

Church Street Partnership

Quality Report

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Date of inspection visit: 19/09/2017

Date of publication: 20/10/2017

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Church Street Partnership on 30 August 2016. Overall the rating for the practice in 2016 was requires improvement; specifically it was rated requires improvement for safe, effective, responsive and well-led. During our inspection in August 2016 we identified regulatory breaches in relation to;

- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

- good governance.

The full comprehensive report from the August 2016 inspection can be found by selecting the 'all reports' link for Church Street Partnership on our website at www.cqc.org.uk.

We carried out a further announced comprehensive inspection on 19 September 2017; overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patient comments highlighted that 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. 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.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- Continue to review and ensure improvement to the national GP patient survey results, including appointment waiting times, access to the practice by telephone and pre-bookable appointments.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the latest Quality and Outcomes Framework (QOF) 2015/2016 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the most recent national GP patient survey results published in July 2017 showed patients rated the practice the same as others for some aspects of care.

Good



Summary of findings

- The patients we spoke with or who left comments for us were positive about the standard of care they received and about staff behaviours.
- Staff maintained patient and information confidentiality and patients commented to us on being treated with kindness and respect. We saw evidence to confirm this.
- The practice offered flexible appointment times based on individual needs.
- Information for patients about the services available was easy to understand and accessible.
- The practice held a register of carers with 332 carers identified which was approximately 2% of the practice list. The practice displayed information on a carers' notice board.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice participated in the local area winter resilience scheme and offered more appointments. This service had given patients the opportunity to receive a home visit or attend the practice for an urgent appointment rather than travel to the local A&E department.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Data from the most recent national GP patient survey results showed patients rated the practice as below average for access to the surgery by telephone and pre-bookable appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Practice staff reviewed the needs of its local population and engaged with NHS England and East and North Hertfordshire Clinical Commissioning Group to secure improvements to services where these were identified.
- Information about how to complain was available and evidence from examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- The practice worked closely with other practices and East and North Hertfordshire 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of their life.
- GPs involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice worked closely with a local Rapid Response Team (a model of community care delivering an integrated service combining health, social and mental health).
- The practice worked closely with a multidisciplinary team to support older people and had completed 270 frailty checks within the previous 12 months.

Good



People with long term conditions

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

- Nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held diabetic clinics on a regular basis, worked closely with community nurses and the secondary care diabetes consultant and completed an annual review of patients.

Good



Summary of findings

- Performance for diabetes related indicators was comparable with the local CCG and national average. Data from 2015/2016 showed the practice had achieved 90% of the total number of points available, compared to the local average of 89% and national average of 90%.
- 73% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the local CCG average of 74% and national average of 75%.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and there was a system to recall patients for 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 followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

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 identified as being at possible 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.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the local average of 83% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a range of family planning services. The practice worked with midwives, health visitors and school nurses in the provision of ante-natal, post-natal and child health surveillance clinics.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was able to offer appointments to patients during extended opening hours at a number of practices across the locality.
- The practice carried out routine NHS health checks for patients aged 40 to 74 years.
- The practice was proactive in offering online services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as information about a full range of health promotion and screening that reflects the needs of this age group.
- Extended opening times were available one evening each week and on Saturday mornings.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Bowel and breast cancer screening rates were comparable with local and national averages. Data from 2015/2016 showed that;
- 63% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.
- 70% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and 73% nationally.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. A named GP provided regular visits to a local home for people with a learning disability. There were 73 patients on the practice's learning disability register at the time of our inspection. Of those, 50 (68%) had accepted and received a health review within the previous 12 months.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Vulnerable patients had been told how to access support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of carers with 332 carers identified which was approximately 2% of the practice list. The practice displayed information on a carers' notice board.

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 practice carried out advance care planning for patients living with dementia.
- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2015/2016, which was above the local average of 83% and national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- 86% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, which was comparable to the local average of 92% and national average of 89%.
- Patients had access to a NHS counsellor who held sessions at the practice on a regular basis.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff we interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We looked at the most recent national GP patient survey results published in July 2017. Overall, the results showed the practice was below local and national averages. There were 224 survey forms distributed and 100 were returned. This represented a 45% response rate and approximately 0.5% of the practice's patient list.

- 61% of patients described the overall experience of this GP practice as good compared to the local average of 81% and national average of 85%. This was an increase of 31% when compared with the national GP patient survey results published in July 2016.
- 39% of patients described their experience of making an appointment as good compared with the local CCG average of 66% and national average of 73%. This was an increase of 9% when compared with the national GP patient survey results published in July 2016.
- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 74% and national average of 77%. This was an increase of 5% when compared with the national GP patient survey results published in July 2016.

The practice had a detailed action plan in place to address areas of below average performance in response to the national GP patient survey results. The practice had been actively attempting to recruit GPs since 2014, had recently appointed a nurse prescriber and a clinical pharmacist. The practice was trialling a new appointments system and told us that the initial feedback from patients was positive.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards. All of the comment cards we received were positive about the standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as very caring, friendly and comprehensive.

During the inspection we spoke with 12 patients and received feedback from one member of the Patient Participation Group (PPG). Patients told us that they were very satisfied with the services provided and described the practice as clean and well organised. Patients told us that they had seen a significant improvement when attempting to book an appointment. However, four patients told us that they found it difficult to obtain an appointment when they needed one. Patients told us that they felt listened to and cared for and described staff members as professional and committed towards providing a caring and friendly service.

The practice had gathered patient feedback using the NHS Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. The practice had received seven responses to the FFT between February 2017 and August 2017. The results showed five people (71%) who responded were extremely likely to recommend the service.

Areas for improvement

Action the service SHOULD take to improve

- Continue to review and ensure improvement to the national GP patient survey results, including appointment waiting times, access to the practice by telephone and pre-bookable appointments.

Church Street Partnership

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 advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Church Street Partnership

Church Street Partnership provides primary medical services, including minor surgery, to approximately 16,700 patients in Bishops Stortford, Hertfordshire. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). The practice has one registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice operates across three premises. Church Street Surgery is the main surgery located close to the town centre. Thorley Health Centre is located approximately two miles away and Haymeads Health Centre is located within the Hertfordshire and Essex Community Hospital approximately two miles away from the main surgery. We visited all three sites as part of this inspection.

The practice serves a higher than average population of those aged between 40 and 54 years and a lower than average population of those aged between 20 and 34 years. The population is 94% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The clinical team consists of five GP Partners, three of which are female and two are male and one female

salaries GP. Four GPs work part-time making the equivalent of four and a half whole time equivalent GPs. The practice is currently attempting to recruit additional GPs and has recently recruited a clinical pharmacist and an additional nurse prescriber.

There are four practice nurses and two nurse prescribers and there is one health care assistant. The non-clinical team consists of a practice manager, deputy practice manager, reception manager, deputy reception manager, 12 receptionists, three secretaries and nine members of the administration team.

Church Street Surgery is open to patients between 8.30am and 5pm Mondays to Fridays. Patients are able to access urgent clinical telephone advice between 8am and 6.30pm. Appointments with a GP are available from 8.30am to 12pm and from 1.30pm to 5pm daily. Thorley Health Centre is open to patients between 8.30am and 5.30pm Mondays to Fridays. Appointments with a GP are available from 8.30am to 12pm and from 2.30pm to 5.30pm daily. Haymeads Health Centre is open to patients between 8.30am and 5pm Mondays to Fridays. This surgery provides an open access service to all patients that arrive before 10am and afternoon sessions are held from 2pm to 6.30pm Mondays to Fridays.

Emergency appointments are available daily with the duty doctor. A telephone consultation service is also available for those who need urgent advice. The practice offers extended opening hours for pre-booked appointments at Haymeads Health Centre between 6.30pm and 9pm every Wednesday, and from 8.15am to 11.45am every Saturday.

Home visits are available to those patients who are unable to attend the surgery and the Out of Hours service is provided by Herts Urgent Care and can be accessed via the NHS 111 service.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Church Street Partnership on 30 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, responsive and well-led services.

We undertook a further announced comprehensive inspection of Church Street Partnership on 19 September 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 30 August 2016 had been made.

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 contacted NHS East and North Hertfordshire Clinical Commissioning Group (CCG) and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 19 September 2017. During our inspection we:

- Spoke with the four GP partners, the clinical pharmacist, both of the nurse prescribers, the health care assistant, practice manager, deputy practice manager and four members of the reception and administration team.
- Visited the main surgery and both of the branch surgeries.

- Spoke with 12 patients, reviewed a sample of the personal care or treatment records of patients and observed how staff interacted with patients.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed eight CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from a member of the Patient Participation Group (PPG). (This is a group of volunteer patients who work with practice staff on making improvements to the services provided for the benefit of patients and the practice).

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

At our inspection in August 2016 we rated the practice as requires improvement for providing safe services as systems and processes had weaknesses and were not fully implemented in a way to keep patients safe. The practice did not have a consistent system in place for receiving, cascading and managing safety alerts. Senior staff did not analyse significant events over time to identify trends. The practice had never completed an infection control audit. Some of the staff members, including practice nurses, had not completed infection control training and we found gaps in staff training on safeguarding children and basic life support. We found that practice staff did not routinely notify the GPs about uncollected prescriptions and there was no system in place to monitor the use of blank prescription forms and pads.

At our inspection in September 2017 we found the following:

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 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 reviewed safety records, incident reports and minutes of meetings where significant events were discussed.
- The practice had recorded 13 significant events within the previous 12 months. Information and learning was circulated to staff and the practice carried out an analysis of the significant events over time to identify trends and themes. For example, the practice had identified a trend in repeat prescribing issues and had introduced an additional clinical system to improve their processes.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed with the GPs and relevant staff during a clinical meeting which took place on a monthly basis. We saw evidence to confirm this.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and patient safety alerts. The practice had a clear system in place for receiving and managing safety alerts and maintained a record of relevant safety alerts. We saw evidence to confirm actions had been taken to improve safety in the practice. For example, the practice had received a safety alert about a medical device used for manual resuscitation and had taken the required action.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that 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 GP lead for safeguarding adults and children. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had all received training relevant to their role. All GPs were trained to an appropriate level to manage safeguarding children (level three) and adults.
- The practice had a clear system in place which enabled the practice to easily identify vulnerable children and adults on their records.
- The practice displayed notices in the waiting area and treatment and consulting rooms which 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 check. (DBS checks identify whether a person has a criminal record

Are services safe?

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 had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the senior practice nurses was the infection prevention and control (IPC) clinical lead and kept up to date with best practice. There was an IPC protocol and all staff had received up to date training. The practice undertook daily and monthly checks. An IPC audit of all three premises was undertaken in February 2017 and audits were scheduled to be undertaken on an annual basis. We saw evidence to confirm that these audits were comprehensive and action had been taken to address any improvements identified as a result. For example, the practice had replaced chairs in the waiting area to ensure they met IPC standards.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Specific equipment was cleaned daily and logs were completed. Spillage kits were available and the practice had systems in place to ensure clinical waste was handled and stored appropriately. Clinical waste was collected from the practice by an external contractor on a weekly basis.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being made available to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Two nurse had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available along with a poster in the staff area which included the names of the health and safety lead at the practice. The practice had up to date fire risk assessments. Fire alarms were tested weekly and the practice carried out fire drills and checked fire equipment on a regular basis.
- All electrical equipment was checked in September 2017 to ensure the equipment was safe to use and clinical equipment was checked in April 2017 to ensure it was working properly.
- A Control of Substances Hazardous to Health (COSHH) risk assessment and a variety of other risk assessments were in place for areas including 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 were individual team rotas in place to ensure that enough staff

Are services safe?

members were on duty. The practice had systems in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required during other absences. The practice used locum GPs and a locum nurse and would complete the necessary recruitment checks on those individuals.

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 which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available 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 emergency medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was regularly reviewed and a copy of this plan was available on the staff intranet and additional copies were kept off the premises.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection in August 2016 we rated the practice as requires improvement for providing effective services. The practice had not put in place a robust recall system for the structured annual review of people with long term conditions and for medications that needed monitoring. We found gaps in staff training and systems and processes in place to identify staff learning needs required strengthening.

At our inspection in September 2017 we found the following:

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) evidence based guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice accessed performance reports from the East and North Hertfordshire Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice received information from the local CCG on A&E attendance, emergency admissions to hospital, prescribing rates and the monitoring of patients referred to secondary care services. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

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 recently published results showed the practice achieved 97% of the total number of points available which was comparable with the local CCG average of 96% and national average of 95%. The practice had 7.5% exception reporting which was in line with the local average of 8% and national average 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).

Latest data available from 2015/2016 showed;

- Performance for diabetes related indicators was comparable with the local and national average. The practice had achieved 90% of the total number of points available, compared to the local CCG average of 89% and national average of 90%.
- 90% of patients aged 45 or over had a record of blood pressure in the preceding 5 years which was comparable with the local CCG average of 90% and national average of 91%. Exception reporting was 0.2% which was in line with the local average of 0.6% and national average of 0.5%.
- 73% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the local CCG average of 74% and national average of 75%. Exception reporting was 1% which was below the local average of 6% and national average of 7%.
- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2015/2016, which was above the local CCG average of 83% and national average of 84%. Exception reporting was 3% which was below the local average of 9% and national average of 7%.
- 86% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, which was comparable to the local CCG average of 92% and national average of 89%. Exception reporting was 4% which was below the local average of 14% and national average of 13%.

Are services effective?

(for example, treatment is effective)

The practice had implemented a number of clinical templates and protocols to support effective medicines management and care planning. There was an effective system in place to recall patients for a structured annual review.

The practice had a system of clinical audits which demonstrated quality improvement.

- There had been four completed clinical audits undertaken in the last two years, where the improvements made were implemented and monitored.
- Findings from audits were used by the practice to improve services. For example, one of these audits had been carried out to assess the management of patients receiving medicines used to control blood pressure. This led to the practice implementing alerts on their clinical system and using additional methods to encourage patients to attend for the required testing.
- The practice participated in local audits, national benchmarking and peer reviews.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, confidentiality, infection control, information governance, basic life support, health and safety and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff taking blood samples, administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, attendance to educational sessions and workshops.
- 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. The nurse prescribers told us that they received regular support and supervision from the GPs. All staff had received an appraisal within the last 12 months.

- Staff had received training that included: safeguarding, equality and diversity, confidentiality, whistleblowing, information governance, infection control, basic life support, health and safety and fire safety, mental capacity and chaperoning.
- Staff had access to essential training which was provided through online learning, internal and external training sessions, conferences and CCG led training days, which were held three times a year. Nursing staff attended a local nurse forum.

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. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. System training was included in the induction process and all the staff we spoke with were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- 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

Are services effective?

(for example, treatment is effective)

patients moved between services, including when they were referred to, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis for vulnerable patients and for patients requiring palliative care.
- Health visitors would attend meetings with the GP partners on a monthly basis in order to support and manage care and treatment for vulnerable families and children.

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 nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients considered to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant services.
- The practice held a register of patients living in vulnerable circumstances and offered longer appointments and annual health checks for people with a learning disability.

- Smoking cessation advice was provided by the local public health and wellbeing team.
- Patients were referred to a NHS dietician who visited one of the branch surgeries on a regular basis.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the local CCG average of 83% and national average of 81%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by contacting patients who had not responded to the initial invitation. The practice told us that they had introduced a cervical screening clinic on Saturday mornings which had increased uptake.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Bowel and breast cancer screening rates were comparable with local and national averages. Data from 2015/2016 showed that;

- 63% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.
- 70% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and 73% nationally.

Childhood immunisation rates for the vaccinations given were above or comparable to local and national averages. The practice had achieved a score of 9.8 out of 10 for childhood vaccinations up to the age of two, which was above the national average score of 9.1. Childhood immunisation rates for the measles, mumps and rubella (MMR) vaccinations given to five year olds ranged from 95% to 96% which was comparable to the local CCG average of 94% to 96% and national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. New patients were offered a health check. The practice participated in a targeted flu vaccination programme and 62% of patients aged 65 years or over had received a seasonal flu vaccination in the 2016/2017 year. 49% of patients aged over six months to under 65 years defined as at risk had received a flu vaccination.

The practice held a register for patients with a learning disability, there were 73 patients on the register at the time of our inspection. Of those, 50 (68%) had accepted and received a health review within the previous 12 months.

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

The practice worked closely with a multidisciplinary team to support older people and had completed 270 frailty

checks within the previous 12 months. Appropriate follow-ups on 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. The practice had notices in the patient waiting areas which promoted patient confidentiality.
- Patients could be treated by a clinician of the same sex.

All of the eight 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 12 patients and received feedback from one member of the Patient Participation Group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2017 showed the practice was mostly comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 70% said the GP gave them enough time compared to the CCG average of 83% and the national average 86%.
- 94% 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%.

- 79% 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 86%.
- 91% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 92%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 76% said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice had a detailed action plan in place to address areas of below average performance in response to the national GP patient survey results. The practice had provided additional training to staff members and feedback from patients on the day of inspection was positive.

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.

The most recent results from the national GP patient survey published in July 2017 showed the practice was performing in line with local and national averages for patient questions about their involvement in planning and making decisions about their care and treatment. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.

Are services caring?

- 87% said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 77% 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 interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and different languages.
- A portable hearing loop system was available to patients who were hard of hearing.

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. The practice had dedicated notice boards and 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 held a register of carers with 332 carers identified, which was approximately 2% of the practice list. The practice offered health checks to carers. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice had a carer's noticeboard in the patient waiting area and provided information and advice about local support groups and services available.
- 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 by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection in August 2016 we rated the practice as requires improvement for providing responsive services as patients responded negatively to questions about access to the practice on the telephone and pre-booking an appointment.

At our inspection in September 2017 we found the following:

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 East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the local area winter resilience scheme and offered more appointments. This service had given patients the opportunity to receive a home visit or attend the practice for an urgent appointment rather than travel to the local A&E department.

- The practice worked closely with a local Rapid Response Team (a model of community care delivering an integrated service combining health, social and mental health).
- The practice held diabetic clinics on a regular basis, worked closely with community nurses and the secondary care diabetes consultant and completed an annual review of patients.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as information about a full range of health promotion and screening that reflects the needs of this age group.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. A named GP provided regular visits to a local home for people with a learning disability. There were 73 patients on the practice's learning disability register at the time of our inspection. Of those, 50 (68%) had accepted and received a health review within the previous 12 months.

- The practice worked closely with a multidisciplinary team to support older people and had completed 270 frailty checks within the previous 12 months.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Patients had access to a NHS counsellor who held sessions at the practice on a regular basis.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had a system in place to identify patients with a known disability. There were disabled facilities, a hearing loop and translation services available.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.

Access to the service

The main practice was open to patients between 8.30am and 5pm Mondays to Fridays. Patients were able to access urgent clinical telephone advice between 8am and 6.30pm. Appointments with a GP were available from 8.30am to 12pm and from 1.30pm to 5pm daily. Thorley Health Centre was open to patients between 8.30am and 5.30pm Mondays to Fridays. Appointments with a GP were available from 8.30am to 12pm and from 2.30pm to 5.30pm daily. Haymeads Health Centre was open to patients between 8.30am and 5pm Mondays to Fridays. All patients that arrived before 10am were seen on the same day and afternoon sessions were held from 2pm to 6.30pm Mondays to Fridays. The practice offered extended opening hours for pre-booked appointments between 6.30pm and 9pm every Wednesday, and from 8.15am to 11.45am every Saturday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available at the practice for people that needed them.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the most recent national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was below the local and national averages.

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%. This was increase of 18% when compared with the national patient survey results published in July 2016.
- 34% of patients said they could get through easily to the surgery by phone compared to the CCG average 62% and national average of 71%. This was increase of 7% when compared with the national patient survey results published in July 2016.
- 63% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%. This was increase of 6% when compared with the national patient survey results published in July 2016.
- 60% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 39% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 43% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 63% and national average of 64%.

The practice had a detailed action plan in place to address areas of below average performance in response to the national GP patient survey results. The practice was trialling a new appointment booking system and told us that initial feedback from patients was positive. The practice had recently employed additional members of staff to join the clinical team. A new telephone system was in the process of being installed and the practice was regularly reviewing their systems and processes to meet demand.

During the inspection eight patients told us that they were able to get appointments when they needed them and four patients told us that they found it difficult to book an appointment in advance.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice did this by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 a system for handling written complaints and concerns.

- The 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.
- Information on how to complain was easily available to patients.

We looked at six complaints received since July 2017 and all of these had been dealt with in a timely way. The practice had taken steps to ensure patient complaints, including the learning from complaints which was shared with all relevant staff. Apologies were offered to patients, lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had provided staff with additional training on communication.

The practice shared their complaints data with NHS England. The practice analysed complaints over time to identify key themes and trends and had taken action as a result.

Are services well-led?

Good 

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

Our findings

At our inspection in August 2016 we rated the practice as requires improvement for providing well-led services as not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.

At our inspection in September 2017 we found the following:

Vision and strategy

The practice had a clear statement of purpose which was to maintain and improve the health, general well-being and lives of those cared for. Staff knew and understood the values. The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had structures and procedures in place which supported the delivery of the strategy and good quality care and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in a number of areas such as mental health, dementia and diabetes.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The practice held a number of meetings on a regular basis.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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 and practice manager were approachable and always took the time to listen to all members of staff.

The practice had commissioned an external audit of their systems and process and governance arrangements. Improvements had been made as a result of this audit. For example, the practice had made improvements to the way they managed clinical documentation.

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). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of correspondence with patients.

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

- The practice held and minuted multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs met with health visitors on a regular basis to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. Minutes were comprehensive and were available for practice staff to view.
- 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 and practice manager in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the Friends and Family Test (FFT), comments and complaints received, feedback submitted online and through engagement with a Patient Participation Group (PPG). The PPG had been formed in 2011 and had made improvements to the information made available to patients within the practice and engaged with local organisations.
- The practice told us that the PPG would be completing an internal patient survey following the introduction of the new telephone system.
- National GP patient survey results were regularly reviewed and the practice had a detailed action plan in place. The most recent patient survey results demonstrated an improvement in patient experience.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. For example, the practice had made improvements to the staff rota and had implemented a computerised system to log and monitor medicines stock.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had participated in a locality wide capacity and demand audit and the local CCG was in the process of completing a review of the practice's use of the clinical system. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was participating in a pilot study of the use of near-patient C-Reactive Protein (CRP) testing in the treatment of adult respiratory tract infections. Senior staff attended regular meetings with peers. The practice worked closely with local practices and was a member of a local GP 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).