

# Wallace House

## 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 Wallace House on 13 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- 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.

The areas where the provider should make improvement are:

- Review and make improvements to the disabled patient toilet facilities provided in line with the requirements of the Equality Act 2010.
- Continue to monitor and ensure improvement to patient access to appointments and patient feedback.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. For example, the practice had achieved 99% of the total number of points available for Chronic Obstructive Pulmonary Disease (COPD) related indicators, compared to 97% locally and 96% nationally.
- 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.
- The practice was proactive in ensuring staff learning needs were met.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey results published on 7 January 2016 showed patients rated the practice in line with others for several aspects of care. For example, 94% of respondents said the last appointment they got was convenient compared to the CCG average of 90% and national average of 92%.

Good



# Summary of findings

- The practice offered flexible appointment times based on individual needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a register of carers with 292 carers identified. There were two nominated Carers' champion who promoted a carers pack which included information and advice about local support groups and services available.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had participated in the local Clinical Commissioning Group winter resilience scheme, offering additional appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local Accident and Emergency unit.
- The practice had good facilities and was well equipped to treat patients and meet their needs across two premises.
- Urgent appointments were available on the same day and the practice had changed their appointment system in response to patient feedback.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for identifying notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices, a local GP federation and the local Clinical Commissioning Group.

# 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, this included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- Regular visits to three local nursing homes and a specialist dementia unit were carried out by named GPs for continuity of care and emergency visits were also provided when needed. Staff at the specialist dementia unit described the service provided by the practice as very good.
- The practice had completed 813 health checks for patients aged over 75 since October 2014, which was 73% of this population group.
- The practice worked closely with a local multidisciplinary team which provided a rapid response service to support people with long term or complex conditions.

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.
- The overall performance for diabetes related indicators was in line with the CCG and national average. The practice had achieved 84% of the total number of points available, compared to 89% locally and 89% nationally.
- 78% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the national average of 75%.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines

Good



# Summary of findings

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.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of Accident and Emergency attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81% which was in line with the national average of 82%.
- Appointments were available outside of school hours and child immunisation clinics took place at the branch surgery. Facilities at the practice were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Data showed the practice had 60% of patients aged 60 to 69 years screened for bowel cancer, in the last 30 months compared to 60% locally and 58% nationally. The practice had 75% of female patients aged 50 to 70 years screened for breast cancer in the last 36 months compared to 72% locally and 72% nationally.

Good



# Summary of findings

- The practice was proactive in offering on line services such as appointment booking and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- It offered an appointment reminder text messaging service and appointment times were extended every Tuesday until 8pm and from 8am to 12pm every Saturday.
- The practice provided an electronic prescribing service (EPS) which enables GPs to send prescriptions electronically to a pharmacy of the patient's choice.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had completed 30 out of 66 learning disability health checks since April 2015.
- It offered longer appointments and annual health checks for people with a learning disability.
- The practice had a system in place to identify patients with a known disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access various support groups and voluntary organisations.
- Staff had received safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff members were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was in line with the national average of 84%.

Good





# Summary of findings

- Performance for mental health related indicators was above the CCG and national average. The practice had achieved 100% of the total number of points available (with 8% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting).
- The practice carried out advanced care planning for patients with dementia.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended Accident and Emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We looked at the national GP patient survey results published on 7 January 2016. The results showed the practice was below and comparable with local and national averages. The practice had implemented an action plan in February 2016. There were 272 survey forms distributed and 124 were returned. This represented a 46% response rate and approximately 1% of the practice's patient list.

- 49% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%. The practice had updated the recorded message on the practice telephone system to inform patients that an appointment was not required if a patient wanted to be seen during one of the walk in clinics offered at the practice. The practice had also appointed a Reception Team Leader in April 2016 and increased the number of staff available to answer calls during busy periods.
- 73% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%). The practice had introduced approximate time slots for patients who attended the walk in clinic to improve patient experience and to better manage waiting times within the practice.
- 80% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 70% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards. Two comments were positive about the standard of care received. Three patients commented on long waiting times when attending the walk in clinic and two of these patients also commented on not being able to use the ground floor patient toilets as they were not wheelchair accessible. One patient commented on the difficulties in getting through to the surgery on the telephone and the long waiting time when attempting to book an appointment with a named GP.

During our inspection we spoke with senior practice staff about patient feedback and the practice identified measures to address the concerns raised. For example, patients who require mobility assistance would be offered priority appointments at the branch surgery and those patients that attended a walk in clinic at the main surgery would have their waiting times monitored and kept to a minimum due to the limited ability to use the patient facilities on the ground floor. The practice had scheduled their next health and safety assessment to be completed on 10 May 2016.

## Areas for improvement

### Action the service SHOULD take to improve

- Review and make improvements to the disabled patient toilet facilities provided in line with the requirements of the Equality Act 2010.
- Continue to monitor and ensure improvement to patient access to appointments and patient feedback.

# Wallace House

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Wallace House

Wallace House provide primary medical services, including minor surgery, to approximately

14, 490 patients from two premises in Hertford, Hertfordshire. Services are provided on a General Medical Services (GMS) contract. The practice moved into a Grade two listed Coach House in 1983 and opened a new branch surgery in 2013. Wallace House is the main practice and Calton Court is a branch surgery located approximately one mile away.

The practice has been unable to recruit GPs to fill clinical vacancies and the practice is expecting further GP retirements in 2016 and 2017. The practice told us that their patient list size has increased by almost 7% in the last two years. NHS England accepted their application to temporarily close their list to new registrations for six months from 1 April to 1 October 2016. The practice has reduced some services to manage clinical capacity, for example the practice is currently unable to offer additional travel services.

The practice serves a lower than average population of those aged between 20 to 29 years, and higher than

average population of those aged between 40 to 54 years. The population is 97% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team across both premises consists of seven GP Partners and one salaried GP. Five GPs are female and three are male. There are two nurse practitioners who are prescribers, one specialist diabetic nurse, two practice nurses and one health care assistant. The non-clinical team consists of a practice business manager, an assistant to the practice business manager, an operations manager, a patient services team leader, one clinical support assistant, four members of the secretarial services team, four members of the administration team and nine members of the reception team. Wallace House has been approved to train ST1 and ST2 (first and second year of speciality training) doctors who wish to undertake additional training (from four months up to one year depending on where they are in their educational process) to become general practitioners.

Wallace House is open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP are available from 8am to 11am and from 3.30pm to 5.30pm Mondays to Fridays. The practice offers extended opening hours between 6.30pm to 8pm every Tuesday and between 8am and 12pm every Saturday. Emergency appointments are available daily with the duty doctor. The practice offers walk in clinics every weekday between 8am and 10am and between 3pm and 5pm on Monday afternoons. The nurse practitioner runs a minor illness clinic four days a week.

Calton Court is open between 8am and 6.30pm Mondays, Wednesdays and Thursdays and between 8am and 1pm every Tuesday and Friday.

Home visits are available to those patients who are unable to attend the surgery and the practice is also able to offer home visits via the Acute In Hours Visiting Service. This is a

# Detailed findings

team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce admission to hospital. The out of hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available on the practice website and telephone line.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 13 April 2016. We inspected the main practice and branch surgery and during our inspection we:

- Spoke with four GPs, one nurse practitioner, two practice nurses, the practice business manager, the clinical support assistant, two members of the administration team and three members of the reception team.

- Spoke with 10 patients and observed how staff interacted with patients.
- Reviewed six comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from the Chairperson and three members of the Patient Participation Group (PPG). (This was a group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. Senior staff understood their roles in discussing, analysing and learning from incidents and events.
- Staff would complete a significant event record form. We were told that the event would be discussed at a weekly senior staff meeting, in place to identify and manage areas of concern which require quick intervention. Information and learning would be made available to team leaders for circulation amongst the practice staff members.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, the practice had received an alert about a medicine used for some patients with breast cancer, and had taken the appropriate action. We saw evidence to confirm staff had discussed this alert and had completed a check on their system to identify any patients using this particular medicine.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice sought advice and took the appropriate action and organised additional training for a practice nurse after a child was given an additional MMR vaccine (a MMR vaccine is an immunisation vaccine against measles, mumps, and rubella). The patient/carer was informed and no adverse harm was caused.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding adults and children. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All GPs and nurses were trained to an appropriate level in safeguarding children and adults.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner was the infection control clinical lead who accessed regular training to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken annually and we saw evidence that action was taken to address any improvements identified as a result.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. The practice carried out regular medicines audits, with the support of the local medicines

## Are services safe?

management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions 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.

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

### Monitoring risks to patients

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 along with a poster in the staff area which included the names of the health and safety leads at the practice. A health and safety assessment was completed in 2014 and the practice had another health and safety assessment scheduled to take place on 10 May 2016. The practice had up to date fire risk assessments. Fire alarms were tested weekly and the practice carried out fire drills and checked fire equipment on a regular basis. All electrical equipment was checked within the last 12 months to ensure the equipment was safe to use and clinical equipment was checked within the last 12 months to ensure it was working properly. The practice had completed a Legionella assessment in February 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This assessment identified a number of requirements as low to high risk which the practice had dealt with or was in the process of taking action on.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff members were on duty. Team leaders and staff members would be flexible and cover additional duties as and when required. The practice had a locum GP information pack in place and would complete the necessary recruitment checks on those individuals.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers 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 emergency medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was available on the staff intranet and additional copies were kept off the premises.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on A&E attendance, emergency admissions to hospital, outpatient attendance and bowel and breast screening uptake. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 96% of the total number of points available, with 5% exception reporting which was in line with the local and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- The overall performance for diabetes related indicators was in line with the CCG and national average. The practice had achieved 84% of the total number of points available, compared to 89% locally and 89% nationally.
- The percentage of patients aged 45 years or over who have a record of blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 90% of the total number of points available, compared to 90% locally and 91% nationally.
- Performance for mental health related indicators was above the CCG and national average. The practice had achieved 100% of the total number of points available (with 8% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting).

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, peer reviews and research.
- Findings from audits were used by the practice to improve services. For example, one of these audits looked at the management of patients requiring a regular vitamin injection. This audit identified good practice and learning points which included better communication with district nurses.
- The practice also completed an audit on antibiotic prescribing to review their prescribing against local and national guidelines. This audit identified good practice and learning points. For example, the overall the number of prescriptions for certain antibiotics were lower than the previous year and there was an improvement in the number of prescriptions meeting the current antibiotic guidelines. Action points included better access to local antibiotic guidelines for prescribers and further information for locum GPs.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection control, fire safety, information security, basic life support, 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of staff meetings, one to one meetings, a planned programme of appraisals and a review of personal development needs. Staff had access to a wide range of training courses to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The practice had pooled their training budget with local practices and new reception staff had access to a three day training course.
- Staff received training that included: safeguarding, infection control, basic life support and confidentiality. Staff had access to and made use of e-learning training modules and would attend Clinical Commissioning Group (CCG) led training days.
- One of the practice nurses was trained as a specialist diabetic nurse. We were told that the practice had close links with the University of Hertfordshire who provided nurse training modules on topics including spirometry, COPD and diabetes.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary Gold Standard Framework team meetings took place on a six weekly basis for vulnerable patients and for patients requiring palliative care (The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis).
- The practice held six weekly meetings with health visitors for the support management of vulnerable families and children
- The practice worked closely with a local multidisciplinary team which provided a rapid response service to support people with long term or complex conditions.
- Regular visits to three local nursing homes and a specialist dementia unit were carried out by named GPs for continuity of care and emergency visits were also provided when needed. Staff at the specialist dementia unit described the service provided by the practice as very good. Staff at two of the nursing homes described the services provided as well managed, responsive and consistently good. A staff member from one of the nursing homes stated that communication between the

### **Coordinating patient care and information sharing**

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.



# Are services effective?

(for example, treatment is effective)

home and the practice could be improved. The staff member told us that they had made the practice aware of their concerns and had a meeting arranged with the practice to address the issues identified.

## Consent to care and treatment

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

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

## Supporting patients to live healthier lives

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

- These included patients considered to be in the last 12 months of their lives, carers, homeless people, those at risk of developing a long-term condition and those requiring advice on their diet and patients experiencing poor mental health. Patients were then signposted to the relevant service.

- The practice held a register of patients with a learning disability and had completed 30 out of 66 learning disability health checks since April 2015.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed the practice had 60% of patients aged 60 to 69 years screened for bowel cancer, in the last 30 months compared to 60% locally and 58% nationally. The practice had 75% of female patients aged 50 to 70 years screened for breast cancer in the last 36 months compared to 72% locally and 72% nationally.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 93% to 97%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. The practice had completed 813 health checks for patients aged over 75 since October 2014, which was 73% of this population group. New patients were offered a health check upon registering. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We received six CQC patient comment cards, three patients commented on the care and treatment received. Two patients were positive about the service experienced and one person commented on how they felt their consultation had been rushed.

On the day of our inspection, we spoke with 10 patients who all told us that staff members were helpful, caring and treated them with dignity and respect. Three patients did also comment on how they felt their consultation had been rushed. The practice told us that consultations during the sit and wait walk in sessions were more time limited in comparison to routine appointment bookings.

We received feedback from four members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the doctors and nurses and said their dignity and privacy was respected.

Results from the national GP patient survey results published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 85%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. The majority of patients told us that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

The practice had developed an action plan to increase patient satisfaction in areas that required improvements. For example, one of the action points was to complete some work with the reception team to avoid over booking the number of consultations allocated with the nurse per session. The practice told us that they would be continuously monitoring the action points until they were satisfied that the patient experience had been improved.

## Are services caring?

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

- Notices in the patient waiting rooms told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 292 carers

which was 2% of the practice list. Two members of staff were the nominated Carers' champion and provided information and advice about local support groups and services.

- Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. The practice would also provide the family with information and advice on how to access local support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had participated in the Local Clinical Commissioning Group (CCG) winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local Accident and Emergency department. The practice had seen 1, 279 patients during additional appointments between 12 October 2015 and 28 February 2016.

- The practice offered extended hours every Tuesday evening and Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.
- The practice offered a walk in session every weekday morning.

### Access to the service

The main practice was open to patients between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 11am every morning and from 3.30pm to 5.30pm daily. Extended surgery hours were offered between 6.30pm to 8pm every Tuesday and between 8am and 12pm every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the same day for people that needed them. The nurse practitioner held a

minor illness clinic four days a week. The branch surgery was open to patients between 8am and 6.30pm Monday, Wednesday and Thursday and between 8am and 1pm every Tuesday and Friday.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was mostly in line with local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 49% of patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%). The practice had developed an action plan to improve this area. The practice had updated the recorded message on the practice telephone system to inform patients that an appointment was not required if a patient wanted to be seen during one of the walk in clinics offered at the practice. The practice had also appointed a Reception Team Leader in April 2016 and increased the number of staff available to answer calls during busy periods.
- 56% of patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

Patients told us on the day of the inspection that they found it difficult to get an appointment with their preferred GP. The practice told us that they had responded to patient feedback about this in January 2016 and had reduced the number of walk in sessions offered at the practice from 10 walk in session to six per week. This allowed the practice to increase the number of pre-bookable appointment slots available to patients.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This information was available on the practice website and in the patients waiting areas.

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

We looked at five complaints received in the last 12 months and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency when dealing with complaints. The practice shared their complaints with the local Clinical Commissioning Group. Apologies were offered to patients when required. Lessons

were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice assessed their systems for processing repeat prescriptions and identified the need to increase capacity. The practice then trained a new team member to work alongside the prescription clerk.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and a supporting business plan which reflected the vision and values of the practice.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff had lead roles and they prioritised safe, high quality and compassionate care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support 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 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 in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held on a regular basis.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the Friends and Family Test, the Patient Participation Group (PPG) and through surveys and complaints received. The practice told us that they listened to patient feedback and had made changes to the telephone line and appointment system to improve access and patient satisfaction. The practice had an action plan in place to further improve patient satisfaction.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, one-to-one's and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

# Are services well-led?

Good 

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

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice is planning on securing a move to new premises and had submitted an application to the NHS England transformation fund in 2015. NHS England had created a project initiation document for a potential merger of four local practices, including Wallace House, as part of the NHS five year forward plan.

Senior staff regularly attended meetings with peers within their locality and the practice was a member of a local GP federation. This federation was launched in 2014 and the practice was one of 16 local practices that had participated in a number of projects including a winter pressures programme, a leg ulcer service contract and a specialist training programme for care home staff.