Dr Ian Grindon Williams and Partners - Wellside Surgery

Quality Report

45 High St
SawtryHuntingdon
PE28 5SU
Tel: 01487 830340
Website: www.wellside.org.uk/

Date of inspection visit: 6 December 2016
Date of publication: 24/02/2017

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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wellside Surgery on 6 December 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored and addressed but not always appropriately reviewed to ensure learning was recorded.
- Risks to patients were assessed and well managed but improvements were required in the dispensary.
- 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.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice in line with others for most aspects of care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt well 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.

The areas where the provider must make an improvement:

Summary of findings

- Ensure safety systems in the dispensary are improved. The practice must ensure stock control in the dispensary is undertaken in line with national guidance and near misses are appropriately recorded to allow for effective audit and learning. Prescriptions issued to patients also need to be signed by a prescriber before being issued; this applies predominantly to routine prescriptions, which at times were not signed until the end of the day after being issued.

The areas where the provider should make an improvement:

- Ensure that patients with mental health concerns receive timely annual health reviews.
- Ensure learning from significant events is recorded effectively to allow for appropriate reflection.
- Ensure significant events are subject to a regular review process.
- Ensure that safeguarding meetings are minuted effectively, providing a track record of decision making processes and actions taken.
- Ensure all staff are aware of the location of the emergency medicines.
- Ensure there is an effective system in place to review and disseminate NICE guidance and updates.

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?

Requires improvement

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

- There was a system in place for reporting and recording significant events but recording of learning points needed to be improved. A regular review process for significant events was not in place.
- Lessons were shared in meetings to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programs to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 99% of the total number of points available, with 18% exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than others for most aspects of care, except for nurse related questions, where they scored below average.

Summary of findings

- Feedback from patients about their care was positive. 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed that 96% of patients surveyed were able to get an appointment at a convenient time, compared to the local average of 94% and the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a 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.
- Staff at the practice were engaged with local healthcare services and worked within the wider health community.
- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was virtual.

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

Good

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice contacted patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- Nationally reported data from 2015/16 showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were generally above local and national averages.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 100%, which was above the local average of 90.5% and national average of 90%.
- Longer appointments and home visits were available when needed.
- 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.

Families, children and young people

Good

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.

Summary of findings

- Immunisation rates were in line with local and national averages 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 74%, which was in line with the local average of 74% and the national average of 72%. Exception reporting for this indicator was 2% which was below the local average of 8% and the national average of 6%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- GPs were trained to child safeguarding level three.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. 119 health checks had been undertaken since April 2016.

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. The practice had 5 registered patients with a learning disability, all of whom had received a review in the last 12 months.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- Patients who were carers were proactively identified and signposted to local carers' groups. The practice had 137 patients registered as carers (approximately 2% of the patient list).
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice had 51 registered patients with dementia, of which 43 had received an annual review in the last 12 months. 28 of these had been undertaken since April 2016 and a further 23 were planned to be undertaken prior to April 2017.
- The practice had 38 registered patients experiencing poor mental health, of which 12 had received an annual review in the last 12 months. 6 of these were undertaken since April 2016 and 32 were planned for completion before April 2017.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

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 performed in line with, or above, local and national averages in most areas. 224 survey forms were distributed and 107 were returned. This represented a 48% completion rate.

- 77% found it easy to get through to this surgery by phone compared to a local average of 75% and a national average of 73%.
- 96% said that the last appointment they got was convenient (local average 94%, national average 92%).
- 94% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (local average 86%, national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards, 14 of which were positive about the standard of care received. Patients felt that they were treated with care and concern and that the practice provided a friendly, professional and helpful service, praising both individual members of staff and the practice as a whole. One negative comment card raised concerns regarding long appointment waiting times.

We spoke with four patients during the inspection. All patients we spoke with said the care they received was good and that they were involved with the decision making process for their treatment. They also told us that staff were kind, friendly, caring and approachable.

Areas for improvement

Action the service MUST take to improve

- Ensure safety systems in the dispensary are improved. The practice must ensure stock control in the dispensary is undertaken in line with national guidance and near misses are appropriately recorded to allow for effective audit and learning. Prescriptions issued to patients also need to be signed by a prescriber before being issued; this applies predominantly to routine prescriptions, which at times were not signed until the end of the day after being issued.

Action the service SHOULD take to improve

- Ensure that patients with mental health concerns receive timely annual health reviews.
- Ensure learning from significant events is recorded effectively to allow for appropriate reflection.
- Ensure significant events are subject to a regular review process.
- Ensure that safeguarding meetings are minuted effectively, providing a track record of decision making processes and actions taken.
- Ensure all staff are aware of the location of the emergency medicines.
- Ensure there is an effective system in place to review and disseminate NICE guidance and updates.

Dr Ian Grindon Williams and Partners - Wellside Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser and a second CQC inspector.

Background to Dr Ian Grindon Williams and Partners - Wellside Surgery

Wellside surgery is a practice situated in Sawtry, Cambridgeshire. It is contracted to provide general medical services to approximately 7,400 registered patients.

According to information taken from Public Health England, the practice population has a smaller percentage of patients aged 20 to 35 and a higher proportion of patients aged 40 to 74 in comparison to the national average for practices in England. The practice has a lower level of deprivation compared to the local CCG and national averages. Income deprivation levels affecting older people and children are lower than the national average.

The practice clinical team at the time of inspection consisted of six GP partners (two male, three female) with the retirement of one male partner due two weeks after our inspection. There was also one salaried GP, three practice nurses and one healthcare assistant. They are supported by a practice manager, a managerial assistant, a secretary and seven receptionists / administrators (three of whom also work as dispensers and one as secretary). The practice has a dispensary and can dispense medicines to patients registered with them who live more than one mile from a pharmacy.

The practice was open from 8am to 6pm and offered appointments from 8.30am to 12pm and from 3pm to 5pm, Monday to Friday. On alternate Mondays and Tuesdays the practice offered appointments between 6pm and 8pm. Out-of-hours care was provided by Herts Urgent Care via the NHS 111 service. Appointments with GPs and nurses could be booked four weeks in advance.

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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 December 2016. During our visit we:

Detailed findings

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a 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 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). But when we reviewed incident recordings we saw that rationales for actions taken as a result were not always clearly recorded. Staff we spoke with were able to verbally confirm what actions had resulted from various significant events, but records were not consistently detailed enough to allow for effective reflection.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not carry out any regular (for example, annually) analysis of the significant events to identify trends and make changes when necessary.
- Significant events were discussed at regular weekly meetings.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading patient safety alerts, such as those from the MHRA.

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 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 and always shared information where necessary for other agencies. When we reviewed minutes from these meetings we noted that these did not consistently provide continuous recordings of the action points discussed at the meetings. However, the practice also held weekly safeguarding updates at partner meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Only nurses acted as chaperones 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 clean and tidy. A GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit. There were also some action points outstanding. For example, it was noted that some sinks needed to be replaced. The practice had sought further advice on this and was informed it could be addressed when further building work would be undertaken. The other outstanding points were aligned with this.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Requires improvement

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The waiting room was directly overseen by reception.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as asbestos, control of substances hazardous to health, infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that appropriate actions were in place to address findings from the most recent certificate.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Medicines management

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. The practice had conducted quality assurance of their dispensing service to show good outcomes for patients. Dispensing staff were appropriately qualified, were provided on-going training opportunities and had their competency annually reviewed.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There were a variety of ways available to patients to order their repeat prescriptions and there were arrangements in place to provide medicines in compliance aids and a weekly delivery service for some vulnerable patients.
- Repeat prescriptions were not consistently signed by GPs before they were given to the patient. We saw that the practice kept the unsigned prescriptions in a dedicated safe location and that these were signed at the end of the day. The practice informed us they would amend this practice immediately, acknowledging thatrepeat prescriptions required signing before the medicines were issued.
- Dispensary staff, responsible for generating and issuing repeat prescriptions, were aware that certain medicines require special checks before issuing the medicine to the patient and we saw that these checks were carried out for example, checking the latest blood test date for patients on high risk medicines.
- Blank prescription forms were recorded and tracked through the practice. Secure arrangements were in place for prescription forms and medicines held in the dispensary. Records showed medicine refrigerator temperature checks were carried out which ensured medicines requiring refrigeration were stored at appropriate temperatures. Arrangements were in place to check medicines stored within the dispensary areas were within their expiry date and suitable for use but this required improvement. The practice informed us they carried out ad hoc checks on expiry dates but we did not see evidence of regular checks.b.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. Weekly controlled drug checks were carried out. There were arrangements in place for the destruction of controlled drugs. Members of dispensary staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- We saw a positive culture in the practice for reporting and learning from medicine related significant events. Dispensing errors were logged, reviewed to monitor trends and appropriate actions were taken to prevent similar errors occurring. However, when near misses occurred (an event not causing harm, but has the potential to cause injury or ill health), the practice did not maintain records containing sufficient details to allow for effective reviewor learning from these events.

Arrangements to deal with emergencies and major incidents

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

Requires improvement

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were accessible to staff in a secure area of the practice, although one of the receptionists could not show us where these were kept, other staff were aware. All the medicines we checked were in date.
- 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.
- 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.

Good

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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. But the practice did not have a consistent system in place to keep all clinical staff up to date or that allowed for effective auditing of guidance dissemination. We reviewed records to ensure guidelines were instigated and saw this took place, for example for recent guidance on cancer treatment.

All staff we spoke with were aware of the latest NICE guidance and updates but were expected to remain up to date individually. When we fed this back to the practice they immediately added it as a standard agenda item for their weekly clinical meetings.

- The practice monitored that these guidelines were followed through risk assessments, clinical audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programs to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 99% of the total number of points available, with 18% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015/2016 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease (COPD), dementia, diabetes, epilepsy, heart failure, hypertension, learning disability, mental health, osteoporosis: secondary prevention of fragility fractures, palliative care, peripheral arterial disease, rheumatoid arthritis and secondary prevention of coronary heart disease indicators were better or the same in comparison to the CCG and national averages.
- Performance for depression related indicators was lower compared to the CCG and national average. With the practice achieving 83%, this was 10% below the CCG average and 9% below the national average. The practice noted their awareness regarding their performance for this indicator and had installed a mechanism by which clinicians used depression coding appropriately and scheduled timely reviews. The practice informed us they would continue to try and improve clinician's awareness in this area.
- Performance for stroke and transient ischaemic attack related indicators was lower compared to the CCG and national average. With the practice achieving 92%, this was 6% below the CCG average and national average.
- Exception reporting for hypertension related indicators was higher (9%) than the local (4%) and national (4%) averages. When we reviewed this with the practice we noted that the practice had considered medication that had been tried before and the side effects that the patients experienced. Only if the practice could not add any additional medication the patient would be excepted. The practice told us patients would still be followed up six monthly to monitor the treatment that they were on and to assess their blood pressure .
- Exception reporting for chronic kidney disease related indicators was higher (16%) than the local (8%) and national (8%) averages.
- Exception reporting for diabetes related indicators was higher (24%) than the local (13%) and national (11%) averages. When we reviewed this we noted that the practice operated according to current NICE guidelines and tailored treatment to the individuals.

When we reviewed the raised exception reporting we noted that patients were excepted appropriately and that appropriates invites had been sent out where required.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. A variety of clinical audits had been completed. For example, the practice had recognised that all patients taking bisphosphonates who are not at high risk of osteoporosis should have their treatment reviewed after five years. The audit indicated that there were 100 patients at the practice

Good

Are services effective?

(for example, treatment is effective)

on bisphosphonate treatment, of which 34 were on treatment for longer than five years. Of these 16 were on treatment longer than five years and not at high risk of osteoporosis. These 16 patients were invited to attend a review of their treatment. On re-audit two years after the initial audit there were 18 patients on treatment for longer than five years, of which four were on treatment longer than five years and not at high risk of osteoporosis. These four patients were invited for a medication review.

The practice stated that the audit had raised awareness of long term bisphosphonate prescribing amongst all doctors in the practice. A number of patients had already been reviewed and treatment stopped between the two stages of this audit. As a result of the audit the number of patients on long-term treatment, who were found to need review, was more than halved.

We also reviewed an annual audit on contraceptive implants which concluded that the practice would endeavour to review and improve counselling to patients prior to fitting any implants. With the aim to improve continuation rates.

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 topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programs, for example by access to online resources and discussion at practice meetings.
- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal in the past 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.

The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 77%, which was in line with

Good

Are services effective?

(for example, treatment is effective)

the local average of 74% and the national average of 72%. Exception reporting for this indicator was 2% which was below the local average of 8% and the national average of 6%.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programs for breast and bowel cancer screening. 2014/15 data indicated that the breast cancer screening rate for the past 36 months was 74% of the target population, which was in line with the CCG average of 74% and the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 61% of the target population, which was slightly above the CCG average of 59% and national average of 58%.

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 in 2015/2016 ranged from 91% to 97% compared with the local averages of 92 to 95%; and five year olds from 87% to 99% compared with the local averages of 88 to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had undertaken 119 health checks since April 2016 from 349 invites.

Good

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. The front desk did not provide sufficient confidentiality with the waiting room being within earshot. The practice had noted these concerns before we raised them but explained their options to improve were limited due to the layout of the building.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards, 14 of which were positive about the standard of care received. Patients felt that they were treated with care and concern and that the practice provided a friendly, professional and helpful service, praising both individual members of staff and the practice as a whole. One comment card raised concerns regardinglong appointment waiting times. Other feedback from the comment cards we received was positive.

We spoke with four patients during the inspection. All patients we spoke with said the care they received was good and that they were involved with the decision making process for their treatment. They also told us that staff were kind, friendly, caring and approachable.

Results from the National GP Patient Survey published in July 2016 were mostly comparable to local and national averages for patient satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 84% of patients 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%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 91% 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%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 137 patients as carers (approximately 2% of the practice list). Written information was available in the waiting room to direct carers to the various avenues of support available to them.

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

Good

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.

- There were longer appointments available for patients who required one.
- 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.
- There were disabled facilities and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were also displays providing information on cancer.

Access to the service

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the local and national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 53% of patients said that they got to see or speak to their preferred GP, compared to the local and national average of 59%.

The practice was open from 8am to 6pm and offered appointments from 8.30am to 12pm and from 3pm to 5pm, Monday to Friday. On alternate Mondays and Tuesdays the practice offered appointments between 6pm and 8pm. Out-of-hours care was provided by Herts Urgent Care via the NHS 111 service. Appointments with GPs and nurses could be booked four weeks in advance.

Out-of-hours care was provided by Herts Urgent Care via the NHS 111 service. Appointments with GPs and nurses could be booked four weeks in advance.

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. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated, or were ongoing, and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development.

Verbal complaints were also recorded.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which included the intentions to "provide need led patient care, understanding patient needs" and to "continue to foster teamwork".

The practice had an effective strategy which reflected the vision and values. The practice took account of local influences in their business planning, for example the addition of new housing in the area.

There was a proactive approach to succession planning in the practice. The practice had recently recruited a new salaried GP, with the aim for them to become a partner in six months, in response to the imminent retirement of one of the GP partners.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a list of policies and procedures in place to govern its activity, which were readily available to all members of staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly. The intranet system through which these were accessible was somewhat outdated, but the practice had obtained use of a new and improved system that would be live before April 2017.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness. Many of the staff had been at the practice for long periods of time.

Communication across the practice was structured around regular clinical, administration and practice meetings. Multidisciplinary team meetings were also held regularly. We found that the quality of record keeping within the practice was acceptable but would benefit from improvement, with records required by regulation for the safety of patients being detailed, maintained, up to date and accurate. Improvement was needed to ensure minutes from meetings, predominantly for safeguarding, contained information on decision making processes and related actions that were taken.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice, and the practice manager, demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP and practice manager were approachable, friendly and supportive. There was a dedicated mentor GP for the nursing team.

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

There was an active patient participation group (PPG) which was managed virtually. Meetings were not held regularly but the practice provided a monthly newsletter containing clinical guidance, information about other services and information about flu vaccinations amongst others. We spoke with two representatives of the PPG. The PPG commented that they knew how to raise a complaint and that the staff were very friendly and helpful. The members also commented that they felt the care they received was good, with specialist staff providing good

Are services well-led?

Good

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

treatment for chronic conditions. They felt involved in the decision making processes in their care and felt understanding towards the increasing challenges for the practice with the addition of new housing in the area.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

Continuous improvement

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

The practice proactively invited health promotion services into the practice so that these services could make use of the facilities free of charge, at the same time providing improved access for local patients and residents.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment In line with Regulation 12 (2)(g) the proper and safe management of medicines, repeat prescriptions and all prescriptions for Controlled Drugs must be signed by a prescriber before being the medicine is given to the patient.