

The Grove Medical Centre

Quality Report

Borehamwood Shopping Park
Borehamwood
Hertfordshire
WD6 4PR
Tel: 02035383959
Website: www.grovemedicalcentre.co.uk

Date of inspection visit: 14 December 2016
Date of publication: 31/01/2017

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to The Grove Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grove Medical Centre on 14 December 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.
- The practice had monthly governance meetings
- 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 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.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.
- Succession planning was in place.
- 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 all staff receive essential training for example infection control training.
- Consider using written consent for minor procedures.
- Continue to identify and support patients who are also carers.

Summary of findings

- Continue to encourage patients to attend cancer screening programmes.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Infection control measures were in place; however, the non-clinical staff had not received any formal infection control training.
- Appropriate recruitment checks had been undertaken prior to employment.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with others compared to the CCG and national averages. For example, performance for chronic obstructive pulmonary disease was comparable to the local and national averages. The practice achieved 100% of available points, with 14% exception reporting, compared to the CCG average of 96%, with 11% exception reporting, and the national average of 96%, with 13% exception reporting.
- The practice manager and the GPs regularly reviewed the QOF achievement to identify if there were any areas which required additional focus.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of quarterly one to one meetings and personal development plans for all staff.

Good



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published July 2016 showed patients rated the practice comparably with others for several aspects of care. For example, 84% 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%.
- Patients said 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.
- 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 had identified 133 patients as carers, which was approximately 1% of the practice list.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Herts Valley Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended opening hours one evening a week and on one Saturday a month.
- 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Succession planning was in place to prepare for changes to the GP partnership.
- 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 monthly 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 provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Weekly visits were made to three local care homes in addition to ad hoc visits to four others in the area.
- Annual health checks and flu vaccinations were available to patients over the age of 75 years.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 96% of available QOF points, with 16% exception reporting, compared to the CCG average of 90%, with 11% exception reporting, and the national average of 90%, with 12% exception reporting.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 83% and the national average of 82%.
- Opportunistic chlamydia screening was offered to patients aged 16 to 24 years of age.
- 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)

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 offered extended opening hours two evenings a week and on one Saturday a month.
- 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 66% 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%.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 133 patients as carers which was approximately 1% of the practice list. These patients were offered flexible appointment booking, annual health checks and flu vaccinations.

People experiencing poor mental health (including people with dementia)

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

- 81% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, which was comparable to the CCG and national averages.
- Performance for mental health related indicators was comparable to the CCG and national averages. The practice achieved 99% of available QOF points, with 12% exception reporting, compared to the CCG average of 95%, with 9% exception reporting, and the national average of 93%, with 11% exception reporting.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. There were 330 survey forms distributed and 113 were returned. This was a completion rate of 34% and represented 1% of the practice's patient list.

- 74% 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%.
- 91% 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 88% and the national average of 85%.
- 89% 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%.
- 79% 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 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards two of which were positive about the standard of care received. They commented that the staff were helpful and accommodating. One of the cards was less positive and commented on staff attitude and difficulty in obtaining an appointment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were helpful and caring. One of the patients had experienced a delay in an administrative process but had no concerns with the GP consultation.

The practice made use of the NHS Friends and Family test and the most recent results showed 75% of 12 respondents said they would recommend the practice.

The Grove Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Grove Medical Centre

The Grove Medical Centre provides a range of primary medical services to the residents of Borehamwood. The practice has been in existence since 1948 and has operated from its current location of Borehamwood Shopping Park, Borehamwood, Hertfordshire, WD6 4PR since 2006.

The practice population is ethnically diverse with a higher than average 0 to 9 year age range and 25 to 44 year age range. National data indicates the area to be one of lower deprivation. The practice has approximately 12,600 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England.

The practice is led by three GP partners, one male and two female and employs five salaried GPs, one male and four female. The nursing team consists of two practice nurses and a health care assistant, all female. There are a team of eleven administrative staff all led by a practice manager.

The practice is open from 8am to 6.30pm Monday to Friday. They close for lunch from 12.30pm to 1.30pm daily but patients can still access the practice via an emergency

telephone number during this time. The practice offers extended opening hours from 6.30pm to 9.30pm on Mondays and from 8.30am to 11.30am on one Saturday per month.

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

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 14 December 2016. During our inspection we:

- Spoke with a range of staff including GPs, nurses, the practice manager and reception and administrative staff.
- We spoke with patients who used the service and a member of the patient participation group (PPG).
- Observed how staff interacted with patients and their family members.

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The practice had an incident reporting policy that outlined the process for staff to follow.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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.
- They held monthly clinical governance meetings that were attended by the GPs, nursing staff and the practice manager. Significant events were discussed at these meetings. Lessons learnt were shared as required with other staff at the monthly practice meetings.

We reviewed safety records, incident reports, patient safety alerts, MHRA (Medicines and Healthcare Regulatory Agency) alerts and minutes of meetings where these were discussed. Patient safety alerts were received into the practice by the practice manager who disseminated them to the appropriate staff in the practice. A record was kept to show that the alerts had been read and actioned.

We noted there had been five incidents reported in the past 12 months. These had been documented appropriately and discussed at the monthly governance meetings. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, additional checks were added to the patient computer record system to identify patients with similar names to ensure the correct patient record was selected following an incident where the incorrect patient record was used.

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 on the practice computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details were available on the walls of the consultation and treatment rooms and in the reception office. There was a safeguarding noticeboard in the reception office that gave clear, easy read guidance for staff for what they should do if they identified a concern. One of the GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always 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 nursing staff were trained to child protection or child safeguarding (level 3). The non-clinical staff were trained to level 1.
- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. The nursing staff acted as chaperones and were trained for the role. They had all received a Disclosure and Barring Service (DBS) check. (DBS
- 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. There was an infection control protocol in place and all clinical staff had received up to date training. The non-clinical staff had not received formal infection control training although they were able to demonstrate an awareness of infection control relevant to their role. For example, when handling clinical specimens, and hand washing techniques. 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

Are services safe?

prescriptions which included the review of high risk medicines. The practice ran daily searches of their patient computer records to check that patients receiving high risk medications had the appropriate blood tests prior to receiving their prescriptions. The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed two 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 kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out annual fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. 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 their colleagues' absences. The practice used locum GPs as required and had a comprehensive locum pack in place for them to familiarise themselves with the practice and the locality policies and procedures.

Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- New NICE guidelines were discussed at the monthly governance meetings attended by all the clinical staff.

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 99%, with a 13% exception rate, of the total number of points available. (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 comparable to the local and national averages. The practice achieved 96% of available points, with 16% exception reporting, compared to the CCG average of 90%, with 11% exception reporting, and the national average of 90%, with 12% exception reporting.
- Performance for chronic obstructive pulmonary disease was comparable to the local and national averages. The practice achieved 100% of available points, with 14% exception reporting, compared to the CCG average of 96%, with 11% exception reporting, and the national average of 96%, with 13% exception reporting.

- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 99% of available points, with 12% exception reporting, compared to the CCG average of 95%, with 9% exception reporting, and the national average of 93%, with 11% exception reporting.

We reviewed exception reporting with the practice and found they had a system for recalling patients on the QOF disease registers. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times before being subject of exception.

There was evidence of quality improvement including clinical audit.

- 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, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, there had been an improvement in appropriate antibiotic prescribing within the practice following a two cycle audit.

Information about patients' outcomes was used to make improvements. The practice manager and the GPs regularly reviewed the QOF achievement to identify if there were any areas which required additional focus.

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, fire safety, health and safety and confidentiality. Infection control training was not included as part of the essential training criteria at the time of induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term

Are services effective?

(for example, treatment is effective)

conditions. The nursing staff had undertaken additional training in a variety of conditions, such as, chronic obstructive pulmonary disease (COPD), diabetes and wound care.

- 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 one to one 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff met with the practice manager every three months to review their performance and development needs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice obtained verbal consent for minor procedures, such as cryotherapy, and documented this in the patient's record.
- 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, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. Patients were referred to slimming groups for weight management advice. Opportunistic chlamydia screening was offered to patients aged 16 to 24 years of age. The health care assistant and one of the nurses were trained to give smoking cessation advice.

A dietician visited the practice monthly and a motivational coach from a local organisation, Active Herts, attended weekly. The practice also had access to a counsellor and a physiotherapist for patient referrals where needed, both of who visited the practice regularly.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and an alert was placed on the patient record to opportunistically remind them if they attended the practice for another matter. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective? (for example, treatment is effective)

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

- 66% 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%.

There were posters in the patient waiting area that advised patients of the screening programmes.

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 94% to 98% and five year olds from 88% to 98%. This compared to the CCG averages of 94% to 97% and 92% to 96% and the national averages of 73% to 95% and 81% to 95% respectively.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- A private room was available in the patient waiting area if patients wanted to discuss sensitive issues or appeared distressed.

Two out of the three patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and they commented that the staff were helpful and accommodating.

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

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 78% 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%.
- 93% 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%.

- 85% 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 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. We also saw that care plans were personalised.

Results from the national GP patient survey published July 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:

- 84% 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%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 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. We saw notices in the reception areas informing patients this service was available.
- A hearing loop was available for patients with hearing difficulties.
- 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. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 133 patients as carers which was approximately 1% of the practice list. The practice had a carers champion and a notice board in the waiting area with written information available to direct carers to the avenues of support available to them. There was also information of support for young carers. Carers packs with information on Carers in Herts were available for patients to take away. They had a practice specific information leaflet for carers that gave details of the carers

champion, how to contact them and when they were available in the practice. The practice offered flexible appointment booking for carers and telephone requests for repeat prescriptions. They were also offered an annual health check and a flu vaccination.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs if required.

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

- The practice offered extended opening hours on a Monday evening from 6.30pm to 9.30pm. This was useful for working patients who could not attend during normal opening hours. Appointments were available with both GPs and nurses during this time.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Weekly visits were made to three local care homes in addition to ad hoc visits to four others in the area.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments were available outside of school hours.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a designated yellow fever centre.
- Online services included appointment booking and cancellation and repeat prescription requests.
- There was a hearing loop for patients with hearing difficulties and translation services including British sign language interpreters were available.
- There were facilities for people with disabilities including an access enabled toilet, wide automatic doors at the entrance and wide corridors and doors inside the practice. There were allocated parking spaces for blue badge holders.
- All consulting and treatment rooms were on the ground floor.
- The waiting area was large enough to navigate wheelchairs, prams and pushchairs.
- There were baby changing facilities and a private area was available on request for mothers wishing to breastfeed.

Access to the service

The practice is open from 8am to 6.30pm Monday to Friday. They closed for lunch from 12.30pm to 1.30pm daily but patients could still access the practice via an emergency telephone number during this time. The practice offered extended opening hours from 6.30pm to 9.30pm on Mondays and from 8.30am to 11.30am on one Saturday per month. In addition to pre-bookable appointments that could be booked up to four 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 comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 79%.
- 74% 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%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice had provided training for staff to help them deal with home visit requests. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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, with the support of the GP partners, was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a complaints leaflet in the reception area and information on the practice website.

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

The practice had logged 22 complaints in the past 12 months. We looked at a selection of these and found they had been satisfactorily handled and dealt with in a timely way with openness and transparency. 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, reception staff were reminded to always confirm a patients name with additional identification to ensure that the correct patient record is selected.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

They had a statement of purpose that outlined their aims and objectives which included providing the best possible quality service for patients within a confidential and safe environment through collective collaboration and teamwork and to promote good health and well-being to patients through education and information, utilising electronic processes wherever possible to make care and information more accessible.

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

The practice had a programme of succession planning in place. Two of the salaried GPs were becoming partners in the near future as one partner was retiring.

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. The practice manager and the GPs regularly reviewed the 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.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people 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 team meetings every six weeks.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners 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 a newly formed Patient Participation Group (PPG) and a GP partner and a member of the administrative team attended meetings. There were 13 core members and covered a wide age range. The chairperson informed us that the group had an open

Are services well-led?

Good 

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

relationship with the practice and changes had been made in response to suggestions for improvement. For example, hand gel for patients to use had been placed around the practice to reduce the spread of infection.

- The practice had completed a survey in 2016 of their patients with caring responsibilities. Following the survey, the practice had introduced telephone requests for repeat prescriptions from carers.
- They made use of the NHS 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 75% of respondents would recommend the practice.
- The practice had gathered feedback from staff 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 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.

They were part of a federation of seven GP practices in the locality that worked together to keep health care local for patients. For example, leg ulcer clinics and optimizing home visits to care homes.