Dr Khalid Mirza

Quality Report

Valley Green
Hemel Hempstead
HP2 7RJ
Tel: 01442 261850
Website: www.woodhallfarmmedicalcentre.co.uk

Date of inspection visit: 24 January 2017
Date of publication: 20/04/2017

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

Ratings

Overall rating for this service	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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Khalid Mirza on 24 January 2017. 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Feedback received from patients from the completed CQC comment cards was consistently positive. Patients told us they were impressed by the professional attitude and caring approach of the staff.
- The practice had identified less than 1% of patients as carers and had achieved the Carers in Hertfordshire Silver Award.
- Members of the patient participation group (PPG) we spoke with were positive about the practice and the care provided.
- The practice met regularly with the PPG and responded positively to proposals for improvements.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 improvements are:

- Work to increase the number of patients recognised as carers should continue.

Summary of findings

- In line with the practice complaints policy ensure patients receive a written response to any complaint.
- Continue to take steps to ensure that in future National GP Patient Surveys the practice's areas of below local and national average performance are monitored and improved.

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. A significant event reporting policy available for all staff to access on the practice computer system.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had well defined and clearly embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risks to patients were assessed and well managed. The practice had defined systems, processes and practices to review and assess ongoing risks.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to the local and national averages. For example, the most recent published results showed the practice achieved 96% of the total number of points. This was comparable with the CCG average of 96% and the national average of 95%.
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Clinical audits demonstrated quality improvement. There had been three clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had created an induction booklet for new members of staff.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice broadly in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example, 84% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 83% and the national average of 82%.
- Members of the patient participation group (PPG) we spoke with were positive about the practice and the care provided.
- Information for patients about the services available was easy to understand and accessible, both in the patients waiting area and on the practice website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 17 patients as carers, which was less than 1% of the practice list. A carers 'champion' was to continue the work to identify and support patients who were carers.
- A dedicated information noticeboard in the waiting area provided information about additional support available and signposted to other agencies, such as Sure Start, AGE UK and Young Carers in Herts.
- The practice had been awarded the Silver Award by Carers in Hertfordshire and had plans to prepare an application for the Gold Award during 2017.
- We observed a strong patient-centred culture, where staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 97% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the local CCG average of 98% and the national average of 97%.
- Information for patients about the services available was easy to understand and accessible. The practice had an informative practice leaflet and a comprehensive website, posters were on display and leaflets were available in the waiting area.

Summary of findings

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 the NHS England Area Team and the NHS Herts Valley Clinical Commissioning Group to secure improvements to services where these were identified.
- 75% of patients said the receptionists at the practice were helpful. This was below the CCG average of 88% and national average of 87%.
- Urgent appointments were available the same day, with pre-bookable appointments with, nurses and GPs available up to six weeks in advance.
- 92% of patients said the last appointment they got was convenient, compared to the CCG average of 93% and the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence demonstrated the practice responded quickly to issues raised and learnt from complaints. However, we noted that not all complaints received a written response, a verbal solution being conclusion of the matter.

Are services well-led?

Good

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

- The practice had a clear vision, with the delivery of safe and high quality care as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. Staff were clear about the vision and their responsibilities in relation to it.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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. This included arrangements to monitor and improve quality and identify risk.
- The practice had systems in place to review, update and amend policies and procedures to ensure best practice guidelines were incorporated and followed by staff.

Summary of findings

- Localised performance indicators were in place to monitor delivery of services. Information was used to benchmark delivery of services, patient satisfaction levels and to identify areas of good practice and areas for development.
- The practice regularly and proactively sought feedback from staff and patients, which it acted on. The practice had an engaged and active patient participation group.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations.
- Patients aged over 75 years were offered an annual health check.
- The practice holds a Gold Standard Framework meeting monthly with staff from the palliative care nursing team from a local hospice and the District Nursing Team.

People with long term conditions

Good

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.
- Performance for diabetes related indicators was similar to the local and national averages. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 84% compared to the CCG and the national average of 89%.
- The principal GP at the practice is diabetic lead for the locality.
- Longer appointments and home visits were available for these patients when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nurse led clinics ensured annual reviews and regular checks for patients with asthma and chronic obstructive pulmonary disorder (COPD) were in place. The practice had clear objectives to reduce hospital admissions for respiratory conditions.

Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus, particularly for those patients with long-term conditions. These reviews were led by one of the nurse practitioners with the support of the practice manger and discussed at the practice clinical meetings.

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 who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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 provided appointments outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, the practice achieved a 99% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 91%.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 82% and the national average of 81%.
- 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.

Summary of findings

- The practice was open 8.30am to 6.30pm Monday to Friday with extended hours from 6.30pm to 7.30pm on Monday evenings. This was especially useful for working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, smoking cessation and weight management.
- 60% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG and the national average of 72%.
- 45% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 57% and the national average of 58%.
- Patients who had not attended for screening opportunities were offered an appointment at the practice to discuss the service and its benefits to increase awareness and acceptance of the screening.

People whose circumstances may make them vulnerable

Good

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

- The practice had identified 17 patients as carers and offered them flexible appointment booking, health checks and flu vaccinations. The carers lead offered assistance and advice on the different type of support available.
- The practice held a register of patients living in vulnerable circumstances including travellers, homeless people and those with a learning disability.
- The practice was able to recognise how services should be adapted to support the patient's lifestyle.
- The practice provided dedicated GP services to residents at a learning disabled home. The practice offered longer appointments for patients with a learning disability. The practice had 14 patients registered with learning difficulties and 13 of these patients had received a health check in 2015/2016
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

Summary of findings

- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided services to a group of travellers registered with the practice.

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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and provided advice and support for patients experiencing poor mental health about how to access support groups and voluntary organisations.
- Performance for mental health related indicators was similar to the local and national averages. 100% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, compared to the CCG average of 85% and the national average of 84%.
- Referrals were made to the IAPT team (Improving Access to Psychological Therapies) and the Holistic Care team based in the practice building.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2015 to 31 March 2016) was 92%, compared against the local CCG average of 92% and the national average of 89%.
- 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. Staff were in the process of completing Dementia Awareness training.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results were mixed, with some outcomes in line with local and national averages, whilst others were below average. There were 365 survey forms distributed and 92 were returned. This was a response rate of 38% and represented approximately 3% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 51% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards all of which were positive about the standard of care received. Three patients had noted that they felt the practice offered an excellent service. Staff were described as helpful, knowledgeable and caring and they treated patients with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Comments on some of the cards noted that some staff provided an excellent or perfect service, whilst others noted that the staff always made them feel welcome and that appointments were always available. None of the cards contained negative feedback.

We spoke with one patient and member of the Patient Participation Group (PPG), who told us about reviews and improvements to services the practice had undertaken in response to their feedback. We also saw minutes from a recent meeting of the PPG which highlighted suggestions and possible improvements to services. We saw that the PPG had identified feedback from the GP Patient survey local practice survey that information about clinics and additional patient services could be highlighted on the website. This would also raise awareness about on-line booking and prescription services which would be more efficient use of staff time. The practice sought to address low survey results in response to access to appointments by introducing nurse-led minor illness clinics and reallocating some urgent appointments to the duty doctor.

The practice made use of the friends and family test and most recent published results showed 68% of respondents would recommend the practice.

Dr Khalid Mirza

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Khalid Mirza

Dr Khalid Mirza's practice is also known as Woodhall Farm Medical Centre and provides a range of primary medical services to the residents of Hemel Hempstead and surrounding area. The practice is based in a purpose built medical centre at Valley Green, Hemel Hempstead HP2 7RJ.

The practice population has a higher than average number of patients below under nine years of age, for example 8% of the practice population is under four years of age, where CCG and England average is 6%. The practice also had noticeably fewer female patients over the age of 45 years of age. National data indicates the area falls in the fourth less deprived decile and is therefore one of lower than average deprivation. The practice has approximately 2,701 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England.

The clinical team includes one male principal GP, one female salaried GP, one nurse practitioner and one nurse prescriber. There is a team of reception and administrative staff led by a practice manager.

The practice is open from 8.30am to 6.30pm Monday to Friday and offers extended opening hours until 7.30pm Monday evenings. At the time of the inspection the practice closed for lunch from 1pm to 2pm, an emergency mobile telephone number was available to the residential care home and learning disability home serviced by the practice and certain patients. The practice told us this arrangement was however under review.

When the practice is closed, out-of-hours services are provided by accessing NHS 111. Information was provided on the practice website and on posters and leaflets available in the practice.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2016. During our visit we:

- Spoke with a range of staff including the principal GP, nurse practitioners, the practice manager and reception staff. We spoke with a patient who used the service and member of the patient participation group (PPG).
- Observed how staff interacted with patients, carers and/or family members.

Detailed findings

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

- The practice had a significant event policy for staff to follow when reporting incidents and events. The policy was available on the practice computer system for all staff to access and contained an incident reporting form for staff to complete. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant events were initially discussed with the practice manager and relevant staff members and immediate concerns acted upon. All significant events were then reviewed and discussed at the monthly practice meetings that all staff attended. Minutes from these meetings were made and provided a clear record of discussion and action.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and minutes of meetings where these were discussed. We saw there had been six significant events in the last two years and we reviewed a selection of the completed forms which showed that lessons learnt were noted and shared and action was taken to improve safety in the practice. For example, following an event where a member of the public suffered a fall in an adjoining car park, the practice was able to provide immediate attention and support until emergency response team arrived. The practice was able to review how effective its policy and procedure was in a real time situation and recognised that staff were able to respond appropriately and that the procedure worked well.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to the appropriate level for child safeguarding (level 3).
- A notice in the waiting room advised patients that chaperones were available if required. Nursing staff acted as chaperones, they were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local Herts Valley CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The principal GP was the prescribing lead for the practice.

Good

Are services safe?

Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Both of the nurse practitioners could prescribe medicines for specific clinical conditions.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills every six months. All electrical equipment was checked in June 2016 to ensure the equipment was safe to use and clinical equipment was also checked in June 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had an effective risk assessment tool kit.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff worked additional hours to cover for others absences. The practice had three regular locum GPs.

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 had received annual basic life support training.
- The practice had a risk assessment in place and had determined that it was not necessary to hold a defibrillator on the premises. The practice advised that all staff had received CPR training and the anticipated response time for a response to an emergency telephone call was considered acceptable. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff had a copy of the plan which they held off site. The practice had reciprocal arrangements in place with another local practice if the premises were unusable. A laptop which was kept offsite was available so that they could use it to access the patient record system.

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 patients' needs.
- NICE guidelines were discussed at the practice clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results showed the practice achieved 96% of the total number of points available with an exception rate of 7%. This was comparable with the CCG average of 96%, with an overall exception rate of 5%, and the national average of 95% with an exception rate of 6%. 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than the local and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured in the preceding 12 months) was 5mmol/l or less was 89% with an exception rate of 12%% compared to the CCG average of 83% with an exception rate of 11% and the national average of 80% with an exception rate of 13%.
- Performance for mental health related indicators was similar to the local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92%, with an exception rate of 11%, compared to the CCG average of 92%, with an exception rate of 10% and the national average of 89%, with an exception rate of 13%.
- Performance for dementia related indicators was higher than the local and national averages. For example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100%, with an exception rate of 33%, compared to the CCG average of 85% with an exception rate of 6% and the national average of 84% with an exception rate of 7%.

The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus. These reviews were led by the Principal GP and the practice manager and discussed at the practice clinical meetings. We saw notes from a meeting where performance was discussed and discussion about how services might be improved was encouraged. The practice also celebrated good performance appropriately.

As a result of reviewing their QOF the practice had identified an area of diabetes care that required attention. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 92% compared to the CCG average of 77% and the national average of 78%. (IFCC-HbA1c was a blood test to check that diabetes is under control.) The practice had implemented specialised diabetic clinics and kept a register of diabetic patients at risk of complications. They met with a diabetic consultant to discuss these patients and formulate action plans to help manage their condition. The principal GP had pioneered the use of 'virtual' consultations with the hospital consultant for those patients with diabetes.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last year, two of these were completed two cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Good

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, the practice completed audits covering minor surgery, back pain and Hormone Replacement Therapy (HRT). This ensured that patients were treated according to NICE guidelines and reviews of practice ensured patients were provided with up-to-date care and practitioners were adhering to the latest advice and guidelines.

Effective staffing

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

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

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw that staff had completed relevant training courses covering the Mental Capacity Act and Deprivation of Liberties.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

Good

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and alcohol cessation. These patients were signposted to relevant services for support.
- Smoking cessation advice was offered by the nurse practitioners.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations.
- Counselling sessions for patients were offered weekly by a visiting Well Being Team.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

- 60% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 71% and the national average of 72%.
- 45% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 57% and the national average of 58%.

The practice recognised that the attendance at the screening programmes was lower than other averages. Patients who had not attended for bowel screening were offered an appointment at the practice to discuss the service and its benefits to increase awareness and acceptance of the screening. The practice had links with local services such as Macmillan cancer support care and displayed information around the practice to encourage patients to attend.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, the practice achieved a 99% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 91%. For MMR vaccinations given to five year olds, the practice achieved an average of 98% compared to the CCG average of 94% and the national average of 91%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Patients aged over 75 years were offered an annual health check. Appropriate follow-ups for 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service. Staff were described as helpful, knowledgeable and caring and they treated patients with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. None of the cards included negative comments about the practice.

We spoke with one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They were positive about all the staff in the practice and described them as caring and supportive.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 82% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients said they were satisfied with the care they received and thought staff were respectful and caring. They commented they had sufficient time in their consultations to make an informed decision about the choice of treatment available to them and said they felt listened to by the GPs. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 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 did not have English as a first language.
- There was a hearing loop for patients with difficulty hearing.

Good

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. There were links on the practice website to the NHS Choices website for patients to access information and further advice on their conditions. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 17 patients as carers, out of their patient population of approximately 2,700. This was less than 1% of the practice list. The practice manager was carers champion and acted as the 'lead' in developing information and awareness about the role of carers across the practice and it promoting services to patients who were carers. The practice ran regular searches of the practice computer records to look for patients with conditions that may mean they had a carer. For example, dementia, cancers and children with attention deficit hyperactivity disorder (ADHD). Carers were offered flexible appointment booking, health checks and flu vaccinations. The practice had a carers information board with written information available to direct carers to the avenues of support available to them, including Young Carers in Herts. The practice had achieved the Care in Hertfordshire Silver Award and was planning to apply for assessment to achieve the Gold Award during 2017. Despite the range of initiatives in place the number of carers identified by the practice was low.

The practice was host to a holistic care service which was funded by the CCG. Referrals could be made to the service for support, advice and counselling.

Staff told us that if families had suffered bereavement, their usual GP or a member of the nursing team contacted them. This call was followed by a patient consultation if required and advice on how to find a bereavement support service.

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 the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours appointments from 6.30pm to 7.30pm on Monday evenings. This was especially useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. Patients with learning disabilities were offered an annual health check. The practice had completed health checks for 13 of the 14 patients they had on their learning disability register in the previous 12 months.
- The practice provided services to a residential care home, with ward rounds weekly and to a specialist learning disability home with six patients' resident.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Students attending university were able to register as a temporary patient, if required, during the holidays.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Appointment booking and repeat prescription requests were available online.
- Translation services and a hearing loop were available.
- The practice had facilities that were suitable for patients with disabilities that included access enabled toilets, wide doors and corridors and all consultation rooms on the ground floor. Baby changing facilities were available.
- The practice had created an 'easy read' version of their new patient registration form to ease administration process for patients with learning disabilities or literacy concerns.
- The practice had created a 'Ramadan clinic', where advice and support was provided to those patients who were taking medication and fasting. This was particularly valuable to those patients with diabetes.
- The practice liaised closely with the families of patients nearing end of life, so that in the event of death the family could expedite burial where religious grounds required it.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended opening hours appointments were offered from 6.30pm to 7.30pm on Monday evening. Appointments could be booked up to six weeks in advance. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally lower than local and national averages. For example;

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 92% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.

Feedback from the 23 completed comment cards was consistently positive, where patients said they could access appointments when they needed them.

In response to Patient Participation Group feedback, the practice had introduced a system of telephone consultations and call triage in order to provide patients with easier access to appointments. Requests were reviewed by a GP and the patient contacted by telephone to assess the urgency and need for an appointment in the surgery or home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

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

The practice had received seven complaints in the last 12 months. We reviewed a selection of these and found they were satisfactorily handled and dealt with in a timely way with openness and transparency. However, we also saw that not all complaints had been responded to in writing, even though this was specified in the practice's own policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, practice staff received an update on equality and diversity training following a complaint about staff attitude. Complaints were also documented as a significant event as necessary.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice held regular business meetings and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.
- Their statement of purpose outlined their aims, that included, to provide the best possible effective, equitable, holistic and person/family centred care for patients and to ensure that services were easily accessible, efficient and responsive to the individual needs of patients

Governance arrangements

The practice had a 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. The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had a comprehensive risk assessment 'tool-kit' to support their management of risk.

Leadership and culture

On the day of inspection the principle GP with the support of the practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and the practice manager was 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 principle GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held monthly team meetings and we saw notes from the meetings to evidence this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.
- Staff were involved in discussions about how to run and develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The staff told us that the practice organised social events throughout the year.

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

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and comments and complaints received.
- The PPG met regularly and the meetings were attended by the practice staff, and the practice manager. The

Are services well-led?

Good

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

group submitted proposals for improvements to the practice management team. For example, they had suggested a review of call handling so that reception staff maintained a list of patients who telephoned the surgery but could not get an appointment. The GP would then call the patient back and determine if a face to face consultation was required. The practice had adopted the telephone triage and call-back system and it was hoped would improve patient survey result relating to telephone access and availability of appointments.

- The practice had an informative website which provided information about the practice, the services offered and patient survey information. The PPG was advertised on the website and new members, particularly from the younger generation, were encouraged to join.
- The practice made use of the friends and family test, a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. Most recent published results showed 68% of respondents would recommend the practice. The friends and family test results and comments were discussed at the PPG meetings and the group were involved in discussions on how to make improvements.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal 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 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 had been instrumental in pioneering the use of 'virtual' consultations for patients with diabetes with hospital consultant.
- The practice provided services to transsexual patients and had ensured equality and diversity awareness training had been available for all staff to raise awareness and understanding.
- Nursing staff had been supported to become nurse prescribers.