Coach House 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 Coach House Surgery on 4 May 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.
- 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 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.

The areas where the provider should make improvement are:

- Ensure that all staff complete a formal programme of infection control training relevant to their roles.
- Ensure regular fire drills are completed at both premises on a regular basis.
- Keep a record and analyse verbal complaints.
- Monitor and assess systems and processes to ensure all aspects of practice management are in place and effective.

Summary of findings

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?

Good

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.

Are services effective?

Good

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 98% 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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 higher than others for several aspects of care. For example, 94% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- The practice offered flexible appointment times based on individual needs.

Summary of findings

- 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 154 carers identified. There was a nominated Carers' champion who provided information and advice about local support groups and services available.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with NHS England Area Team and the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was a member of a local GP federation and participated in the local winter resilience scheme, providing additional appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local A&E unit.
- The practice had good facilities and was well equipped to treat patients and meet their needs across two premises.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available on the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.

Summary of findings

- 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

Good

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.
- Named GPs provided a weekly visit to a local 110 bedded residential nursing home. We spoke to the home manager who described the service provided by the practice as excellent. They told us the practice provided high quality care and were very responsive to urgent requests. Staff from the home would meet practice staff on a regular basis to discuss and co-ordinate service provision.
- The practice had completed 31 health checks for patients aged over 75 since August 2015, which was 78% of this population group.
- Multi-disciplinary Gold Standard Framework team meetings took place on a fortnightly basis for vulnerable patients and for patients requiring palliative care.

People with long term conditions

Good

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

- The overall performance for diabetes related indicators was in line with the CCG and national average. The practice had achieved 96% of the total number of points available, compared to 91% locally and 89% nationally.
- The practice held an anticoagulation clinic and offered patients the required checks at the practice on a regular basis.
- 73% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the local average of 73% and national average of 75%.
- Longer appointments and home visits were available when needed.
- The practice worked closely with a local multi-disciplinary team which provided a rapid response service to support people with long term or complex conditions.

Summary of findings

- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. 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

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 74%, which was below 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.

Working age people (including those recently retired and students)

Good

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 carried out routine NHS health checks for patients aged 40-74 years.
- Staff promoted national screening programmes to patients and displayed information in the practice and on the practice website. Data published in March 2015 showed 54% of patients aged 60 to 69 years had been screened for bowel cancer, in the last 30 months compared to 58% locally and 58% nationally. Data showed 66% of female patients aged 50 to 70 years screened for breast cancer in the last 36 months compared to 72% locally and 72% nationally.

Summary of findings

- The practice was proactive in offering on line services such as appointment booking, e-mail contact 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 8.30pm and from 8am to 10.30am every Saturday.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

Good

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 17 out of 34 learning disability health checks in the last 12 months. The practice had taken steps to improve the number of health checks completed in this area.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Longer appointments were offered for people with a learning disability.
- The practice had a system in place to identify patients with a known disability.
- Vulnerable patients had been told how to access 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.

People experiencing poor mental health (including people with dementia)

Good

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 had their care reviewed in a face to face meeting in 2014/2015, which was in line with the local average of 85% and national average of 84%.

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 14% exception reporting), compared to 96% locally (9% 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 A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice liaised with the Improving Access to Psychological Therapies (IAPT) service and a NHS counsellor held a clinic at the practice two times a week.

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 comparable with local and national averages. There were 348 survey forms distributed and 115 were returned. This represented a 33% response rate and approximately 1% of the practice's patient list.

- 77% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 76%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 84%, 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 18 comment cards which were all positive about the standard of care received. Patients said staff acted in a professional, friendly and courteous manner and described the services provided by all staff as excellent. Three patients also commented on difficulties in getting through to the surgery on the telephone in the mornings. The practice told us that they were planning on introducing a new telephone system in June 2016 which would improve the patient experience when telephoning the practice.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and described staff members as approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that all staff complete a formal programme of infection control training relevant to their roles.
- Ensure regular fire drills are completed at both premises on a regular basis.
- Keep a record and analyse verbal complaints.
- Monitor and assess systems and processes to ensure all aspects of practice management are in place and effective.

Coach House 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 advisor and a second CQC inspector.

Background to Coach House Surgery

Coach House Surgery provide primary medical services, including minor surgery, to approximately

11, 750 patients from two premises in Watford, Hertfordshire. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). Coach House Surgery is the main practice and North Approach is a branch surgery located approximately five miles away. Coach House Surgery moved into purpose built premises in July 2006 and shares the building with another GP practice. Additional services in the building include a community cardiology service, a pharmacy, a community gynaecology service and physiotherapy and osteopathy services.

The practice serves a lower than average population of those aged 50 years and onwards, and higher than average population of those aged from 0 to 9 years and 30 to 44 years. The population is 68% White British, 21% Asian, 6% Black, 4% Mixed Race and 1% other non-white ethnic groups (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 male and three are female. There are four practice nurses and two health care assistants. The non-clinical team consists of a practice manager, seven members of the administration team and 11 members of the reception team. Coach House Surgery has been approved to train doctors who wish to undertake additional training (from a period of four months up to one year depending on where they are in their educational process) to become general practitioners. There are currently three GP trainees, two ST1s (first year of speciality training) and one ST3 (third year of speciality training).

Coach House Surgery is open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP are available from 8.30am to 11.45am and from 3.30pm to 6.30pm Mondays to Fridays. The practice offers extended opening hours between 6.30pm to 8.30pm every Tuesday and between 8am and 10.30am every Saturday.

North Approach is open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP are available from 8.30am to 11.45am and from 3.50pm to 6pm Mondays to Fridays.

Emergency appointments are available daily with the duty doctor. A telephone consultation service is also available for those who need urgent advice. Home visits are available to patients who are unable to attend the surgery. 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.

Detailed findings

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 4 May 2016. We inspected the main practice and branch surgery and during our inspection we:

- Spoke with five GPs, three practice nurses, two health care assistants, the practice manager and three members of the reception team.
- Spoke with two patients and observed how staff interacted with patients.
- Reviewed 18 comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from two 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.

Good

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.
- 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 with the GP partners as soon as possible and acted on and also discussed at a multi-disciplinary team meeting, which took place fortnightly. Information and learning would be circulated to staff and discussed at staff meetings.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, the practice had received an alert about an insulin pump 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 device.

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 process for managing urgent faxes was discussed during a staff meeting to ensure all urgent faxes were correctly managed and promptly acted on.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding adults and children. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All GPs and nurses were trained to an appropriate level in safeguarding children and adults (level 3).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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. One of the practice nurses was the infection control clinical lead who was trained to the appropriate level. There was an infection control protocol in place however some staff had not received formal infection control training. The staff we spoke with were knowledgeable about infection control processes relevant to their roles. 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 spillage kits were available. 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 local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to undertake tasks such as phlebotomy, blood pressure monitoring, ECGs and height/weight measurements and some dressings. The practice had a system in place to ensure training and assessments were in place to monitor and ensure competency.

- We reviewed six 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 room which included the names of the health and safety leads at the practice. A building manager was in place and this person managed a maintenance schedule for the premises. 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. The practice had not completed a fire drill at the branch surgery. We received evidence to confirm a fire drill was completed at the branch shortly after our inspection and the practice had developed a plan to ensure regular fire drills would be carried out across both sites. All electrical equipment was checked in December 2015 to ensure the equipment was safe to use and clinical equipment was checked in January 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff members were on duty. 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 all of the computers and in the 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.

Good

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 and outpatient attendance levels. 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 98% of the total number of points available, with 7% 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 96% of the total number of points available, compared to 91% 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 14% exception reporting), compared to 96% locally (9% exception reporting) and 93% nationally (11% exception reporting). We checked the exception reporting system and saw that the practice had an effective recall system in place and a systematic approach for recording exceptions. The exception reporting we checked was found to be appropriate.

Clinical audits demonstrated quality improvement.

- There had been five 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 and peer reviews.
- Findings from audits were used by the practice to improve services. For example, one of these audits looked at the patient testing for Disease Modifying Anti-Rheumatic Drugs (DMARDs). DMARDs are a group of medicines commonly used in patients with rheumatoid arthritis. This audit identified good practice and learning points which included the need to ensure that the frequency of monitoring was reviewed in accordance with any changes to medicine dosage.
- The practice also completed an audit on falls and attendance to A&E. This audit identified key learning points which formed an action plan with the aim to reduce the incidence of avoidable falls and to make full use of the falls prevention programme.

Effective staffing

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

Good

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, fire safety, 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, appraisals and a review of personal development needs. Staff had access to 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 were able to provide staff monthly education training sessions on topics including chaperone training and safeguarding.
- Staff received training that included: safeguarding, equality and diversity, basic life support and confidentiality. Staff had access to Clinical Commissioning Group (CCG) led training days and also had access some training which was provided by an external company.

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.
- 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 fortnightly 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 an anticoagulation clinic and offered patients the required checks at the practice on a regular basis.
- The practice shared information about patients considered to be in the last 12 months of their lives with community teams which enabled staff to co-ordinate care based on the latest information about the patients' needs and requirements.
- The practice worked closely with a local multi-disciplinary team which provided a rapid response service to support people with long term or complex conditions.
- Named GPs provided a weekly visit to a local 110 bedded residential nursing home. We spoke to the home manager who described the service provided by the practice as excellent. They told us the practice provided high quality care and were very responsive to urgent requests. Staff from the home would meet practice staff on a regular basis to discuss and co-ordinate service provision.

Good

Are services effective?

(for example, treatment is effective)

- The practice liaised with the Improving Access to Psychological Therapies (IAPT) service and a NHS counsellor held a clinic at the practice two times a week.
- A Community Midwife held a clinic at the practice two times a week.

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, travellers, 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.
- Health care assistants provided smoking cessation advice and would signpost patients to the pharmacy located within the shared building.
- The practice held a register of patients with a learning disability and had completed 17 out of 34 learning disability health checks within the last 12 months. The practice had met with a local learning disability community nurse to discuss the uptake of health checks and had changed their system to ensure there was a more robust approach towards identifying individuals who had not attended and arranging recalls.

The practice's uptake for the cervical screening programme was 74%, which was below 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 told us that they sent letters out to all patients who had not attended their cervical screening, in an attempt to increase uptake. The practice told us that they would encourage patients to have their screening carried out and promoted screening programmes on their website and on the patient noticeboard in the practice. Data published in March 2015 showed 54% of patients aged 60 to 69 years had been screened for bowel cancer, in the last 30 months compared to 58% locally and 58% nationally. Data showed 66% 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 95% to 97% and five year olds from 93% to 97%.

Patients had access to appropriate health assessments and checks. The practice had completed 31 out of 40 health checks for patients aged 75 years and over since August 2015, which was 78% of this population group. The practice offered NHS health checks for people aged 40–74 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 18 CQC patient comment cards and spoke with two patients. All of the comments were positive about the care and treatment offered. Patients said they felt staff were helpful, caring and treated them with dignity and respect.

We received feedback from two members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the doctors, nurses and practice team 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 mostly above CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 88%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 87% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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

- Staff told us that translation services were available for patients who were hard of hearing or did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting rooms told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 154 carers which was over 1% of the practice list. A member of the administration team was the nominated Carers' champion and provided information and advice about

Good

Are services caring?

local support groups and services. The practice had a carers noticeboard and information available across both premises. The practice manager was in the process of arranging a meeting with a local support organisation to discuss carer support and the practice were planning on carrying out further activities to increase awareness and implement a process to identify additional carers.

- Staff told us that if families had suffered bereavement, their usual GP contacted them. The practice told us that they had close links with a local hospice and would arrange to meet families at the bereavement centre located within the hospice. The practice would also provide the family with information and advice on how to access local support services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the local winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local A&E department. The practice had seen 828 patients during additional appointments between 2 November 2015 and 31 March 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.
- The practice worked with another practice based within the same building and provided a travel clinic to patients. Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.
- The practice provided an Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- There were disabled facilities, a portable hearing loop and translation services available.
- There was good access into the practice for wheelchairs and prams and the practice had equipment to assist patients with mobility needs'.

Access to the service

The main practice and branch surgery was open to patients between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.45am every morning and from 3.30pm to 6.30pm daily. Extended surgery hours were offered between 6.30pm to 8pm every Tuesday and between 8am and 10.30am every Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the same day for people that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 79%.
- 77% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 41% of patients said they always or almost always see or speak to the GP they prefer (CCG average 37%, national average 36%).

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns however the practice did not keep a record of verbal complaints.

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

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice took steps to ensure all letters requested by patients were produced on headed and dated paper.

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 demonstrated how they monitored, planned and managed services 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 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.

During our inspection we noted that the partners were not fully utilising the skills and potential of all of the clinical team, including the practice nurses. For example, the practice nurses were not trained in chronic disease management and were unable to complete chronic obstructive airways disease annual reviews or annual asthma reviews. We also noted that the practice manager, who until recently had received support from the previous practice manager, was still in the process of establishing their management systems. For example, the practice manager did not keep a record of training or appraisals for the nursing team and did not know how often clinical waste was collected from the practice.

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 kept records of written correspondence and gave affected people reasonable support, truthful information and a verbal and written apology.

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. The GP partners held away days every six months. The practice held all staff away days but changed this to regular team specific meetings following staff feedback.
- 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

Are services well-led?

Good

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

listened to patient feedback and had worked with the PPG to promote awareness about the impact of not attending appointments. PPG members told us that they helped promote on line services including the use of e-mail and online appointment booking and had supported the practice in providing extended opening hours for working patients who could not attend during normal opening hours.

- The practice had gathered feedback from staff through away days and generally through staff meetings, appraisals and discussions. 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 strong 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 commissioning framework group and senior staff attended monthly meetings to discuss and explore joint working on a range of care pathways. For example, the practice was looking at how they could work more closely with schools to reduce A&E attendance.

Senior staff regularly attended meetings with peers within their locality. The practice was a member of a local GP federation and was able to offer patients additional evening and weekend appointments, made available at a number of practices across West Hertfordshire. The practice worked closely with local practices and was holding discussions with the local CCG about extending its anticoagulation service to more patients from the local area.