

# Dr Michael Duggan

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Michael Duggan on 1 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had identified approximately 4% of their list as carers.
- Members of the patient participation group (PPG) we spoke with were positive about the practice and the care provided.

- The practice met regularly with the PPG and responded positively to proposals for improvements.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- There was a carers champion who offered assistance and advice on the financial support available. Patients were able to book time with the carers champion so that they could complete applications for financial support and blue badge parking permit applications together. This service was available at time to suit the carer including in the extended opening hours. We saw that three carers were in receipt of financial support that they would otherwise not have been aware of.

# Summary of findings

There were comments made by patients that by receiving this advice from the carers champion they had avoided a long wait for help from external advice agencies and received support sooner.

- The carers champion and locality carers lead had arranged a carers event at the practice in September 2016. Invitations and SMS text messages were sent to all patients that had been identified as carers. Guest speakers attended the event to give advice. For example, a local travel agent attended and gave a talk

on taking holidays, travel insurance and types of holiday packages that were available for people with disabilities. The event was also attended by a representative from Stevenage Borough Council and Herts Healthy Hub. Over 30 carers attended and gave positive feedback. They had asked for further events and another had been planned for March 2017.

**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.

Good



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

### 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 similar to the local and national averages. For example, the most recent published results showed the practice achieved 96% of the total number of points. This was comparable with the CCG average of 96% and the national average of 95%.
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Clinical audits demonstrated quality improvement. There had been three clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had created an induction booklet for the GP trainees and student nurses who attended the practice. This contained information about the practice, personalised training timetables and reflective training diaries.

# Summary of findings

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

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Members of the patient participation group (PPG) we spoke with were positive about the practice and the care provided.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 205 patients as carers, which was approximately 4% of the practice list. There was a carers champion who was proactive in identifying patients with caring responsibilities.
- The carers champion offered assistance and advice on the financial and other support available. Patients were able to book time with the carers champion so that they could complete applications for financial support and blue badge parking permit applications together. This service was available at time to suit the carer including in the extended opening hours.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the East and North Hertfordshire Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could get appointments when they needed them, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. They had facilities that were suitable for patients with disabilities that included access enabled toilets, wide doors and corridors and all consultation rooms on the ground floor.

# Summary of findings

- 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.
- The carers champion and locality carers lead had arranged a carers event at the practice in September 2016. Invitations and SMS text messages were sent to all patients that had been identified as carers. Guest speakers attended the event to give advice.

## Are services well-led?

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

**Good**



- 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.
- The practice had a patient charter, which was displayed in the waiting areas, and staff knew and understood the values.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures in place to govern activity. There were monthly staff meetings that incorporated governance.
- 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 strong focus on continuous learning and improvement at all levels.
- The principal GP and one of the nurse practitioners were actively involved with the local CCG.

# 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.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations. The practice informed us that 85% of patients over the age of 65 years had received these vaccinations.
- Patients aged over 75 years were offered an annual health check. The practice had completed 134 checks in the preceding year, which equated to 74% of this age group.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the local and national averages. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 93% compared to the CCG average of 89% and the national average of 89%.
- 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.
- The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus, particularly for those patients with long-term conditions. These reviews were led by one of the nurse practitioners with the support of the practice manager and discussed at the practice clinical meetings.

# Summary of findings

## Families, children and young people

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

Good



- 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.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, the practice achieved a 90% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 90%.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 81%.
- 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).

Good



- 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.
- Extended opening hours were offered from 6.30pm to 7.30pm on Tuesdays, 7am to 8am on Thursday, and 10am to 12pm on the first Saturday of each month. This was especially useful for working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example,
  - 60% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 72%.
  - 54% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.



# Summary of findings

- Patients who had not attended for bowel screening were offered an appointment at the practice to discuss the service and its benefits to increase awareness and acceptance of the screening.
- Students attending university were able to register as a temporary patient, if required, during the holidays.

## People whose circumstances may make them vulnerable

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

- The practice had identified approximately 4% of their list as carers and offered them flexible appointment booking, health checks and flu vaccinations. The carers champion offered assistance and advice on the financial support available. Patients were able to book time with the carers champion so that they could complete applications for financial support and blue badge parking permit applications together. This service was available at time to suit the carer including in the extended opening hours.
- The carers champion and locality carers lead had arranged a carer's event at the practice in September 2016. Guest speakers attended the event to give advice. For example, a local travel agent attended and gave a talk on taking holidays, travel insurance and types of holiday packages that were available for people with disabilities. Another had been planned for March 2017.
- 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. Patients with learning disabilities were offered an annual health check. The practice had completed health checks for all 15 patients they had on their learning disability register in the previous 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

Outstanding



# Summary of findings

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

Good



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

- 93% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, compared to the CCG average of 86% and the national average of 84%.
- Performance for mental health related indicators was similar to the local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% compared to the CCG average of 92% and the national average of 89%.
- 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. Counselling sessions for patients were offered weekly by a visiting Well Being Team.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff were in the process of completing Dementia e-learning to reinforce dementia awareness.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. There were 282 survey forms distributed and 103 were returned. This was a response rate of 36.5% and represented approximately 2% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and the national average of 73%.
- 73% 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 71% and the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 74% 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 76% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service. Staff were described as helpful, knowledgeable and caring and they treated patients with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Six of the comment cards also mentioned some general areas that they felt the practice could improve on, such as some staff attitudes and getting through to the practice by telephone.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were respectful and caring.

The practice made use of the friends and family test. Most recent published results showed 86% of respondents would recommend the practice.

# Dr Michael Duggan

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Dr Michael Duggan

Dr Michael Duggan also known as Manor House Surgery provides a range of primary medical services to the residents of Stevenage. The practice has been at its current location of Manor House Surgery, Emperor's Gate, Stevenage, SG2 7QX since 1989.

The practice population is pre-dominantly white British with a higher than average number of patients below five years and between the ages of 25 and 54 years. National data indicates the area is one of low deprivation. The practice has approximately 5,650 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England.

The practice is led by a principal male GP and has five long-term locum GPs, three male and two female. The nursing team consists of two nurse practitioners and a practice nurse. There is a team of reception and administrative staff led by a practice manager. The practice is a training practice and currently has one GP trainee and a student nurse.

The practice is open from 8am to 6.30pm Monday to Friday and offers extended opening hours from 6.30pm to 7.30pm on Tuesdays, 7am to 8am on Thursday, and 10am to 12pm on the first Saturday of each 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 visit on 1 December 2016. During our visit we:

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

# Detailed findings

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

We reviewed safety records, incident reports, patient safety alerts, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and minutes of meetings where these were discussed. We saw there had been seven significant events in the last year and reviewed a selection of the completed forms which showed that lessons learnt were noted and shared and action was taken to improve safety in the practice. For example, following a significant event, the practice had reviewed its Teenage Confidentiality Policy and all staff received an awareness update on the guidelines used to assess young people's competency to consent to treatment.

### Overview of safety systems and processes

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

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

## Are services safe?

medicines for specific clinical conditions. Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills every six months. All electrical equipment was checked in October 2016 to ensure the equipment was safe to use and clinical equipment was checked in May 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff

needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff worked additional hours to cover for others absences. The practice had five regular locum GPs.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training.
- The practice had a 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. All staff had a copy of the plan which they held off site. The practice had identified a neighbouring practice to use if needed and had a laptop which was kept offsite that they could use to access the patient record system.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 96% of the total number of points available with an exception rate of 6%. This was comparable with the CCG average of 96%, with an exception rate of 8%, and the national average of 95% with an exception rate of 10%. 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 similar to the local and national averages. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 93% compared to the CCG average of 89% and the national average of 89%.
- Performance for mental health related indicators was similar to the local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a

comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% compared to the CCG average of 92% and the national average of 89%.

- Performance for dementia related indicators was similar to the local and national averages. For example, The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 93% compared to the CCG average of 86% and the national average of 84%.

The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus. These reviews were led by one of the nurse practitioners with the support of the practice manager and discussed at the practice clinical meetings. As a result of the reviews the practice had identified an area of diabetes care that required attention. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 62%, with 4% exception reporting, compared to the CCG average of 76%, with 9% exception reporting and the national average of 78%, with 13% exception reporting. (IFCC-HbA1c was a blood test to check that diabetes is under control.) The practice had implemented specialised diabetic clinics once a week and kept a register of diabetic patients at risk of complications. They met with a diabetic consultant to discuss these patients and formulate action plans to help manage their condition.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last year, two of these were completed 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, the practice did a sore throat audit. This ensured that patients were treated according to NICE guidelines and antibiotics were not routinely prescribed.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had created an induction booklet for the GP trainees and student nurses who attended the practice. This contained information about the practice, personalised training timetables and reflective training diaries.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff reviewing patients with long-term conditions had received additional training including diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- All staff were in the process of completing Dementia e-learning to reinforce dementia awareness.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, informal discussions, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nursing staff. All staff had received an appraisal within the last 12 months.
- 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 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, and alcohol cessation. These patients were signposted to relevant services for support.
- Smoking cessation advice was offered by the nurse practitioners.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations. The practice informed us that 85% of patients over the age of 65 years had received these vaccinations.
- Counselling sessions for patients were offered weekly by a visiting Well Being Team.

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

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

- 60% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 72%.
- 54% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

Patients who had not attended for bowel screening were offered an appointment at the practice to discuss the service and its benefits to increase awareness and acceptance of the screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, the practice achieved a 90% target for childhood immunisation rates for the vaccinations given to under two year olds compared to the national average score of 90%. For MMR vaccinations given to five year olds, the practice achieved an average of 98% compared to the national average of 91%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Patients aged over 75 years were offered an annual health check. The practice had completed 134 checks in the preceding year which equated to 74% of this age group. 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service. Staff were described as helpful, knowledgeable and caring and they treated patients with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Six of the comment cards also mentioned some general areas that they felt the practice could improve on, such as some staff attitudes and getting through to the practice by telephone.

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

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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

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

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- There was a portable hearing loop for patients with difficulty hearing.

## Are services caring?

- Information leaflets were available in easy read format.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 205 patients as carers, which was approximately 4% of the practice list. One of the receptionists was the carers champion who was responsible for identifying patients with caring responsibilities. The carers champion ran regular searches of the practice computer records to look for patients with conditions that might mean they had a carer. For example, dementia, cancers and children with attention deficit hyperactivity disorder (ADHD). They had educated the clinicians to opportunistically identify carers during consultations. They had increased the number of carers identified from 28 in 2014 to its current level of 205.

Carers were offered flexible appointment booking at a time that was convenient with their caring responsibilities,

health checks and flu vaccinations. The practice had a carers information board with written information available to direct carers to the avenues of support available to them. The carers champion offered assistance and advice on the financial support available. Patients were able to book time with the carers champion so that they could complete applications for financial support and blue badge parking permit applications together. This service was available at a time to suit the carer, including in the extended opening hours. We saw that three carers were in receipt of financial support that they would not otherwise have been aware of. There were comments made by patients that by receiving this advice from the carers champion they had avoided a long wait for help from external advice agencies and received support sooner.

The work that the practice did for carers had been recognised by the local CCG and the carers champion had been invited to speak at locality events to share their good practice. Another member of the reception team was a carers lead for the locality and met with carers leads from other practices in the area.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended opening hours appointments from 6.30pm to 7.30pm on Tuesdays, 7am to 8am on Thursday, and 10am to 12pm on the first Saturday of each month. This was especially useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. Patients with learning disabilities were offered an annual health check. The practice had completed health checks for all 15 patients they had on their learning disability register in the previous 12 months.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Students attending university were able to register as a temporary patient, if required, during the holidays.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Appointment booking and repeat prescription requests were available online.
- Translation services and a hearing loop were available.
- The practice had facilities that were suitable for patients with disabilities that included access enabled toilets, wide doors and corridors and all consultation rooms on the ground floor.
- Baby changing facilities were available.
- The carers champion and locality carers lead had arranged a carers event at the practice in September 2016. Invitations and SMS text messages were sent to all patients that had been identified as carers. Guest speakers attended the event to give advice. For example, a local travel agent attended and gave a talk on taking holidays, travel insurance and types of holiday

packages that were available for people with disabilities. The event was also attended by a representative from Stevenage Borough Council and Herts Healthy Hub. Over 30 carers attended and gave positive feedback. They had asked for further events and another had been planned for March 2017.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended opening hours appointments were offered from 6.30pm to 7.30pm on Tuesdays, 7am to 8am on Thursday, and 10am to 12pm on the first Saturday of each month. Morning appointments were available to be booked on the same day and pre-bookable afternoon appointments 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.

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 76%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.

The practice had reviewed the survey results and formulated an action plan. This included a review of the number of appointments available to ensure access targets were met. They had also made more appointments available to book on line to reduce the need for patients to telephone the practice.

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. Requests were reviewed by a GP or nurse practitioner and the patient contacted by telephone to assess the urgency and need for a home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice made use of the East and North Hertfordshire CCG Acute in Hours Visiting Service to refer patients who required an urgent home visit. This service

# Are services responsive to people's needs?

(for example, to feedback?)

was a team of doctors who worked across east and north Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital. 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 was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk, there were posters in the waiting area and information on the practice website.

The practice had received eight complaints in the last 12 months. We reviewed a selection of these and found they were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, practice staff received an update on equality and diversity training following a complaint about staff attitude. Complaints were also documented as a significant event as necessary.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a patient charter which was displayed in the waiting areas and staff knew and understood the values.
- Their statement of purpose outlined their aims, that included, to provide the best possible effective, equitable, holistic and person/family centred care for patients and to ensure that services were easily accessible, efficient and responsive to the individual needs of patients.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 regularly reviewed their QOF achievement to identify if there were any areas which required additional focus.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the principle GP with the support of the practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and the practice manager 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 they gave affected people reasonable support, information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly team meetings and we saw notes from the meetings to evidence this. All staffing groups attended the meetings and they covered topics such as complaints, significant events, audits and prescribing information.
- 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. All staff were involved in discussions about how to run and develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and the meetings were attended by the practice staff, members of the nursing team and the carers champion. The group submitted proposals for improvements to the practice management team. For example, they had completed a review of the practice premises from a patient's point of view and as a result, the practice had de cluttered the patient waiting area

# Are services well-led?

Good 

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

and reviewed the information displayed on the noticeboards and the television display. The practice had commenced a patient newsletter on their website that included information about the practice, the services offered and patient survey information. The PPG was advertised on the website and new members, particularly from the younger generation, were encouraged to join.

- The practice made use of the friends and family test, a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. Most recent published results showed 86% of respondents would recommend the practice. The friends and family test results and comments were discussed at the PPG meetings and the group were involved in discussions on how to make improvements.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was part of a federation of practices called Stevenage Health Limited, that worked together to keep health services local for their patients.

The principal GP and one of the nurse practitioners were actively involved with the local CCG. The GP was the locality dermatology lead GP and the nurse practitioner was the Nurse Primary Care Workforce Lead.