

The Red House

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Red House on 26 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff who acted as chaperones had not received the appropriate training.
- The patients we spoke with or who left comments for us were positive about the standard of care they received and about staff behaviours. They said staff

were helpful, friendly, sympathetic and attentive. They told us that their privacy and dignity was respected and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- A weight management service was provided at The Red House Surgery twice each week. As part of this the practice offered advice to patients on diet and exercise

Summary of findings

programmes with follow ups over a 13 week period. At the time of our inspection, 506 patients had participated in the programme with 48% achieving a weight loss of between 5kg and 10kg.

The areas where the provider must make improvements are:

- Ensure that staff who act as chaperones are appropriately trained.

The areas where the provider should make improvements are:

- Implement a system to monitor the temperature of vaccines transported between the three surgeries to ensure they stay within the required levels.
- Ensure that comprehensive fire safety records and logs are maintained at all three surgeries.

- Ensure that water temperature checks are completed.
- Ensure that all appropriate medical equipment is checked and calibrated within the required timescales.
- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal and are completing the essential training relevant to their roles, including infection prevention and control training.
- Continue to identify and support carers in its patient population.
- Ensure that, where practicable and appropriate, all reasonable adjustments are made for patients with a disability in line with the Equality Act (2010).

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, one of the practice's systems and processes designed to keep patients safe was insufficient. Some staff who acted as chaperones had not received the appropriate training. Also, there was no system in place to monitor the temperature of vaccines transported between the surgeries to ensure they stayed within the required levels.
- Risks to patients were assessed and managed. However, at Gateways and Park Street surgeries fire safety records and logs were poorly maintained. We found two pieces of equipment in one of the GP bags that were overdue calibration as they had been missed during the last check. Legionella risk assessments were available, however water temperature checks were not completed at any of the surgeries.
- Arrangements were in place to deal with emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly in line with local and national averages. For example, performance for diabetes related indicators was the same as the CCG and national averages. The practice achieved 90% of the points available compared to the CCG and national averages of 90%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

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- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff. At the time of our inspection the system of appraisals for non-clinical staff was behind schedule. However, we saw evidence to show that all staff were scheduled to have an appraisal completed.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice similar to local and national averages for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 223 patients on the practice list as carers. This was approximately 1.1% of the practice's patient list. Of those, 193 had been invited for and 74 (33%) had accepted and received a health review in the past 12 months.

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 Valleys Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice similar to or above local and national averages for access to the practice.
- Almost all of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. They said that access to urgent and same day appointments was good.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, at Park Street Surgery

Good



Summary of findings

there were no support rails in the toilets and no baby changing facilities were provided. Also, there were no hearing loops available at Gateways Surgery and Park Street Surgery. However, patients requiring any of these facilities were encouraged to book appointments at one of the surgeries where they were available.

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 3,441 patients aged over 65 years. Of those 2,397 (70%) had received the flu vaccination at the practice in the 2015/2016 year.
- There were four care homes in the practice's local area. The GPs visited as and when required to ensure continuity of care for these patients. For one of the homes for residents with increased needs visits were usually completed on a daily basis and scheduled quarterly visits were in place to complete patient health reviews.

People with long term conditions

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

Good



- Patients at risk of hospital admission were identified as a priority.
- 74% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.
- Performance for diabetes related indicators was the same as the CCG and national average. The practice achieved 90% of the points available compared to the CCG and national average of 90%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- 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 GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- For the past year the practice had established a pre-diabetes and diabetes screening programme, during which time 249 new

Summary of findings

diagnoses of pre-diabetes and 73 new diagnoses of type two diabetes were recorded by the practice. A similar programme was in place for patients with Atrial Fibrillation. (Atrial Fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate).

- An in-house audiology service had been provided at The Red House Surgery since 2012. An audiologist was available for two sessions each week and 195 hearing aids had been fitted between January and July 2016.
- A weight management service was provided at The Red House Surgery twice each week. As part of this the practice offered advice to patients on diet and exercise programmes with follow ups over a 13 week period. At the time of our inspection, 506 patients had participated in the programme with 48% achieving a weight loss of between 5kg and 10kg.

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 may be at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to other practices in the local area for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 94% which was above the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. However, no baby changing facilities were available at Park Street Surgery.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.
- Approximately 25% of The Red House Surgery's patient population was Jewish and the practice offered a preconception screening programme for Tay-Sachs disease. (Tay-Sachs disease is a rare genetic disorder that causes progressive damage to the nervous system and is more prevalent in the Ashkenazi Jewish population).

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to appointments to meet the needs of working age patients. There was extended opening at The Red House Surgery until 9pm on Mondays and from 7am on Wednesdays and Thursdays. The practice also opened every Saturday from 8am to 11am for GP and nurse pre-bookable appointments.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 39 patients on the practice's learning disability register at the time of our inspection. Of those, all were invited for and 11 (28%) had accepted and received a health review in the past 12 months.
- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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. 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.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients.

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- The practice had identified 223 patients on the practice list as carers. This was approximately 1.1% of the practice's patient list. Of those, 193 had been invited for and 74 (33%) had accepted and received a health review in the past 12 months.

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).

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 92% of the points available compared to the CCG average of 95% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Mental health trust well-being workers were based mainly at The Red House Surgery on an ad-hoc basis. Patients could self-refer to these.
- There was a GP lead for dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with local and national averages. There were 241 survey forms distributed and 122 were returned. This was a response rate of 51% and represented less than 1% of the practice's patient list.

- 80% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 88% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.
- 84% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area compared to a CCG average of 84% and a national average of 78%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment

cards. We also spoke with five patients during the inspection. From this feedback we found that patients were positive about the standard of care received. Patients said they felt staff were helpful, friendly, sympathetic and attentive and treated them with dignity and respect. They told us they felt listened to by the GPs and involved in their own care and treatment.

Almost all of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. One of the patients who left a comment for us said it could be difficult to get an appointment with some of the GPs at the practice.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from January to April 2016 showed that of the 600 respondents, 556 (almost 93%) were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

The Red House

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP and a practice manager acting as specialist advisers.

Background to The Red House

The Red House provides a range of primary medical services from its premises at The Red House Surgery, 124 Watling Street, Radlett, Hertfordshire, WD7 7JQ and Gateways Surgery, 17 Andrew Close, Shenley, Radlett, Hertfordshire, WD7 9LP and Park Street Surgery, 10 Withy Place, Park Street, St Albans, Hertfordshire, AL2 2SN.

The practice serves a population of approximately 20,145 and is a training practice. The area served is less deprived compared to England as a whole. The practice population is mostly white British with a significant Jewish population at the main surgery in Radlett. The practice serves a slightly above average population of those aged from 5 to 19 years and 35 to 54 years. There is a lower than average population of those aged from 20 to 34 years.

The clinical team includes five male GP partners, two female and two male salaried GPs, one trainee GP, one nurse prescriber, two practice nurses and two healthcare assistants. The team is supported by a practice manager, an assistant practice manager, two surgery managers and 19 other managerial, secretarial, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The Red House Surgery is fully open (phones and doors) from 8.30am to 1.30pm and 2pm to 6pm Monday to Friday.

Between 1.30pm and 2pm daily the doors are closed and phones switched to Gateways Surgery. There is extended opening until 9pm on Mondays and from 7am on Wednesdays and Thursdays. The practice also opens every Saturday from 8am to 11am for GP and nurse pre-bookable appointments.

Park Street Surgery is fully open (phones and doors) from 9am to 1.30pm and 2pm to 6pm Monday to Friday. Between 1.30pm and 2pm daily the doors are closed and phones switched to Gateways Surgery. Gateways Surgery is fully open (phones and doors) from 8.30am to 6pm Monday to Friday. There is no lunchtime closure at Gateways Surgery.

Across the three surgeries, appointments are available from 8.30am to 11am (9am to 11.30am at Park Street Surgery) and 3pm to 5.30pm daily, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

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.

Detailed findings

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 26 October 2016 and visited all three surgeries. During our inspection we spoke with a range of staff including two GP partners, two salaried GPs, one nurse prescriber, one practice nurse, the practice manager and members of the reception and administration team. We spoke with five patients. We observed how staff interacted with patients. We reviewed 28 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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 staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident 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 reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records and incident reports and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following a power failure incident when one of the vaccine refrigerators reached a high temperature, the practice took all the appropriate measures to ensure the vaccines were safe and reviewed its protocol to ensure it was appropriate in responding to such incidents.

We also looked at how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. We saw that a process was in place to ensure all applicable staff received the alerts. Appropriate action was taken to respond to the alerts and keep patients safe.

Overview of safety systems and processes

The practice had many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, one of the practice's systems and processes designed to keep patients safe was insufficient.

- There were adequate arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and

local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding who were trained to the appropriate level. Staff demonstrated they understood their responsibilities and had received training relevant to their roles. GPs were trained to an appropriate level to manage adult and child safeguarding concerns (level three).

- Notices around the three surgeries advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service check (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). However from our conversations with staff and our review of training documentation we found that although most staff had completed chaperone training, some staff who acted as chaperones had not received the appropriate training.
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Two of the nurses were the infection control leads. There was an infection control protocol in place and infection control audits were completed between May and June 2016. We saw evidence that action was taken to address any improvements identified as a result. Whilst some non-clinical staff were overdue completing infection control training, the practice had a schedule in place to ensure this was completed. Despite this, all of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- 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 Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best

Are services safe?

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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. The healthcare assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber.

- However, we saw that nursing staff used a cool bag containing freezer blocks to transport refrigerated vaccines from The Red House Surgery to Gateways and Park Street surgeries. Although we found the vaccines were stored and monitored appropriately at all three sites, there was no system in place to monitor the temperature of the vaccines during transportation and ensure they stayed within the required levels.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, 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 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 posters displayed in the staff areas which identified local health and safety representatives. The practice had up to date health and safety and fire risk assessments for all three surgeries and fire drills were completed annually. Where risks were identified the practice responded by completing all the necessary actions and implementing the appropriate control measures. However, at Gateways and Park Street surgeries fire safety records and logs

were poorly maintained. A comprehensive log was available at The Red House Surgery. The practice had Legionella risk assessments in place for all three sites (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). As these were recently completed, the full details of the recommendations made were not yet known. However, water temperature checks were not completed at any of the surgeries.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, at Gateways Surgery we found two pieces of equipment in one of the GP bags that were overdue calibration as they had been missed during the last check.
- 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 system in place across all the different staffing groups to ensure that enough staff were on duty.

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 and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff had received basic life support training.
- The practice had defibrillators and emergency oxygen with adult and child masks available at all three surgeries. These were checked and tested.
- Emergency medicines were easily accessible to staff in secure areas 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 98% of the total number of points available. Data from 2015/2016 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 90% of the points available with 10% exception reporting compared to the CCG average of 90% with 11% exception reporting and the national average of 90% with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 78% of the points available, with 2% exception reporting, compared to the CCG and national average of 83%, with 4% exception reporting.
- Performance for mental health related indicators was similar to the CCG and national averages. The practice

achieved 92% of the points available with 6% exception reporting compared to the CCG average of 95% with 9% exception reporting and the national average of 93% with 11% exception reporting.

Clinical audits demonstrated quality improvement.

- We looked at six clinical audits completed in the past year. These were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Findings were used by the practice to improve services. For example, the practice completed an audit to check their adherence to protocol in documenting risks to each female patient of child bearing age when prescribing a medicine used to treat epilepsy and bipolar disorder. By analysing the results and modifying its approach to the management of these patients, the practice improved the number of patients receiving a medicines review and a documented discussion about the risks involved in taking the medicine to 100%.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as health and safety, fire safety, infection control and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating

Are services effective?

(for example, treatment is effective)

GPs. A programme was in place to ensure all staff received an appraisal on an annual basis. At the time of our inspection the system of appraisals for non-clinical staff was behind schedule. Our review of documentation showed that nine non-clinical staff were overdue their annual appraisals. However, we saw evidence to show that all staff were scheduled to have an appraisal completed.

- Staff received training that included: safeguarding and basic life support. Most of the training was provided by the use of an e-learning facility or in-house on a face-to-face basis.

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 shared information systems.

- 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 services 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, when they were referred, or after they were discharged from hospital. We saw evidence that a multi-disciplinary team meeting to discuss the needs of complex patients, including those with end of life care needs, took place on a quarterly basis. These patients' care plans were routinely reviewed and updated.

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.

- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice from the healthcare assistants.
- A weight management service was provided at The Red House Surgery twice each week. As part of this the practice offered advice to patients on diet and exercise programmes with follow ups over a 13 week period. At the time of our inspection, 506 patients had participated in the programme with 48% achieving a weight loss of between 5kg and 10kg.

The practice's uptake for the cervical screening programme in the 2015/2016 year was 94%, which was above the CCG and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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 consequence of abnormal results.

Bowel and breast cancer screening rates were similar to the local and national averages. Data published in March 2015 showed that:

- 59% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 57% and the national average of 58%.
- 73% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%.

Are services effective?

(for example, treatment is effective)

These were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 91% to 97%. The CCG averages were 94% to 97% and 92% to 96% respectively.

The practice participated in targeted vaccination programmes. This included the flu vaccination for children, people with long-term conditions and those aged over 65 years. The practice had 3,441 patients aged over 65 years. Of those 2,397 (70%) had received the flu vaccination at the practice in the 2015/2016 year.

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 85% and national average of 84%.
- 74% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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 area to discuss their needs.

The 28 patient Care Quality Commission comment cards we received from across all three sites were very positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a very good service and staff were helpful, friendly, sympathetic and attentive and treated them with dignity and respect.

Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

- 84% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting areas informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 223 patients on the practice list as carers. This was approximately 1.1% of the practice's patient list. Of those, 193 had been invited for and 74 (33%) had accepted and received a health review in the past 12 months. We spoke with senior staff about the low rate of identifying carers at the practice. They told us they were proactively engaged with the local carers' organisation and were planning a carers' event in January 2017. They said a representative of the local carers'

Are services caring?

organisation had attended one of the staff personal development sessions to provide training and advice on how best to identify and support carers in their patient population.

Dedicated carers' notice boards in the waiting areas at all three sites provided information and advice including signposting carers to support services. Information was also available online (through the practice website) to

direct carers to the various avenues of support available to them. A member of non-clinical staff was the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The GPs phoned and often visited bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is a NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 264 patients (2% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability or dementia.
- There were 39 patients on the practice's learning disability register at the time of our inspection. Of those, all were invited for and 11 (28%) had accepted and received a health review in the past 12 months.
- Home visits were available for older patients and patients who would benefit from these.
- There were four care homes in the practice's local area. The GPs visited as and when required to ensure continuity of care for these patients. For one of the homes for residents with increased needs visits were usually completed on a daily basis and scheduled quarterly visits were in place to complete patient health reviews.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Translation services including British Sign Language (BSL) were available.
- Accessible toilet facilities were provided at all three surgeries. At Park Street Surgery there were no support

rails and no baby changing facilities were provided. A hearing loop was provided at The Red House Surgery. There were no hearing loops available at Gateways Surgery and Park Street Surgery. However, patients requiring any of these facilities were encouraged to book appointments at one of the surgeries where they were available.

- There was step free access to the main entrances of all three premises. With the exception of one consultation room at The Red House Surgery, all clinical services were provided on the ground floors at all three surgeries. The waiting areas were accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms.
- There were six week post-natal checks for mothers and their children.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- Counselling services were available for patients with mental health issues. Mental health trust well-being workers were based mainly at The Red House Surgery on an ad-hoc basis. Patients could self-refer to these.
- An in-house audiology service had been provided at The Red House Surgery since 2012. An audiologist was available for two sessions each week and 195 hearing aids had been fitted between January and July 2016.
- Approximately 25% of The Red Street Surgery's patient population was Jewish and the practice offered a preconception screening programme for Tay-Sachs disease. (Tay-Sachs disease is a rare genetic disorder that causes progressive damage to the nervous system and is more prevalent in the Ashkenazi Jewish population).

Access to the service

The Red House Surgery was fully open (phones and doors) from 8.30am to 1.30pm and 2pm to 6pm Monday to Friday. Between 1.30pm and 2pm daily the doors were closed and phones switched to Gateways Surgery. There was extended opening until 9pm on Mondays and from 7am on Wednesdays and Thursdays. The practice also opened every Saturday from 8am to 11am for GP and nurse pre-bookable appointments.

Park Street Surgery was fully open (phones and doors) from 9am to 1.30pm and 2pm to 6pm Monday to Friday. Between 1.30pm and 2pm daily the doors were closed and

Are services responsive to people's needs?

(for example, to feedback?)

phones switched to Gateways Surgery. Gateways Surgery was fully open (phones and doors) from 8.30am to 6pm Monday to Friday. There was no lunchtime closure at Gateways Surgery.

Across the three surgeries, appointments were available from 8.30am to 11am (9am to 11.30am at Park Street Surgery) and 3pm to 5.30pm daily, with slight variations depending on the doctor and the nature of the appointment. In addition to GP pre-bookable appointments that 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 published in July 2016 showed that patients' satisfaction with how they could access care and treatment was similar to or above local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 80% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 69% of patients said they always or almost always saw or spoke to the GP they preferred compared to the CCG average of 62% and national average of 59%.

Almost all of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. One of the patients who left a comment for us said it could be difficult to get an appointment with some of the GPs at the practice.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There were two designated responsible people who handled all complaints in the practice. These were the practice manager and one of the GP partners.
- We saw that information was available to help patients understand the complaints system. The practice's complaints procedure was detailed on its website and in the reception and waiting areas of all three surgeries.

We looked at the details of 11 complaints received since April 2016. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following a complaint about one staff member's behaviour there was evidence to show the complainant was invited to the practice for a considerable discussion with management staff to resolve their concerns on a face-to-face basis.

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 statement of purpose detailing its aims and objectives. This included delivering a service that put care, compassion, competence, communication, courage and commitment at the core of its approach to patients. A charter detailing what patients could expect from the practice was detailed on its website.
- All of the GP partners and the practice manager attended an evening meeting in September 2016 to review the needs of the practice, identify areas for development and set the strategic direction of the practice for the year ahead. The weekly partners' meeting attended by the GP partners and the practice manager was used to monitor the strategic direction of the practice throughout the year. The main areas of strategic focus of the practice in the past year were to increase the capacity of the nursing team and provide more consulting space at The Red House Surgery. We found the practice had made progress in both areas.

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. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff. However from our conversations with staff and our review of training documentation we found that staff were able to chaperone without completing the appropriate training.
- There was a comprehensive understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which 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

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 prioritised high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The provider 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). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

- The practice gave affected people reasonable support and truthful information.
- They 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.

- There was a regular schedule of meetings at the practice for multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.

Are services well-led?

Good 

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

- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding, prescribing and patients with learning disabilities, dementia and end of life care needs. The leads showed a good understanding of their roles and responsibilities.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through comments and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. At the time of our inspection the PPG was about to distribute a patient survey, the results of which would contribute to setting the group's future priorities.
- The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from January to April 2016 showed that of the 600 respondents, 556 were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.
- We saw there was an online comments facility for patients to use accessible through the practice website. Any comments and suggestions made were reviewed by the practice manager.

- The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a GP training practice and maintained high standards for supporting its trainees. One of the GPs was a qualified GP trainer and another GP was an associate trainer.

The practice team was forward thinking. Following a recognition of the under diagnosis of diabetes in its patient population, the practice had reviewed its approach to identifying patients at risk of the condition. During the first year of its pre-diabetes and diabetes screening programme, 249 new diagnoses of pre-diabetes and 73 new diagnoses of type two diabetes were recorded by the practice. A similar programme was in place for patients with Atrial Fibrillation. (Atrial Fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate).

Throughout 2015 and 2016 the practice had renovated and developed The Red House Surgery to meet the current and future needs of patients and secure the provision of high quality healthcare. The work had resulted in the provision of five additional and accessible consulting rooms on the ground floor.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met:
Maternity and midwifery services	We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment by ensuring all persons employed received the appropriate training as is necessary to enable them to carry out the duties they are employed to perform.
Surgical procedures	Not all staff who acted as chaperones were appropriately trained.
Treatment of disease, disorder or injury	This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.