

St Neots Health Centre (Malling Health)

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the St Neots Health Centre and Walk In Centre on 18 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed but there was room for improvement.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff received training needed to provide them with the skills, knowledge, and experience to deliver effective care and treatment. Improvement was needed in the clinical support and guidance for the health care assistant.
- Patients said they were treated with compassion, dignity and respect.

- Information about services and how to complain was available and easy to understand.
- 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 provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure safeguarding concerns are recorded appropriately within electronic clinical records.
- Whilst patient group directions were signed, there was scope to ensure that the paper audit trail was comprehensive for all registered nursing staff.
- Ensure infection control arrangements are effective and monitored on a regular basis.
- Ensure that immunisation status of staff is risk assessed.

Summary of findings

- Proactively support and encourage patients who may be at risk of bowel or breast cancer to attend for screening.
- Ensure that sufficient clinical support is in place for nurses and health care assistants.
- Ensure that locum staff are involved and can influence improvement plans across the service.

The areas where the provider must make improvement are:

- Assess and mitigate the potential risks around turning patients away from the walk in centre (due to contractual restrictions).

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse but improvement was required. We noted that there was a lack of clarity on how safeguarding concerns were displayed within the electronic clinical record and who was responsible for entering such concerns.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice maintained appropriate standards of cleanliness and hygiene but we found that improvement was needed for some areas of infection control.
- The practice had a process in place to ensure that staff received and cascaded safety alerts.
- Patient group directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation but when we reviewed these we noted that there was a small amount of PGDs that were not signed by nurses who potentially used them. Nurses that are not prescribers must operate under a PGD when administering medicines.

Requires improvement



Are services effective?

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

- Data from the 2015/16 Quality and Outcomes Framework (QOF) showed that the practice had achieved 98% of the total number of points available. This was 3% above the local average and 3% above the England average. The practice reported 20% exception reporting, which was 10% above CCG and 11% above

Requires improvement



Summary of findings

national average (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).

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Results from the National GP Patient Survey published in July 2016 were in line with CCG and national averages for patient satisfaction scores, but patients rated the practice higher than others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 (approximately 1%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them and there was an information point for carers in the waiting room.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group.
- Some patients said they found it easy to make an appointment with a named GP, however others did not. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients
- There was a clear leadership structure and staff we spoke with 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.
- The administration and GP teams in the practice each had their own lead individual but there was no lead individual for nursing staff.
- The provider was aware of, and complied with, the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was scope for the practice to ensure that the weekly threshold for seeing patients did not impact on delivery of care. The practice must raise this with their commissioning bodies.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Requires improvement



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 was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure amongst others, were either in line or above local and national averages.
- The practice worked closely with local admissions avoidance services.

Requires improvement



People with long term conditions

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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). Performance for 2014/15 diabetes related indicators was 100%, which was 10% above the CCG average and 10% above the national average.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Staff explained that children attending the walk in centre would be seen as a priority. However, we saw evidence that indicated that this approach had failed at least once in the past. Actions taken as a result appeared to have been effective and all staff confirmed that this was the case.
- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2015/16 data was 86% which was above the local and England averages. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Regular meetings were held with these external service providers.

Requires improvement



Working age people (including those recently retired and students)

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.
- Appointments were available from 8am till 8pm during weekdays. The walk in centre was open from 8am to 9am and between 6pm and 8pm on weekdays, and between 9am and 4pm at the weekend.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 18 registered patients with a learning disability, of which seven had a care plan and review in the past 12 months. Records indicated that one patient had declined attendance and that a review was overdue by two weeks for another patient. We saw evidence that indicated that invites to attend a review were sent to patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were proactively identified and signposted to local carers' groups. The practice had identified 53 (approximately 1%) patients as carers.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had 11 registered patients with dementia, of which eight required an annual review. Of these, five had received an annual review in the last 12 months. For the three patients that had not received a care plan review we noticed that they had been seen for either a medication review or general care and that the patients' situation was not always suitable to undertake an annual review.
- The practice had 39 registered patients experiencing poor mental health, of which 24 required an annual review. Of these, 19 had received an annual review in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

- 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 was performing in line with local and national averages. 291 survey forms were distributed and 107 were returned. This represented a 37% completion rate.

- 91% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

We received 19 Care Quality Commission comment cards, of which 14 were positive about the service experienced. The comments stated that the patients felt the practice offered a good service, had good access to appointments and that staff were friendly and caring. There were also five cards that were positively inclined but referred to difficulties in obtaining appointments. We spoke with three patients, whose comments were in line with the positive comment cards.

The practice had an active PPG with six members; we spoke with one member on the day of the inspection. The practice had found it difficult to encourage a diverse membership due to its population demographics. The PPG was advertised on the practice's website and in the waiting room. The PPG representative we spoke with explained they were very pleased with the practice and had no specific concerns. Regular meetings were held with a dedicated staff member and they were actively involved in annual fund raising events, from which the funds were reinvested back in to local charities.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Assess and mitigate the potential risks around turning patients away from the walk in centre (due to contractual restrictions).

Action the service **SHOULD** take to improve

- Ensure safeguarding concerns are recorded appropriately within electronic clinical records.
- Whilst patient group directions were signed, there was scope to ensure that the paper audit trail was comprehensive for all registered nursing staff.

- Ensure infection control arrangements are effective and monitored on a regular basis.
- Ensure that immunisation status of staff is risk assessed.
- Proactively support and encourage patients who may be at risk of bowel or breast cancer to attend for screening.
- Assess and mitigate the potential risks around turning patients away from the walk in centre (due to contractual restrictions).
- Ensure that sufficient clinical support is in place for nurses and health care assistants.
- Ensure that locum staff are involved and can influence improvement plans across the service.

St Neots Health Centre (Malling Health)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a nurse specialist adviser and a practice manager specialist adviser.

Background to St Neots Health Centre (Malling Health)

St Neots Health and Walk In Centre is situated in the centre of St Neots, Cambridgeshire.

The health centre and walk in centre are part of Malling Health, which is part of Integral Medical Holdings. The health centre provides services for approximately 5,600 patients. The walk in centre was commissioned to see 231 patients per week. It holds an Alternative Provider Medical Services contract with NHS Cambridgeshire and Peterborough.

Approximately 34% of the patient population is aged 17-34 and approximately 31% is aged 35-54, patients aged 55 and over represent 14% of the population. The remaining 21% is aged below 16. This incorporates a considerably higher proportion of patients aged 20-44 compared to the practice average across England.

The practice has two salaried GPs (one male and one female) and locum GPs.

There is one employed health care assistant; all other nursing staff are locum staff, most of whom work at the practice regularly. A new nurse practitioner is due to commence employment in January 2017. There is also a clinical pharmacist active in the practice.

The clinical team were supported by a regional manager, a practice manager, a reception/admin manager and a team of reception and administration staff.

At the time of the inspection other practices in the area had closed their patient lists and therefore new patient registrations were taken by the St Neots Health Centre. This had led to a considerable increase in list size in recent times. The practice informed us there were no plans for them to close their list and their business plan indicated a target of 6,000 patients by March 2017. For which they were on target.

The practice is open from 8am till 8pm, Monday to Friday.

The walk in centre is open for anyone entitled to NHS services, whether registered with the practice, another GP practice or not NHS registered at all. They also provide services to overseas visitors. This is open between 8am and 9am and between 6pm and 8pm Monday to Friday, and between 9am and 4pm over the weekend. During April 2015 to April 2016 the walk in centre saw 11,088 patients and was commissioned for 12,012 patients. Out-of-hours services were provided by Herts Urgent Care.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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 18 October 2016. During our visit we:

- 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 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.

Are services safe?

Our findings

Safe track record and learning

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

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. 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. Individual reviews were undertaken on significant events and complaints for the practice and walk in centre combined but the practice did not differentiate between the two services. They advised us that going forward this would be undertaken in order to ensure more effective oversight of each service.
- Staff told us they would inform their line manager of any incidents either verbally or electronically. We saw that managers investigated incidents immediately if required and shared these at weekly or monthly meetings. Incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice reviewed any incidents requiring further attention at regular meetings but we did not see evidence that annual reviews were undertaken to identify trends.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with.

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. Safeguarding policies were accessible to all staff. These arrangements reflected relevant legislation and local requirements. However, when we reviewed the safeguarding policy for children we found that this originated from corporate provider level and although its content was up to date, the policy was too generic and there was no mention of who the practice's safeguarding lead was. However staff verbally confirmed they knew who this was. Safeguarding protocols providing further details and guidance were available, but these were not incorporated within the policy. There were notices throughout the practice informing staff and patients of which staff member undertook which lead role, including safeguarding leads. There was a lead GP for safeguarding and GPs were trained to child safeguarding level 3. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies or healthcare professionals (for example, health visitors and school nurses). Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We did note that there was a lack of clarity on how safeguarding concerns were displayed within the electronic clinical record and who was responsible for entering such concerns.
- A notice 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 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 but we found that improvement was needed for some areas of infection control. We observed the premises to be clean and tidy. There was regional (provider level) infection control lead who liaised with the local authority infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had

Are services safe?

received training. We saw evidence that some actions were taken to address any improvements identified as a result of infection control audits. For example, a handwashing audit was done, although the result of this was inconclusive. We also found that there were no Control of Substances Hazardous to Health (COSHH) risk assessments on site. The practice manager explained that these were with the external cleaning company and ensured the risk assessments were on site the day after our inspection. We found spillage kits that were out of date and these were replaced immediately.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice employed a clinical pharmacist who provided specialist support and knowledge. Prescription pads were securely stored and there was a system in place to monitor and track their use. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Since the introduction of the clinical pharmacist in July 2016 the practice had seen significant improvement in the quality and number of medication reviews. Patient group directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation but when we reviewed these we noted that there was a small amount of PGDs that were not signed by nurses who potentially used them. Nurses that are not prescribers must operate under a PGD when administering medicines. The practice informed us shortly after the inspection that this had been addressed, of which we saw evidence.
- We reviewed a number of personnel files and found all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Although immunisation status for staff was presented there was no risk assessment recorded for those staff for whom no status was deemed required. When we reviewed locum staff files we found that appropriate information was kept in the files we reviewed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place and premises related risk assessments were undertaken. The practice had up to date fire risk assessments, carried out regular fire alarm tests. There were clear directions of what to do in the event of a fire. There were emergency buttons on the computer to raise an alarm.
- All electrical equipment was checked 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 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 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there was a wide range of emergency medicines available. Emergency medicines were accessible and all staff knew of their location. All the emergency medicines we checked were in date and stored securely. A defibrillator was available on the premises and oxygen with adult and children's masks.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

Due to local unforeseen circumstances the practice's list size had seen a considerable increase in recent times. The practice informed us there were no plans for them to close their list and their business plan indicated a target of 6,000 patients by March 2017. For which they were on target.

The walk in centre operated under a commissioned agreement to see 231 patients a week, equivalent to 12,012 a year. In 2015-16 11,088 patients were seen.

There were no key performance indicators in place between the local CCG and the walk in centre. If the centre had seen 231 patients before a week had passed they turned people away advising them to see their own GP or attend the local Accident and Emergency department. Staff informed us that they never turned acutely ill people or children away and these would be seen regardless. We saw no evidence that contravened this statement, but nor was the practice able to provide us with information or an audit of the patients that could not be seen at the walk in centre due to contractual restrictions. The practice must assess and mitigate the risks around turning patients away from the walk in centre.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most

recent published results showed that the practice had achieved 98.4% of the total number of points available. This was 2.9% above the local average and 3.1% above the England average.

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, diabetes mellitus, epilepsy, heart failure, hypertension, learning disability, mental health, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.

The practice reported 20% exception reporting, which was 10% above CCG and 11% above national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice proactively invited patients for recalls and reviews three times a year, but did not actively pursue patients if there was no response after the third attempt. The practice did not undertake further reviews on patients who were excepted nor did they review why the exception rates were so high. The practice was dealing, and had recently dealt with, a considerable influx of new patients due to practice list closures at other practices in the area. The practice was also heavily reliant on locum staff due to existing recruitment challenges. The practice explained that this may have affected coding on rare occasions, in turn affecting QOF and exception reporting. The practice informed us that they would ensure clear guidance was available and reiterated to all locum staff.

The practice also explained that engagement with certain patient groups had proved difficult during a time of instability for the clinical team, for example young diabetic patients. The practice manager explained that the practice was seeking to resolve this going forward by looking at different ways of engaging with these specific groups to improve outcomes and reduce exceptions.

Clinical audits were carried out to demonstrate quality improvement and relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of audits that the practice had undertaken. We saw evidence of ten audits of which three were two cycle

Are services effective?

(for example, treatment is effective)

audits. For example, a two cycle audit in June and September 2016 on patients over the age of 65, with previous history of peptic or gastric ulcer with various conditions (such as ischaemic heart disease and hypertension) and whether these patients were on an appropriate dose of aspirin and also on some form of gastric protection.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However the healthcare assistant would benefit from more consistent clinical support.

- The practice had an induction programme for all newly appointed staff. It included role specific training on various elements of the different roles including safeguarding, health and safety and confidentiality.
- 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 and nurses. Staff we spoke with confirmed this took place and told us they had ample development opportunities. We were told that if staff undertook training in their own time the practice reimbursed them. Most of the staff informed us they felt well supported but due to the practice not having any employed nurses (locums only) the health care assistant did not have the clinical support in place that was appropriate for their role. We noted that a regular locum nurse provided as much support as possible.
- Staff had access to the practice's mandatory learning, and made use of, e-learning training modules, in-house and external training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We

saw evidence of good systems in place for dealing with all letters, faxes, test results and electronic communications such as clinic and hospital discharge letters.

- 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

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.

The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2015/16 data was 86%, which was above the local and England average of 80%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.

The practice encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36

Are services effective?

(for example, treatment is effective)

months was 62% of the target population, which was lower than the CCG average of 74% and national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 52% of the target population, which was below the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given to under twos during 2015-16 ranged from 90% to 100% and for five year olds from 86% to 94%. These were both generally in line with, or above, local and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made.

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.

We received 19 Care Quality Commission comment cards, of which 14 were positive about the service experienced. The comments stated that the patients felt the practice offered a good service, had good access to appointments and that staff were friendly and caring. There were also five cards that were positively inclined but included comments around difficulties obtaining appointments.

The PPG representative we spoke with explained they were very pleased with the practice and the care that they and other PPG members had received.

Results from the National GP Patient Survey published in July 2016 were generally in line with CCG and national averages for patient satisfaction scores. For example:

- 85% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% 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%.
- 88% 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%.
- 82% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice manager explained their awareness of the below average scores on nurse consultations and explained that they had undergone unsuccessful recent recruitment drives to try and address consistency in the nursing team. There were plans in place for some permanent nursing staff to commence in January 2017.

Care planning and involvement in decisions about care and treatment

We spoke with three patients who all told us they felt listened to, supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey published in July 2016 showed patients generally responded in line with, or just below, average to questions about the involvement in planning and making decisions about their care and treatment. For example:

- 82% 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%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 79% 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 highlighted their awareness of the below average Patient Survey scores on nursing related questions. There were no employed nurses active in the practice at the time of the inspection; all nurses were locums, albeit some of them regular.

The practice had introduced actions that included the recruitment of new nurses and to raise awareness amongst all nurses about the feedback, with the aim to improve it.

During our inspection we were informed that a nurse practitioner was due to start in January 2017. Recent recruitment drives had not returned any successful applicants

Are services caring?

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. 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 53 (approximately 0.9%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them and there was an information point for carers in the waiting room.

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 with a learning disability.
- Home visits were available for older patients and patients who had clinical needs that meant they had difficulty attending the practice.
- Telephone consultations were available for patients.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- If appointments overran and there was no bus service available the practice had paid for patients' taxis in the past.
- There were disabled facilities and translation services available.
- Online appointment booking, prescription ordering and access to medical records was available.
- The practice offered extended hours appointments between 8am and 9am and between 5pm and 8pm on weekdays; the walk in centre was open between 9am and 4pm during weekends. Out-of-hours services were provided by Herts Urgent Care.
- 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.
- A system of initial assessment was used to assess walk-in patients and ensure they had attended the correct service. Reception staff asked patients what their concern was and prioritised them on the basis of their need. For example, children were prioritised for an appointment.
- The practice hosted external services and clinics on a regular basis to aid access for people using these services. For example, ultrasound services, abdominal aortic aneurism clinics and monthly rape crisis clinics.

Access to the service

The practice was open from 8am till 8pm, Monday to Friday. The walk in centre was open for anyone entitled to

NHS services, whether registered with the practice, another GP practice or not NHS registered at all. They also provide services to overseas visitors. This was open between 8am and 9am and between 6pm and 8pm Monday to Friday and during weekends the walk in centre was open from 9am to 4pm.

Telephone consultations were available for patients that wished to use this service.

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

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 91% 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%.
- 73% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 65% and the national average of 65%.
- 84% of patients describe their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 53% of patients usually get to see or speak to their preferred GP compared to the CCG average of 59% and the national average of 59%.

We saw 2015-16 data that indicated the walk in centre had seen 11,088 patients during that year. Since April 2016 the walk in centre had seen 6,006 patients.

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. The practice reviewed the complaints at regular meetings and we saw evidence that annual reviews were undertaken to identify trends. The practice did not differentiate whether complaints originated from the walk in service or the health centre. Several complaints were related to the attitude of a couple of locum staff and we saw responses to patients that included personal apologies

Are services responsive to people's needs? (for example, to feedback?)

of the staff involved. The practice informed us that for those involved they had seen a marked difference in their behaviour and had not received any further complaints regarding their attitude.

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 and responded to in a timely and empathetic manner. There was a system in place for staff to learn from complaints through discussion at regular meetings or via direct feedback.

Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients:

- The practice's aims and objectives included that they aimed 'to provide high quality, safe, professional primary health care general practice to their patients', to 'be a learning organisation that continually improves what they were able to offer patients' and 'treat patients as individuals and with the same respect they would want for themselves'. There were ten further aims which included a focus on communication, staff support and working with other services.
- The practice had a strategy and supporting business plans which reflected the vision and values which were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which on the whole supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a staffing structure and rota planning and staff were aware of their own roles and responsibilities. The administration and GP teams in the practice each had their own lead individual but there was no lead individual for nursing staff.
- The GPs were supported to address their professional development needs for revalidation. Although the practice had no employed nurses, as these were all locum (albeit some of these being regular), the practice did have a health care assistant and we found that support for this member of staff was not evident from a nursing point of view. The health care assistant was in the process of undertaking a NVQ level three qualification and was supported through this. We did not see any evidence that locum nurse practitioners were receiving supervision for continuous professional development of their clinical practice or their prescribing to aid their development and learning and were not included in clinical meetings. When we raised this with the practice they informed us a nurse practitioner was due to start in January 2017 who would be able to lead the nursing team. The practice also advised that from November 2016 the provider would

have a director of nursing in post who would be able to provide advice and support and ensure all training and appraisals are completed. In the meantime the practice would ensure that GPs provided sufficient support and increase their efforts in involving locum staff in clinical meetings.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. But there was need for improvement and we saw evidence that the practice reacted immediately to some of our findings. For example, immediate replacement of spillage kits.

Leadership and culture

The salaried GPs and managers in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The lead staff were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff.

We saw evidence, and staff told us that various regular team meetings were held. Staff explained that they had the opportunity to raise any issues at these meetings, were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the management in the practice. Staff explained they adopted a no blame culture to ensure learning of incidents, complaints and other events would take place. We saw evidence to support this, for example minutes of meetings where serious events were discussed and learning shared. However, there was little evidence to indicate that locum staff were regularly involved in these processes. There was a need to review the ways in which locum staff were able to influence improvement planning and remain up to date with practice issues, especially as all nurses at the practice were locums and a large number of GP hours were covered by locum GPs. We saw that policies and procedures could be accessed on the practice's intranet with instructions on how to access these. Meeting minutes were available for staff that had not attended meetings. The practice manager was also available on site in case locums requested any support.

Following the inspection the provider's medical director of education informed us that they had historically struggled to engage with temporary locums in clinical decision making processes as these often showed a lack of interest in practice's clinical development. They went on to explain

Are services well-led?

Requires improvement 

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

that they tried to offer permanent positions to GPs where possible and that a regional medical director (an experienced GP) and a regional manager were available for pastoral support.

The provider was aware of, and had systems in place to ensure, compliance with the requirements of the duty of candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The lead staff encouraged a culture of openness and honesty.

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. A notice board in the reception area encouraged PPG involvement.

The practice had an active PPG with six members; we spoke with one member on the day of the inspection. The practice had found it difficult to encourage a diverse membership due to its population demographics. The PPG was advertised on the practice's website and in the waiting room. The PPG representative we spoke with explained

they had no concerns. Regular meetings were held with a dedicated staff member and they were actively involved in annual fund raising events, from which the funds were reinvested back in to local charities.

The practice had 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.

Continuous improvement

The practice employed a clinical pharmacist who was available to resolve day-to-day medicine issues, assist in managing long term conditions, carry out medication reviews, prescribe medicines, audit practice prescribing and act as port of call for medicine related queries.

The practice had proactively reviewed its processes in response to patient survey data. The practice highlighted their awareness of the below average National GP Patient Survey scores on nursing related questions.

The practice had introduced actions that included the recruitment of new nurses and to raise awareness amongst all nurses about the feedback, with the aim to improve it.

During our inspection we were informed that a nurse practitioner was due to start in January 2017. Other recruitment drives to the date of inspection had not returned any successful applicants

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider must assess and mitigate the potential risks around turning patients away from the walk in centre (due to contractual restrictions).