

Hanscombe House Surgery

Quality Report

52A St Andrew Street
Hertford, Hertfordshire
SG14 1JA

Tel: 01992 582025

Website: www.hanscombehousesurgery.nhs.uk

Date of inspection visit: 15 December 2015

Date of publication: 10/03/2016

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Hanscombe House Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hanscombe House Surgery on 15 December 2015. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Risk assess a member of the non-clinical practice team and determine whether or not a Disclosure and Barring check is required.
- Develop an effective system to assess and manage risks to patients receiving high risk medicines.

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. The practice did not have an effective system in place to assess and manage risks to patients receiving high risk medicines. The practice had not risk assessed a member of the non-clinical practice team to determine whether or not a DBS check was required. Safety alerts and updates were recorded and circulated and 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 there were unintended or unexpected safety incidents, people received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. Arrangements were in place for the practice to respond to emergencies. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. The practice was proactive in ensuring staff learning needs were met. Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs

Good



Are services caring?

The practice is rated as good for providing caring services. The national GP patient survey results published in July 2015 ranked the practice above average compared to local and national averages for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the

Good



Summary of findings

NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had signed up to the CCG led winter resilience scheme and provided extra appointments, both in hours and out of hours. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local accident and emergency unit. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice had renovated their waiting room, provided an information screen and newsletter, improved their website and held local health promotion events. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available on 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Staff were clear about their responsibilities. Although the practice had a mission statement, some staff were not aware of it. There was an overarching governance framework which supported the delivery of good quality care. The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and we saw many positive examples to demonstrate how patients' choices and preferences were valued and acted on. There was a strong focus on continuous learning and improvement at all levels. One of the GP partners participated in research projects as a member of the National Institute for Health Research. This is a Department of Health funded organisation in place to improve the health and wealth of the nation through research.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for dementia and end of life care. Weekly visits to a local nursing home were carried out by GPs and treatment provided for minor ailments. The practice also provided emergency visits to the home. The practice was responsive to the needs of older people, and offered home visits and urgent appointments as and when needed. The practice had completed 364 health checks for patients aged over 75 since October 2014, which was nearly 50% for this population group. Flu vaccination rates for patients aged over 65 were higher than the national average.

Good



People with long term conditions

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. Performance for diabetes related indicators was comparable with the local Clinical Commissioning Group (CCG) and national averages. The practice nurse held an annual meeting with the local specialist in diabetes to review the practice caseload. Longer appointments and home visits were available when needed. The practice had an appointment recall system in place and worked closely with the local out of hours service. All patients with a long-term condition had a named GP and for those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. The practice's uptake for the cervical screening programme was 82% which was in line with the national average of 82%. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered a range of family planning services and the GPs also provided ante-natal and post-natal care. The midwife

Good



Summary of findings

from the local NHS trust held regular clinics at the practice. The practice worked closely with the local hospital to promote weekly baby clinics held for patients at the local hospital for child development checks and immunisations.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). 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. It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. The practice was proactive in offering online services such as appointment booking and repeat prescriptions services, as well as a full range of health promotion and screening that reflects the needs for this age group. It offered an appointment reminder text messaging service and appointment times were offered on two Saturdays each month between 8am and 11.30am.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and annual health checks for people with a learning disability. The practice held a register of carers, two staff members were nominated as carer champions and were proactive in offering health checks, flu vaccinations and information and advice about local support groups and services. Interpreter services were available to patients whose first language was not English and a deaf interpreter service was also available. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff had received safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 96% of people diagnosed with dementia had had their care reviewed in a

Good



Summary of findings

face to face meeting in the last 12 months. Performance for mental health related indicators was better than the local and national average. The practice had a lead GP for patients experiencing poor mental health and offered regular reviews and same day contact. Patients were referred to a counselling service which offered up to six sessions per patient. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Staff understood how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

We looked at the national GP patient survey results published in July 2015. The results showed the practice was performing above local and national averages. 265 survey forms were distributed and 111 were returned, the completion rate was 42%.

- 97% found it easy to get through to the surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 91% found the receptionists at the surgery helpful (CCG average 83%, national average 87%).
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 98% said the last appointment they got was convenient (CCG average 90%, national average 92%).
- 85% described their experience of making an appointment as good (CCG average 65%, national average 73%).

- 67% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided as excellent. A carer commented on how helpful, understanding and supportive staff had been and described how they were able to speak to doctors and staff as and when they needed to. Patients commented on how clean the practice was and how satisfied they were with the reception staff and quality of care provided by the doctors and nurses.

We spoke with four patients and three members of the patient participation group (PPG) during the inspection (a PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). All seven people said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

Risk assess a member of the non-clinical practice team and determine whether or not a Disclosure and Barring check is required.

Develop an effective system to assess and manage risks to patients receiving high risk medicines.

Hanscombe House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hanscombe House Surgery

Hanscombe House Surgery provides a range of primary medical services, including surgical procedures, from premises at 52A St Andrews Street, Hertford, Hertfordshire, SG14 1JA. The practice has approximately 9727 patients and provides services under a general medical services contract. The clinical team consists of five GPs, all five GPs are partners. GP hours amount to 4.6 whole time equivalent (WTE), one WTE is nine clinical sessions per week for each GP. Three GPs are male and two GPs are female. There are four practice nurses and one healthcare assistant.

The practice serves a below average population of those aged from 15 to 34 years. There is a higher than average population of those aged between 35 to 59 years. The population is just over 96% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice is open to patients between 8.30am and 6pm Monday to Friday. Appointments with a GP are available from 8.30am to 11.30am and from 2pm to 6pm Monday to Friday. Weekend appointments are offered from 8am to 11.30am on two Saturdays a month. Emergency appointments are available daily with the duty doctor or nurse practitioner. A telephone consultation is also

available for those who need urgent advice. Home visits are available to those patients who are unable to attend the surgery and the practice is also able to offer home visits via the Acute In Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital. The out of hours service is provided by Hertfordshire Urgent Care via the NHS 111 service.

The practice had failed to make us aware of their current partnership arrangements, as required under the CQC (Registration) Regulations 2009. The practice is in the process of taking steps to ensure their registration with us is accurate.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 15 December 2015. During our inspection we:

Spoke with three GPs, one practice nurse, one healthcare assistant, the practice manager, the reception manager, a secretary and one receptionist. Spoke with four patients, three members of the PPG and observed how staff interacted with patients. Reviewed the PPG improvement plan and annual report. Reviewed 32 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Senior staff understood their roles in discussing, analysing and learning from incidents and events. The practice carried out a thorough analysis of their significant events. Staff would complete a significant event record form. The form would be discussed at a partner meeting, which took place weekly, and information and learning would be shared and discussed at practice nurse, administration and reception team meetings.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example following an incident, the practice had reviewed the system used by GPs to dictate patient referral letters so these were received by the receptionists and processed in a timely way.

Safety alerts and updates were recorded and distributed to the relevant staff by the practice manager. When there were unintended or unexpected safety incidents, people received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example the practice offered a timely apology and held a clinical meeting to analyse why incorrect information was given to a patient about their test results.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training relevant to their role. GPs were trained to the appropriate level.

- A notice on the electronic patient information screen in the waiting room advised patients that a chaperone service was available to patients, if required. All staff who acted as chaperones were trained and a risk assessment was in place for circumstances in which staff acted as a chaperone without having a disclosure and barring check (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 in all areas of the practice and we observed the premises to be clean and tidy. Specific equipment was cleaned daily and daily logs were completed. There was an infection control protocol in place and staff were able to demonstrate an understanding of infection control relevant to their role, for example hand washing techniques and the use of personal protective equipment such as gloves and aprons.
- The practice had an infection control lead in place however this person had not attended their annual infection control refresher training. The practice told us that they were sourcing training for the infection control lead but there was no date for this. Infection control audits were undertaken annually and we saw evidence that action was taken to address any improvements identified as a result. The practice had completed an infection control audit in June 2015.
- All single use items were stored appropriately and were within their expiry date. Spillage kits were available to deal with the spillage of body fluids such as urine, vomit and blood. Clinical waste was stored appropriately and securely and was collected from the practice by an external contractor on a fortnightly basis.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines.

Are services safe?

- The practice had a prescription clerk in post to manage repeat medications. All requests for repeat medication would be checked and authorised by a GP. Prescriptions were securely stored and there were systems in place to monitor their use.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However a member of the non-clinical practice team did not have a DBS check and a risk assessment of their role had not been completed.
- We saw evidence that the necessary checks had been completed for two locum GPs who were used at the practice.

Monitoring risks to patients

- We found the practice did not have an effective system in place to keep patients on certain higher risk medicines under review. For example, we found that some patients taking a certain type of medication for high blood pressure had not been offered the required checks in the preceding 13 months. Some patients receiving an anticoagulant medicine to reduce the risk of blood clots forming had not received a regular blood test called an international normalised ratio (INR) in the preceding 12 weeks. INR measures the time it takes for blood to clot.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. An annual check of fire equipment had been carried out and an annual check of the oxygen tank was completed in July 2015. The practice had also

completed additional risk assessments to monitor safety of the premises such as the 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).

- The practice had a tenancy agreement with the owner of the building and we saw evidence to confirm the practice was taking the necessary action to manage the maintenance of the practice.
- 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 staff teams and this ensured that there were enough staff on duty. Staff had received training to cover additional roles if required, for example two receptionists had been trained to cover the prescription clerk, and risk assessments had been completed to effectively manage staffing levels for a variety of roles at the practice.

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 and a panic button in the reception and all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies of the plan were kept off the premises.

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 also had access to guidelines from the British Thoracic Society (they produce guidelines related to respiratory medicine such as asthma care), The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice met with the CCG on a regular basis and accessed CCG guidelines for referrals and also analysed information regarding their practice population. For example, the practice would receive information from the CCG on accident and emergency attendance, emergency admissions to hospital, outpatient attendance and bowel and breast screening uptake.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 97.7% of the total number of points available, with 7% exception reporting (exception reporting is to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 91% of the total number of points available, compared to 89% locally and 89% nationally.

- Performance for hypertension related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available (with 2.9% exception reporting), compared to 98% locally and 98% nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available (with 8.2% exception reporting), compared to 96% locally and 93% nationally.
- Performance for dementia related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available (with 6.1% exception reporting), compared to 95% locally and 95% nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and people's outcomes. There had been seven clinical audits completed in the last 12 months, three of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, one of these audits looked at the prescribing of certain antibiotics to ensure there was consistency with local prescribing guidelines. This audit was repeated after 12 months and the results demonstrated an increase in the number of prescriptions issued which were in accordance with the local prescribing guidelines. The results from these audits also identified clear learning and action to improve patient outcomes. The practice completed an audit to reduce the presentation of advanced type two diabetes in patients who had a past medical history of gestational diabetes (diabetes that develops during pregnancy). This audit resulted in two patients being diagnosed with type two diabetes and a recall and appointment reminder system was set up for future screening.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, basic life support, equality and diversity, fire safety, health and safety,

Are services effective?

(for example, treatment is effective)

information governance and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

The practice has pooled their training budget with 33 practices in the locality. Staff also attended training days organised by the local CCG. This provided staff with the opportunity to access a wide range of training courses to meet their learning needs and to cover the scope of their work. For example, staff had identified the need to access training in dealing with difficult situations and the practice was able to access and provide training on staff assertiveness.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

The practice shared relevant information with other services in a timely way, for example when referring people to other services. There was a system in place to enable health visitors and the out of hours provider to share information with the practice. The practice made referrals to secondary care through the Choose and Book System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for vulnerable patients and on a six weekly basis for patients requiring palliative care. The practice had signed up to an enhanced service and had a comprehensive system in place to respond to unplanned admissions to hospital.

The practice had a GP lead for drug and alcohol dependency who worked closely with local drug and alcohol services and provided direct referrals into the service for patients.

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, where appropriate, recorded the outcome of the assessment. We saw the practice's consent documentation for minor surgery which was signed and scanned into the patients records.
- The process for seeking consent was monitored through records to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term

Are services effective?

(for example, treatment is effective)

condition and those requiring advice on their diet, smoking and alcohol cessation and treatment for substance misuse. Patients were then signposted to the relevant service.

- All members of the nursing team were trained in offering smoking cessation advice to patients. Members of the nursing team were leads for patients with chronic obstructive pulmonary disease (COPD), asthma and diabetes.
- The Patient Participation Group (PPG) chairperson worked with the GP lead for diabetes to organise a community event to promote diabetes awareness and screening in the local community. This event provided a range of information and health checks from a multi disciplinary team of health professionals. This event was attended by approximately 150 people and led to a second community event being held in a neighbouring area. The practice has now established a monthly support group for their diabetic patients and the practice was planning similar events in the community to raise awareness of asthma and COPD.
- The practice held patient registers for patients requiring extra support and carried out care planning for patients with a learning disability, dementia and palliative care needs.

- The practice completed 32 out of 33 learning disability health checks between 2014 and 2015 (one person declined to have the check), and has offered 22 health checks during the current year.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 93% to 98%. Flu vaccination rates for the over 65s were 76%, and at risk groups 52%. These were also comparable to CCG 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. The practice had completed 364 health checks for patients aged over 75 since October 2014, which was nearly 50% of this population group. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice had an electronic patient check-in system in the waiting room which promoted patient confidentiality.

All of the 32 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately and professionally when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. Overall, the practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% said the GP gave them enough time (CCG average 85%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

The practice was slightly below the CCG and national average for one area. 85% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).

Staff told us that translation services were available for patients who did not have English as a first language. A sign language interpreter was also available by appointment.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 124 of the practice list as carers. Two members of staff were identified as carers champions and took proactive steps to offer health checks to carers and provided information and advice about services and support.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or

Are services caring?

by giving them advice on how to find a support service. The practice had information about support and services for people who have suffered bereavement, this included information on child bereavement and carer bereavement.

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. For example the practice participated in the CCG winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local accident and emergency unit. The practice had recently agreed an improvement plan with the CCG to audit and monitor the number of hospital admissions for patients with heart failure.

The practice offered weekend appointments on two Saturdays each month between 8am to 11.30am for working patients who could not attend during normal opening hours. There were longer appointments available for people with a learning disability. Home visits were available for older patients/patients who would benefit from these and the practice was also able to offer home visits via the Acute In Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.

Same day appointments were available for children and those with serious medical conditions. There were disabled facilities, an electronic check-in system and translation services available. There was an electronic coding and alert system in place to identify patients with a visual impairment. The practice ran a monthly diabetes support group. The Hertfordshire Hearing Advisory Service delivered a monthly sessions at the practice. These sessions were offered to people from the local community to manage hearing aid related problems. Staff were aware of the need to recognise equality and diversity and acted accordingly.

The practice carried out weekly visits to a local care home and provided treatment for minor ailments. We spoke with a duty manager at the home who told us that they were very pleased with the service provided by the practice. They told us that all GPs that visited were familiar with the patients history, prescriptions were always managed on time and the practice was easy to contact.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and from 2pm to 6pm daily. Weekend appointments were offered from 8am to 11.30am on two Saturdays each month. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available on the same day for people that needed them. Telephone consultation was also available for those who needed urgent advice. The practice had listened to complaints made about the telephone triage service and changed the service so that patients would no longer have to wait for a call back and would be able to speak to a clinician at the time of telephoning the practice. The practice had arrangements in place to ensure patients were able to access the out of hours service when the practice was closed. Patients were able to book an appointment online, by telephone and at the reception desk. Patients were able to submit repeat prescription requests online or at the practice.

Results from the national GP patient survey results published in July 2015 showed that patients' satisfaction with how they could access care and treatment was better than local and national averages. People told us on the day that they were were able to get appointments when they needed them.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 98% of patients said it was easy to telephone the out of hours service (CCG average 81%, national average 77%).
- 97% of patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 85% of patients described their experience of making an appointment as good (CCG average 65%, national average 73%).
- 67% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 64%, national average 65%).

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

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

contractual obligations for GPs in England. The senior GP was the responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system. This information was available on the practice website, on the patient information screen in the waiting room and in a patient information folder located in the waiting room. Complaints were highlighted and discussed across the partner, administration and reception team meetings and learning was shared with all staff within the practice.

We looked at seven complaints received in the last 12 months and found all of these complaints had been recorded and handled appropriately. All complaints had

been dealt with in a timely way and there was openness and transparency with dealing with complaints. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw that the practice had investigated a complaint about a missed radiology referral to an acute hospital. As a result the practice had identified a flaw in their systems that had led to this. An apology was given to the patient and lessons were learnt and shared with staff in relation to communicating clearly with patients and completing all internal checks first when following up referrals.

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 vision to deliver high quality care and promote good outcomes for patients. The practice used the local CCG's mission statement and had this documented in their practice booklet, however not all staff were aware of the mission statement and the mission statement was not visible in any of the staff or patient areas.

Governance arrangements

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

- A clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- Robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support and a verbal and written apology.

- They had a system in place to record and manage written correspondence in relation to safety incidents.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that the practice held regular team meetings. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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.

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had organised successful health awareness events within the local community, influenced the practice in renovating the patient waiting room, including the implementation of a patient information screen and newsletter. The PPG had also supported the practice in improving the practice website, increasing patient awareness about the impact of non-attendance to appointments, influenced changes to the appointment system and supported the practice in implementing an electronic prescribing service.

The practice listened to patient complaints about the telephone triage service and changed the service so that patients would no longer have to wait for a call back and would speak to a clinician at the time of telephoning the practice. The practice had also gathered feedback from staff through regular meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had recently highlighted concerns about their workload and daily tasks and these

Are services well-led?

Good 

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

concerns were listened to and acted upon. Extra hours were given to some staff in order to spread the job tasks and senior staff had commenced a review of the staff skill mix and current workload in order to develop an action plan to manage these concerns. The practice had also started planning on recruiting an apprentice to better manage the existing workload. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of schemes to improve

outcomes for patients in the area. The practice had signed up to the CCG winter resilience scheme and provided extra appointments, both in hours and out of hours. The practice regularly reviewed their Quality Outcomes Framework activity, met regularly with their CCG to identify trends and areas for improvement and participated in research as a member of the National Institute for Health Research. Research topics included weight loss, mens prostate testing and eating disorders.

The practice worked closely with other practices within its locality and had pooled its training budget with 33 local practices. The practice manager regularly met and shared information with practice managers within the locality.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider had not recorded a risk assessment to determine if a Disclosure and Barring Check (DBS) was required for a member of the non-clinical practice team. This was in breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: There was no effective system in place to assess and manage risks to patients receiving high risk medicines. This was in breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.