

# The Health Centre Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

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 Health Centre Practice on 5 December 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 most significant events. However medicine incidents that occurred in the dispensary were discussed with staff but not routinely shared with the wider team and there was no record of learning or actions taken.
- Health and safety risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

The practice must have management oversight, and the systems and process to assess, monitor and mitigate risks relating to the health and safety of service users and others who may be at risk to;

- Ensure there is a system to monitor progress with planned staff training so that key training is kept up to date and to monitor the professional registration status of relevant staff.
- Ensure there is an accurate record of all completed recruitment checks

- Ensure there are records in place to demonstrate the actions taken in response to patient safety alerts, infection control audits and to demonstrate that cleaning schedules are completed.
- Ensure there is a system in place for tracking the use of prescriptions and for sharing incidents that occur in the dispensary with the wider team, recording the learning and actions taken.

The areas where the provider should make improvement are:

- Review systems used to proactively identify patients with caring responsibilities so that appropriate support can be offered to them.
- Review and strengthen systems used to monitor patients taking high risk medicines.
- Review the systems used to complete annual health checks for patients with a learning disability.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. However, incidents in the dispensary were discussed with staff but were not shared with the wider team. There was no record of any learning or actions taken as a result of dispensary incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice as a result of incidents and complaints. However there was no record of the action taken following receipt of patient medicine and safety alerts
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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.
- 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.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example providing extended hours services and ensuring students were appropriately supported to access health advice including support to manage stress.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear and committed to their responsibilities in relation to achieving this.
- There was a clear leadership structure, teams appeared to work well together and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework to support the delivery of the strategy and good quality care. However,

Requires improvement



# Summary of findings

there were some quality monitoring procedures that were not completed effectively. For example there was no process used to monitor progress with: essential staff training, the completeness of recruitment records, tracking the use of prescriptions or ensuring that infection control audits and cleaning schedules were being addressed. The practice also needed to review and strengthen system checks on patients receiving high risk medicines to ensure they were receiving appropriate monitoring.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and shared this with staff but there was no record of the actions taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice were committed to continuous learning and improvement of the service and were involved in local research projects.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients who lived in the surrounding villages were provided with appointments at times that were convenient for the weekly local bus service.
- All requests for visits were triaged by the patients' own GP or duty GP, on the day of the request.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were equal to or above national average scores. For example results from the Quality and Outcomes Framework showed scores for patients with heart failure were 100%. This was 3% higher than the CCG average and 2% higher than the national average.
- A member of staff had voluntarily taken responsibility for helping patients and their carers access statutory social and voluntary care services.
- Longer appointments were available for patients with complex needs or those who needed additional time to discuss their needs.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management to prevent the need for patients to travel further for advice and ongoing support. Patients who were unwell or at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. The practice had scored 94% which was 3% higher than the CCG average and 4% higher than national average.
- Longer appointments and home visits were available when needed. This included home visits to complete blood tests and provide vaccinations such as the flu vaccination.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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 above national average rates for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice employed young people to work as receptionists and provided drop in sessions at the local senior school for young people who may prefer not to attend the practice.
- The practice's uptake for the cervical screening programme was 79%, which was higher than the CCG average of 72% and the national average of 74%.
- 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.

Good



## Working age people (including those recently retired and students)

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

- 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. This included early morning clinics.
- 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. This included an online email system to ask their GP advice on health issues where a face to face consultation was not necessary.

Good





# Summary of findings

- GPs provided direct support to their registered students to help them manage stress related issues.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice operated individual GP lists which enabled pro-active intervention due to knowledge of family networks and local intelligence
- Patients and families with end of life care needs were supported by their own family GP to ensure their own needs and choices were met.
- 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. The safeguarding lead was also the lead GP for safeguarding in North Hertfordshire and there were strong links with local specialist services such as places of safety for abused women and rape crisis teams.
- The practice had identified a low number of patients with caring responsibilities. A member of staff had taken responsibility for providing information to carers and signposting them to organisations who were able to provide advice and support.
- A low number of annual health checks had been completed for patients with a learning disability.

## 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).

Good



- 87% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is similar to CCG average and 3% above the national average.

# Summary of findings

- Performance for mental health related indicators was similar to the national average. The practice had scored 91% which was 2% below CCG average and 1% below the national average score.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice were pro-active in providing care and support to all of their registered patients. If they were unable to meet their needs they supported patients to access specialist services, 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia and provided them with continuity of care through support by the patients' own GP.

# 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. 216 survey forms were distributed and 130 were returned. This represented a 60% response rate.

- 75% 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%.
- 90% 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%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 73%

- 88% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients said they were treated with kindness by staff who were caring and treated them with dignity and respect.

We spoke with three patients during the inspection. They told us they were satisfied with the care they received and thought staff were approachable, committed and listened to their needs

## Areas for improvement

### Action the service **MUST** take to improve

The practice must have management oversight, and the systems and process to assess, monitor and mitigate risks relating to the health and safety of service users and others who may be at risk to;

- Ensure there is a system to monitor progress with planned staff training so that key training is kept up to date and to monitor the professional registration status of relevant staff.
- Ensure there is an accurate record of all completed recruitment checks.
- Ensure there are records in place to demonstrate the actions taken in response to patient safety alerts, infection control audits and to demonstrate that cleaning schedules are completed.

- Ensure there is a system in place for tracking the use of prescriptions and for sharing incidents that occur in the dispensary with the wider team, recording the learning and actions taken.

### Action the service **SHOULD** take to improve

- Review and strengthen systems used to monitor patients taking high risk medicines.
- Review systems used to proactively identify patients with caring responsibilities so that appropriate support can be offered to them.
- Review the systems used to complete annual health checks for patients with a learning disability.

## Outstanding practice

# The Health Centre Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector who was assisted by a GP specialist adviser.

## Background to The Health Centre Practice

The Health Centre Practice is a well-established GP practice that has operated in the area for many years. It serves approximately 11,500 registered patients and has a general medical services contract with NHS Cambridgeshire and Peterborough CCG. The service is located in Royston in premises that were purpose built over forty years ago. The building was extended by the partners in 2000 and also has a dispensary.

According to information taken from Public Health England, the patient population for this service has a lower than average number of patients aged 10-29 years compared to the national average and a higher than national average number of patients aged 25-44 and 60-74. It's population is in the least deprived decile with very low unemployment rates and many working age patients who commute to work.

The practice team consisted of seven GP partners, four practice nurses (one of whom is able to prescribe medicines) and four healthcare assistants with training in phlebotomy. A team of three dispensing assistants, 13 receptionists and four administrative staff support them along with a practice manager. The practice is also involved in the training of GPs and can also take medical students.

The opening times for the main surgery are Monday to Fridays from 8.30am to 6.30pm. Extended hours appointments are available from 6.30 pm to 8pm on Mondays and 7am until 8am on Tuesday to Thursdays. An out of hour's service is provided locally through the NHS 111 service.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 December 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare assistants, reception and clerical staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Spoke with members of the patient participation group by telephone.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports 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. For example, changes were made to the referral policy in relation to faxing information and staff received refresher training on the safe management of confidential information.

The practice had a system in place to receive and share relevant patient safety and medicine alerts with staff. However they were unable to demonstrate that actions were completed as a result of the alerts.

### 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 to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who had an active role in

providing safeguarding training in the local area. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had access to training. However, records demonstrated there were some gaps in this for both clinical and non clinical staff who had no record of training on either safeguarding children or vulnerable adults in the last three years. GPs were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was visibly clean and tidy. The lead nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had access to training. Annual infection control audits were undertaken and the last one had been completed in January 2016. We saw evidence that actions had been identified. However, records did not demonstrate the progress being made with any actions. The practice employed two staff for general cleaning and the nurses took responsibility for cleaning in clinical areas. However, there were no records to demonstrate that cleaning had been completed on a regular basis and some upholstery were not part of a regular cleaning programme.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice helped to promote safety (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However we found the practice did not routinely complete systems checks to ensure that patients on high risk medicines had received appropriate monitoring. For example we found 38 of 41 patients taking methotrexate had had blood tests completed within the last three months. Following the inspection, the practice reviewed these and found the tests had either been accounted for, or were no longer

## Are services safe?

required. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however there was no system in place to track their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. She received support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded in a log book. Nine incidents had been recorded in the last six months but there was no record of the learning or any actions taken in response to the error. The incidents were not routinely reported to the wider practice team to share the learning. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held a small stock of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found most recruitment checks had been undertaken prior to employment such as references and previous work history and qualifications. However, one DBS check for a member of staff had been completed four years previously by a different employer and there was no record that a DBS check had been completed for another member of the clinical staff team. One file did not include a proof of identification for the member of staff and two files held no record of registration with the appropriate professional body.

### 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 available with a poster in the reception office which identified local health and safety representatives. 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. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and 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. Partners meetings took place every fortnight where any staffing issues could be reviewed or plans to recruit staff could be discussed. At the time of the inspection the practice had two part time vacancies in the dispensary and administration.

### 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.
- 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

## Are services safe?

- 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 records demonstrated that new guidelines were discussed at practice meetings on a regular basis. This information was used 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

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. QOF exception reporting was 8% approximately 2% lower than CCG and national average rates.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was similar to the national average. The practice had scored 94% which was 3% higher than the CCG average and 4% higher than national average.
- Performance for mental health related indicators was similar to the national average. The practice had scored 91% which was 2% below CCG average and 1% below the national average
- Performance for hypertension related indicators scored 100%. This was 2% above the CCG average and 3% above the national average.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years. We reviewed two full cycle audits and found that improvements were implemented and monitored. For example there was an audit of medication used for patients with urinary incontinence to ensure that their records were completed accurately and medication was prescribed in line with local guidelines.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services and encourage improvement. For example the practice gave an annual award for the most constructive change following a significant event to encourage staff reporting and innovation.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered general practice information and key topics such as fire safety, health and safety and confidentiality. The practice informed us that this was tailored to the needs of the role. We saw an example of this used for a member of the nursing staff. However, the records did not include an assessment of their competence.
- The practice demonstrated that staff had access to mandatory training such as safeguarding, infection control, fire safety awareness, basic life support and information governance. Some training was through e-learning training modules and others were in-house training. However, some staff said they had difficulty finding the time to complete this training. Consequently not all staff had received safeguarding and infection control training. There was no system in place to monitor progress with staff training.
- The practice supported staff to complete role-specific training and completing relevant updates. For example, for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme. Staff told us they also stayed up to date with changes to the immunisation programmes through access to on line resources and discussion at practice meetings.

# Are services effective?

## (for example, treatment is effective)

- Staff we spoke with were self motivated and kept up to date with their professional training. However, the practice did not hold a record of professional staffs' registration status.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they received ongoing support from the partners, the practice managers and other colleagues. All staff had received an appraisal within the last 12 months with the exception of the practice manager who was due to complete this soon.

### 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. However, the local out of hours service did not share the same system as the practice which meant that electronic information could not be viewed. Alternative communication was used such as secure fax system and telephone communication.

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. The practice was situated on county boundaries and this made service co-ordination more complex for the practice team. Despite this challenge, we found that the partners and staff worked hard to ensure that patients received the best care that was available to them. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with the multidisciplinary team on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice supported patients in local care and nursing homes. We spoke with a manager of one care home who told us the GPs and practice nurses were very supportive, available when needed and worked with the staff and other members of the multidisciplinary team to secure safe care and treatment for patients.

### Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and staff had access to relevant in house training. 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and young people with mental health needs. Patients were signposted to the relevant service.
- Smoking cessation advice was available on the premises and weight control and exercise programmes could be accessed at the local leisure centre.

The practice's uptake for the cervical screening programme was 79%, which was higher than the CCG average of 72% and the national average of 74%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and achieved a higher than average uptake in both areas. For example the number of patients who had attended breast cancer screening in the last three years was 81% compared with a CCG average of 74% and a national average of 72%.

# Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were generally higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 100% and five year olds from 94% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate

follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. We also found that patients with mental health conditions were offered an annual health check . Between April and December 2016, 29 of 50 patients on the mental health register had attended for a health check. In the past year only five out of 37 patients with a learning disability had attended for an annual health review.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff offered patients a private room to discuss their needs if they wanted to discuss sensitive issues or appeared distressed.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered them a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said that staff were very understanding and respected their opinion. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 90% 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%.
- 95% 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% national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 94% 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%.
- 86% 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%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop system was available to assist patients with hearing difficulties.
- Information leaflets were available in easy read format.

## Are services caring?

- Longer appointments were available to those who needed more time to discuss their needs and treatment/support options.
- The GPs discussed end of life needs with these patients so that their preferences were taken into account and this was recorded in their care plan.

### **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 59 patients who were caring for a friend or family member on a regular basis (less than 1% of the practice list). A member of staff had designated responsibility for supporting patients and carer's to access statutory social and voluntary care services. This included the provision of written information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or 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 by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Two of the partners were active members of the local CCG and the practice team had been involved in securing a local transport scheme and providing support to pupils at a local secondary school.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.30pm and early clinics Tuesday to Thursday from 7am until 8am. These were aimed at working patients with non urgent needs who could not attend during normal opening hours.
- The practice offered a personal list system and patients were encouraged to see their own GP whenever this was possible.
- There were longer appointments available for patients who required this for example those with a learning disability or complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. All of these requests were triaged by a GP and if the patient was known to be at risk of unscheduled hospital admission, they received a call back within 15 minutes of the request.
- Patients with chronic conditions were supported by the practice nurses who provided chronic disease management clinics and a phlebotomy service.
- Patients could request appointments through an online booking system which included face to face or telephone consultations. They could also make online prescription requests and request advice from their own GP.
- Accessible facilities for mothers and babies and patients who used wheelchairs or mobility scooters.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients who lived in the villages surrounding Royston and did not have their own transport were able to access appointments to coincide with the weekly bus services.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Regular reviews for patients with dementia to help identify and meet their needs as well as the needs of their carers.
- A GP provides regular support to a secure community home caring for patients with a learning disability and psychotic illness.

### Access to the service

The core opening hours at the practice were from 8.30 am until 6.30pm Monday to Friday. Extended hours appointments were offered at the following times Monday evenings until 7.30pm and early clinics on Tuesday to Thursday mornings from 7am until 8am. The practice was closed at weekends when patients were asked to call the NHS 111 service or if urgent, dial 999 for genuine emergency needs or attend a walk in centre in Hertfordshire. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 76%.
- 75% 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%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

All home visit requests were triaged by the patients' own GP or the duty GP by telephoning the patient or carer to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases

# Are services responsive to people's needs?

(for example, to feedback?)

where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns although improvement was needed to the complaints log to enable better monitoring of the response times.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. This was displayed in the waiting room and information was available on the practice website.

The practice had received 17 complaints since November 2015. We looked at two complaints received in the last 12 months and found these were well managed in a timely and open manner. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice improved the appointments system saving an appointment for the healthcare assistant for the purpose of responding to requests for simple dressing changes. This meant an improved response and prevented patients needing to go elsewhere for this service.



# 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 clear vision to deliver high quality care and promote good outcomes for patients. Staff demonstrated they provided a personalised service, respecting individual need whilst providing high quality primary health care in partnership with their patients. The practice took pride in providing continuity of care to their patients and families. Staff knew and understood these values.

The practice had considered their strategy for developing the service in response to planned housing development in the local area. They continued to engage with local commissioners and NHS England to discuss ways of accommodating the needs of an expanding practice.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This supported the structures and procedures in place although some areas required further development to ensure that quality monitoring procedures were effective.

- There was a clear staffing structure in place and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There were robust arrangements in place for identifying, recording and managing health and safety risks.
- The leadership team had an understanding of the performance of the practice and ensured that action was taken to promote improvement. For example through learning from incidents, significant events and complaints. However, there were some areas that were not being routinely monitored.
  - There was no system to monitor progress with planned staff training to ensure that key training was kept up to date. There was no current record of the registration status of professional staff.
  - Recruitment procedures were followed but there were no records for some key recruitment checks.

- There were no routine system checks on patients receiving high risk medicines to ensure they were receiving appropriate monitoring.
- Medicines incidents were not shared with the wider team and there was no record of the learning or actions taken.
- There was no system in place for tracking the use of prescriptions
- There were no records to demonstrate the actions taken in response to patient safety alerts, the infection control audits or to demonstrate that cleaning schedules were regularly completed.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to the views of all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and there was an open culture within the practice. This enabled them to be confident in raising issues at team meetings and they felt they were appropriately supported to do so.



# Are services well-led?

Requires improvement 

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly with key practice staff and submitted proposals for improvements to the practice management team. For example, the information on the electronic display screen was updated and the digital self check-in screen was moved away from the reception desk to improve privacy.

- Patients could complete a comments and suggestions form when they visited the practice or through the practice website. They participated in the NHS friends and family test although they received very limited feedback to help them review the service.
- The practice gathered feedback from staff on a continual basis through informal meetings, appraisals and staff meetings. Staff told us they felt involved and engaged with practice improvements.
- The practice displayed the results of the national GP patient survey in the waiting room. We also found that results from the March 2016 survey had been discussed and an action plan was put into place. As a result, the practice telephone system was upgraded.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had developed strong links with local stakeholders to provide services that met the needs of the registered patients. They practice were also involved in two local research projects.

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at The Health Centre Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>There were no established systems and processes in place to;</p> <ul style="list-style-type: none"><li>• Monitor progress with planned staff training so that key training was kept up to date and to monitor the professional registration status of relevant staff.</li><li>• Ensure there was an accurate and complete record of all staff recruitment checks.</li><li>• Maintain records to demonstrate the actions taken in response to patient safety alerts, infection control audits and to show that cleaning schedules are completed.</li><li>• Track the use of prescriptions and share incidents that occur in the dispensary with the wider team and record the learning and actions taken.</li></ul> <p>This was in breach of regulation 17 (1)</p>