their care. Patients referred to the service were given a letter and an information leaflet with a direct dial

telephone number that bypassed the reception. They were informed of the names of the GP assistants and the days they worked so they knew who would answer the telephone when they called the practice. Patients referred to the service were able to order repeat prescriptions over the telephone. Members of the team were able to co-ordinate services and equipment for patients. For example, community nurses, MacMillan nurses and Hertshelp, a local advice service. At the time of the inspection there were 247 patients receiving enhanced support. The practice kept a folder of compliment letters and cards they received from patients. We saw feedback from patients about the enhanced support service was positive. For example, one patient stated that they service had made a difference for them coping with their condition. Another stated the help from the administrative staff made things easier.

The enhanced support service was developed following feedback from families and carers of patients with chronic conditions who informed the practice they had to repeat the same information to different reception staff every time they made contact with the practice.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They informed us a positive patient experience was their priority. The practice had a mission statement and staff knew and understood the values.

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

### Governance arrangements

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

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

### Leadership and culture

The practice was led by the GP partners and the practice manager with the support of the premises manager. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and the managers 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 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, 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 in place, with team leaders for each staff group. Staff said they felt supported by management.

- Staff told us the practice held regular team meetings and they had recently introduced team-building sessions once a week.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and the managers in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), through surveys and compliments and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team.
- The practice made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The most recent results showed there were 16 responses and of these 94% recommended the practice.
- There was a comments box at the entrance of the practice for patients to leave their feedback.
- The practice monitored feedback on the NHS Choices website and the practice manager responded to the comments left.

# Are services well-led?

Good 

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

- The practice had gathered feedback from 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

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

The practice was a member of a local health federation with other practices within the locality. The aim of the federation was to bid for services to keep them local for patients.