

The Village Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to The Village Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Village Surgery on 8 November 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.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had identified 22% of its patient population as aged under 16 years. The practice manager had organised a health talk on common children's illnesses for parents of children aged under 5 years, led by the Emergency Care Practitioner (ECP). This had been offered to patients registered at the practice and those registered at two neighbouring practices.

The area where the provider should make improvement is:

Summary of findings

- Continue to monitor recently adopted procedures for managing blank prescriptions.

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.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation of events, and a written apology. They were told about any actions taken 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.
- The practice maintained effective working relationships with safeguarding partners such as health visitors.
- There were appropriate systems in place to protect patients from the risks associated with medicines management and infection control.

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 largely comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. We saw evidence that staff were encouraged to upskill and had the opportunity for promotions and additional responsibilities.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).

Summary of findings

- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer; following up patients who failed to attend appointments.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for almost all aspects of care.
- We saw evidence of a strong patient centric culture and staff informed us that they were committed to provide high quality, personalised care for patients.
- 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.
- All patients had a named GP and the practice ran a personal GP list system in an effort to provide continuity of care.
- The practice had identified 1% of its patient population as carers and was actively working to identify more carers. They had an appointed Carer's Champion who was able to signpost patients to appropriate support services and had successfully facilitated coffee mornings for carers and their dependants.

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 Hertfordshire Valley Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and diabetic reviews.
- Patients said they found it easy to make an appointment 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.

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 practice employed an Emergency Care Practitioner (ECP) during the winter to provide same day appointments for patients presenting with minor injuries/illnesses, reducing pressures on GP and nurse appointments. The ECP was supported by GPs and nurses to ensure patients received timely, safe and appropriate care.

Are services well-led?

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

- The practice had a statement of purpose which aimed to provide all patients with high quality personal health care and to continually improve the health status of the practice population.
- 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 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 virtual Patient Participation Group (vPPG) was active. The practice worked collaboratively with the independent Wheathampstead PPG to support patients within the locality.
- 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.
- All eligible patients were offered an over 75s health check.
- The practice supported patients residing in local nursing and residential homes.
- The practice provided influenza, pneumonia and shingles vaccinations.
- Longer appointments were available for all patients, including the elderly.
- The practice facilitated the locality Community Navigator once a month to provide social support to patients, for example, help completing application forms.
- All patients over the age of 75 had a named GP.

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 comparable to the Hertfordshire Valley Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control (in the preceding 12 months) was 72%, where the CCG average was 77% and the national average was 78%.
- Longer appointments and home visits were available when needed.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment.

Summary of findings

- 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 more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 83%, which was comparable to the CCG average and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had identified 22% of its patient population as aged under 16 years. The practice manager had organised a health talk on common children's illnesses for parents of children aged under 5 years, led by the Emergency Care Practitioner (ECP). This had been offered to patients registered at the practice and those registered at two neighbouring practices.
- A male GP and female GP provided clinical sessions at a local boarding school.
- The practice maintained a dedicated noticeboard and information on the practice website for young adults.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Family planning and contraceptive advice was available.

Good



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



Summary of findings

- The practice recognised its position on the commuter belt for London and 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 provided health checks to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered smoking cessation advice and travel immunisations available on the NHS and privately, including Yellow Fever.
- Pre-bookable appointments were available from 7am on Wednesday mornings. In addition the practice offered evening appointments on Tuesdays and Wednesdays until 8pm; however these were not available every week.
- Telephone consultations were available daily.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. At the time of our inspection there were 28 patients on the learning disability register of which 11 had received an annual review (since April 2016)
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- The practice held palliative care meetings in accordance with the national Gold Standards Framework (GSF) involving district nurses, GP's and other local services (as needed).
- 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.

Good



Summary of findings

- The practice responded to and supported the needs of transgender patients.
- The practice had identified 1% of the practice list as carers. The practice was making efforts to identify and support carers in their population. A member of staff had been trained as a Carers Champion and the practice had facilitated coffee mornings for carers and their dependants.

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).

- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 79% which was comparable to the CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Performance for mental health related indicators were comparable to local and national averages. For example, the percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months was 86% where the CCG average was 91% and the national average was 90%.
- The practice held a register of patients experiencing poor mental health and invited them to attend annual reviews. The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 229 survey forms were distributed and 118 were returned. This represented a response rate of 52% (approximately 1% of the practice's patient list).

- 88% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 78% and national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Patients said they

felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. In particular patients commented on the welcoming approach of staff and their caring nature. Patients said that GPs took time to listen to them and staff were accommodating of patient requests where possible. Three negative comments made alongside positive feedback referred to occasional difficulty booking an appointment.

We spoke with seven patients during the inspection. Four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The remaining three patients commented on satisfaction with the approach of practice staff but also stated that they found there was difficulty booking routine appointments when needed.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from October 2015 to October 2016 showed that 95% (1100 of the 1153 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

The Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Village Surgery

The Village Surgery provides a range of primary medical services, including minor surgical procedures from its location on Amenbury Lane, in Harpenden, Hertfordshire. The practice has a branch surgery located on Marford Road, in Wheathampstead, Hertfordshire. The practice maintains one patient list and patients can access either practice. We did not visit the branch surgery on the day of our inspection.

The practice serves a predominantly White British population of approximately 16,000 patients. There are slightly higher than average populations of males and females aged 5 to 14 years and 40 to 49 years. There are significantly lower than average populations of patients aged 20 to 34 years, demonstrating a high proportion of working families. The practice is located on the commuter belt to London and national data indicates the area is one of low deprivation and low unemployment in comparison to England as a whole.

The clinical team consists of six male and three female GP partners, a female salaried GP, a lead practice nurse, two additional practice nurses and a health care assistant. The practice also employs a paramedic working as an Emergency Care Practitioner (ECP). The team is supported by a practice manager, a deputy practice manager and a

team of administrative staff. The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice is a teaching practice with one accredited GP trainer and one trainee doctor.

The practice at Amenbury lane operates from a two storey purpose built property and patient consultations and treatments take place on ground level. There is limited staff car parking available to the rear of the practice with designated disabled parking bays. There is a large public car park nearby to the practice for patients to use.

The Village Surgery at Amenbury Lane is open between 8am and 6pm Monday to Friday. The branch surgery is open from 8am till 1pm and from 2.30pm till 6pm Monday to Friday. In addition, pre-bookable appointments are available at both practices from 7am on Wednesdays. Extended hours appointments are available non – routinely on Tuesday and Wednesday evenings at the Amenbury Lane practice until 8pm.

The out of hours service is provided by Hertfordshire Urgent Care Services and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

At the time of our inspection, the registration of The Village Surgery with CQC to provide regulated activities was not accurate and the practice did not have a registered manager appointed, as required under the CQC (Registration) Regulations 2009. They were also not registered to provide regulated activities for maternity and

Detailed findings

midwifery services. Prior to our inspection the practice submitted applications to appoint a manager and to provide regulated activities for maternity and midwifery services to ensure their registration with us is accurate.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 8 November 2016. During our inspection we:

- Spoke with a range of staff including three GP partners, the lead nurse, a practice nurse, the ECP, the practice manager and the deputy practice manager.
- We spoke with patients who used the service.
- Observed how staff interacted with patients.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received an explanation, an apology when needed and action was taken to improve processes to prevent the same thing happening again. For example, we saw that when a patient referral request was not processed, the practice were prompt to investigate, apologise and strengthen processes through training to reduce the risk of recurrence.
- The practice maintained a log of significant events and they were discussed as a standing item on the agenda for weekly clinical meetings, to ensure that lessons learnt were shared and monitored. The practice carried out an analysis of significant events, identifying trends, areas for improvement and learning and to highlight good practice.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that appropriate action was taken to improve safety in the practice. For example, we saw that when an alert had been received regarding recommended dosages for a type of medicine, the practice ran a search to identify affected patients. Alerts were placed on patient's records ensuring that GPs could offer appropriate advice as required. We also saw evidence that an alert had been received regarding changes to the children's immunisation programme. This was distributed to all relevant staff to ensure the most recent guidance was being followed. Copies of the alerts were kept in a central paper file and on the shared electronic database for staff to access if needed.

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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We were provided with multiple examples of safeguarding concerns that had been identified by different members of staff and action taken; demonstrating that staff understood their responsibilities. All had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting room and all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. The practice nurse was the infection control clinical lead supported by the deputy practice manager. They liaised with the local infection prevention team to keep up to date with best practice. We noted there were carpets in the clinical rooms which were cleaned regularly and in good condition. The treatment room floors were appropriate and in line with infection control standards. There was an infection control protocol in place and staff had received up to date training as provided by the lead nurse. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example additional foot operated pedal waste bins had been ordered following an audit.

Are services safe?

- 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 NHS Hertfordshire Valley CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were recently developed systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster displayed in the staff kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Fire alarms were tested weekly and the practice had a variety of other risk assessments in place to monitor safety of the premises such as Control of Substances Hazardous to Health (COSHH), infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked by an external contractor bi-annually to ensure the equipment was safe to use and the practice staff conducted regular

visual checks of equipment. Clinical equipment was checked annually and we noted all required items had been checked in February 2016 to ensure they were working properly.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. Staff were divided into groups and a rota system was in place for each staffing group to ensure enough staff were on duty. Staff informed us they worked flexibly as a team and provided additional cover if necessary during holidays and absences.

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. There were additional panic buttons installed in the treatment rooms.
- All staff received annual basic life support training and we saw that the practice and evaluated and adapted training in response to staff feedback to ensure it remained effective. For example, following feedback emergency training had been developed to incorporate role play ensuring that staff felt competent and were able to demonstrate they understood the appropriate action to take in different scenarios, such as a patient having a suspected heart attack. Emergency medicines were available in the treatment room.
- 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, suppliers and key stakeholders. A copy was kept remotely by the practice manager and partners.

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, which included the regular distribution of NICE guidance and discussions at weekly partners meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, we saw that following an update to NICE guidance for asthma care, the practice had adopted care plans for asthma patients as recommended.
- The practice monitored that these guidelines were followed through risk assessments, audits and 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 were 92% of the total number of points available.

Data from 2015/2016 showed other QOF targets to be similar to local and national averages:

Performance for diabetes related indicators was comparable to the Hertfordshire Valley Clinical Commissioning Group (CCG) and national averages. For example,

- the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control (in the preceding 12 months) was 72%, where the CCG average was 77% and the national average was 78%. Exception reporting for this indicator was 4% compared to a CCG average of 12% and national average of 13%. (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).

Performance for mental health related indicators was comparable to local and national averages. For example,

- The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months was 86% where the CCG average was 91% and the national average was 90%. Exception reporting for this indicator was 0% compared to a CCG average of 9% and national average of 10%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months (01/04/2014 to 31/03/2015) was 150/90mmHg or less was 78% which was comparable to the CCG average of 83% and national average of 83%. Exception reporting for this indicator was 3% compared to a CCG average of 4% and national average of 4%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit of patients taking a medication that required regular monitoring to ensure patients were not experiencing adverse side effects. The audit was undertaken not only to identify any patients at risk but also to evaluate the effectiveness of the practice's protocol for managing these patients. An initial audit had identified improvements could be made to the way patients were monitored. The practice reviewed and improved its procedures and a subsequent reaudit had shown that improvements made were effective and were being sustained.
- 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. This covered such topics as safeguarding, infection prevention and control, fire

Are services effective?

(for example, treatment is effective)

safety, health and safety and confidentiality. We spoke to recently appointed staff who informed us that they felt well supported in their roles and that they had received a comprehensive and valuable induction.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff involved in reviewing patients with long term conditions such as diabetes and asthma attended regular updates and received training to support them specifically in these roles.
- 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. We saw evidence that staff audited their cervical screening results to ensure they were providing appropriate samples.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- We noted that the practice provided an opportunity for staff to progress their careers and upskill wherever possible. For example, a new management structure had been introduced to ensure roles and responsibilities were clearly defined. As part of this several members of staff had been promoted, for example, the deputy manager had previously been a member of the administrative team. Staff were well supported to develop in their new roles through appropriate training.
- 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 computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared 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 along with assessment and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. The practice held a register of patients at risk of unplanned hospital admission or readmission. We saw that patients on this register and any others who had been recently admitted or discharged from hospital were discussed at clinical meetings when needed. These patients were also prioritised for urgent access to a clinician if needed. At the time of our inspection there were 271 patients on the unplanned admissions register receiving this care. We saw evidence that the practice maintained the lowest rates for unplanned admissions within the locality.
- The practice held regular multi-disciplinary team (MDT) meetings that made use of the Gold Standards Framework (for palliative care) to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses and local support services. At the time of our inspection 16 patients were receiving this care.
- The practice held regular safeguarding meetings, attended by GPs, the practice nurse and health visitor. Records were kept of discussions and action taken in relation to children at risk. Information from other agencies involved in safeguarding was also shared during these meetings.
- All patients had a named GP as the practice operated a personal list system. Whilst patients were not always able to see their named GP (for example, those requiring an urgent appointment), efforts were made to ensure that where possible the personalised list system was maintained. This ensured that patients received continuity of care wherever possible.

Are services effective?

(for example, treatment is effective)

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.
- Written consent forms were used for specific procedures as appropriate and stored in patient records.

Supporting patients to live healthier lives

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The lead nurse provided smoking cessation advice to patients with the option to refer patients to local support groups if preferred.
- Nurses trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). They were supported by GPs and a dedicated long term conditions manager (referred to as the contracts manager) who was responsible for contacting patients and arranging reviews. The practice informed us that by allocating a specific team member to this role it had improved patient attendance and enabled the practice to maintain the personal approach it favoured. We saw evidence that patients who did not attend (DNA) their appointments received reminder letters and/or a telephone call from the contracts manager to further encourage attendance.
- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.
- The practice provided a variety of health promotion information leaflets and resources for young people. For example the provision of chlamydia testing.
- The practice had identified 22% of its patient population as aged under 16 years. The practice manager had organised a health talk on common children's illnesses

for parents of children aged under 5 years, led by the Emergency Care Practitioner (ECP). This had been offered to patients registered at the practice and those registered at two neighbouring practices.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG and the national averages 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients who failed to attend bowel screening appointments received a letter from the practice reminding them of the importance of attendance. Since introducing the policy the practice had seen an increase of 5% in the number of patients attending bowel screening appointments. Data published in March 2015 showed that:

- 67% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 57% and the national average was 58%.
- 78% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 72% and the national average was 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 98% (CCG average 72% to 97%, national average 73% to 95%) and five year olds from 91% to 98% (CCG average 92% to 96%, national average 81% to 95%). The practice had reviewed its childhood immunisations service in light of changes to the vaccination programme and extended appointments to ensure that adequate time was provided to staff reducing the risk of errors. We saw evidence of action taken to ensure children received appropriate vaccinations, for example the provision of appointments outside of set clinic times to increase access. In addition, patients who DNA were followed up by the practice.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40-74 years. To encourage attendance the practice

Are services effective?

(for example, treatment is effective)

sent three invitations to attend to eligible patients. At the time of our inspection, from the period July 2014 to September 2016, the practice had conducted 1,511 health checks of the 5,675 patients eligible (27%). Of these an additional 3,257 patients did not respond to the practice's

invitations to attend for a health check. Health checks were also offered for patients over the age of 75 years. 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 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the virtual Patient Participation Group (vPPG) and a member of the independent Wheathampstead PPG (this was a local organisation established in 2008 independent to the practice that served the area surrounding the branch surgery and worked both alongside and separate to the practice, to support patients within the locality. They did not support any other practices within the locality). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

We saw evidence of a strong patient centric culture and staff informed us that they were committed to provide high quality, personalised care for patients. We were provided with numerous examples of work the practice had undertaken to accommodate patient's needs and in particular to safeguard patients they felt may be at risk. For example, patients who were vulnerable and isolated had received intervention through the practice's liaison with other support agencies, including those with drug or alcohol dependencies. Staff informed us that they felt it was the personal approach and caring nature of the practice that underpinned then consistently high patient feedback they received. This caring approach was demonstrated on the day of inspection.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

Are services caring?

- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language, although we were informed that staff had never had to use a translation service due to the patient demographic.
- Information leaflets were available in easy read format if required.

Patient and carer support to cope emotionally with care and treatment

The practice maintained dedicated noticeboards for different patient groups, such as the elderly, those suffering with poor mental health and young adults. Information was also available on the practice website. In addition the practice maintained a health promotion area which was

targeted at different health themes each month providing information to patients on early detection, symptoms and services and support available, for example for different types of cancer.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 174 patients as carers (1% of the practice list). The practice was aware that several patients employed private carers not registered with the practice. A member of staff was trained as a Carers Champion and was able to signpost patients to suitable support organisations. The practice had organised two coffee mornings for carers at a local community hall, allowing an opportunity for carers to meet others in similar situations, engage socially and receive additional support and advice. Due to the success of the two events, we were told that the practice planned to continue organising the events. A noticeboard in the waiting room also provided written information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and diabetic reviews. We saw evidence that the practice maintained the lowest figures within the locality for unplanned hospital admissions which they attributed to their continued efforts to ensure vulnerable patients were well supported.

- The practice offered extended hours appointments on Wednesday mornings from 7am for patients who could not attend during normal opening hours.
- There were registers for patients with dementia and those with a learning disability. These patients were invited for an annual face to face review. At the time of our inspection there were 28 patients on the learning disability register of which 11 had received an annual review (since April 2016) and 78 patients on the dementia register of which 51 had received an annual review in the same time period.
- The practice employed an Emergency Care Practitioner (ECP) during the winter to provide same day appointments for patients presenting with minor injuries/illnesses, reducing pressures on GP and nurse appointments. The ECP was supported by GPs and nurses to ensure patients received timely, safe and appropriate care. We saw evidence that the service had been effective in reducing A & E and out of hours services and had been well received by patients.
- Longer appointments were available for all patients, including patients with a learning disability and the elderly.
- The practice responded to and supported the needs of transgender patients.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately including Yellow Fever.

- There were disabled facilities, a hearing loop and the practice had a lift for patients and staff with limited mobility to access the first floor.
- The practice held fortnightly health and well-being clinics. Patients suffering from long term conditions and those that had undergone a NHS health check were encouraged to attend to further improve their health and general well-being.
- The practice supported patients residing in local nursing and residential homes.
- The practice was keen to ensure that patients understood NHS Summary Care Records and Additional Information (SCR AI) (SCR AI is an electronic record of important information, created from GP medical records, which can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care. Additional Information can be added, with express patient consent, by a GP). The practice felt it was particularly important for the elderly and those with long term conditions to understand the importance of sharing their information. They worked with the PPG to provide patients with support and information on the SCR AI during flu clinics, successfully signing up over 600 patients to the scheme.
- A male and female GP provided a clinic at a local boarding school.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- A robust recall system was utilised to invite patients who had long term conditions for review. This included those suffering from poor mental health.
- The practice facilitated the locality Community Navigator once a month to provide social support to patients, for example, help completing application forms.

Access to the service

The practice at Amenbury Lane was open between 8am and 6pm Monday to Friday. The branch surgery was open from 8am till 1pm and from 2.30pm till 6pm Monday to Friday. Appointments at both practices were available from 8am to 11am every morning and 3.30pm to 6pm daily. Extended hours appointments were available at both practices from 7am on Wednesdays and non – routinely on Tuesday and Wednesday evenings at the Amenbury Lane

Are services responsive to people's needs?

(for example, to feedback?)

practice until 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The out of hours service is provided by Hertfordshire Urgent Care Services and could be accessed via the NHS 111 service. Information about this was available in the practice and on the practice website and telephone line.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 79%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

Whilst some patients commented on the day of inspection that they found it difficult to arrange an appointment others were satisfied 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.

Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. In cases where the urgency of need was so great that it would

be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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 senior partner was the designated responsible person for complaints and was supported by the deputy practice manager. Between them they handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the practice leaflet and in the reception area.
- The practice carried out an annual analysis of complaints to identify trends and areas of learning and improvement.

We looked at 33 complaints received since November 2015 and found they had all been dealt with in an open and timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw evidence that following a complaint from a patient regarding their consultation, staff were reminded to inform patients of the name of the clinician they would be seeing. The patient also received an apology from the practice.

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 statement of purpose which aimed to provide all patients with high quality personal health care and to continually improve the health status of the practice population.

- The practice aimed to achieve this by developing and maintaining a practice that was responsive to the needs and expectations of its patients in a caring and safe environment.
- Staff we spoke with demonstrated an understanding and commitment to achieving these values and ambitions.
- The practice had a robust 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. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the shared drive on the computer system. We looked at a sample of policies and found them to be available and up to date.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data was regularly discussed and actions taken to maintain or improve outcomes for patients.
- 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. We looked at examples of significant event and

incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made or were planned to be implemented in the practice as a result of reviewing significant events.

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 told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people support, an explanation of events 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 regular team meetings and we saw evidence of regular formal communications between the practice team. An away day had been held and the practice encouraged regular communication between staff at all levels.
- We witnessed a strong team culture and staff were encouraged to attend regular social gatherings as a team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. We noted that many staff had worked at the practice for many years and staff turnover rates were relatively low. All staff

Are services well-led?

Good 

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

were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the virtual patient participation group (vPPG), the independent Wheathampstead PPG and through surveys and complaints received. The Independent Wheathampstead PPG met regularly, supported the practice in various initiatives and submitted proposals for improvements to the practice management team. For example, the Independent Wheathampstead PPG published a regular newsletter for patients and had supported practice flu clinics. In addition, the practice made extensive efforts to receive feedback from patients through the NHS Friends and Family Test; collating the feedback received regularly and sharing it with staff to encourage consistently high standards of care.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. For example, we saw that following feedback from GPs and staff on difficulties experienced with the duty doctor on call system a questionnaire was issued to all staff and GPs. Information from the questionnaires was analysed before changes and improvements were made. Following a four week trial of the newly implemented system and additional feedback from staff and GPs, a marked improvement was noted in the efficacy of the

duty doctor on call system. 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 and spoke positively of their pleasant and supportive work environment.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. We saw evidence that the practice had undergone considerable change to its management structure since 2013, with the introduction of a new practice manager and creation of a management team. Consideration was given to future strategy and business planning on a continuous basis and we saw evidence of both effective succession planning and restructuring of the practice to ensure that it was operating effectively. Staff informed us of a progressive change in culture since the restructuring and both patients and staff praised the positive environment and high level of care provided by the practice team.

The practice adopted innovative ways of working, for example through the recruitment of an Emergency care Practitioner (ECP) during the winter months to provide same day appointments for patients presenting with minor injuries/illnesses, reducing pressures on GP and nurse appointments.

The practice had recognised existing challenges and potential future threats to its financial security and ability to continue providing services. In response the practice joined a federation. (A federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts). Through collaborative working with other practices in the federation the practice had been able to secure its future.