

Northcote House Surgery

Quality Report

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Date of inspection visit: 13 December 2016

Date of publication: 09/02/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

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 Northcote House Surgery on 13 December 2016. This inspection was a follow up to our previous comprehensive inspection at the practice in April 2016 where breaches of regulation had been identified. The practice was rated as inadequate for the domains of safe and well led, requires improvement in the domain of effective and good in the caring and responsive domains. The overall rating of the practice following the April 2016 inspection was inadequate and the practice was placed into special measures for a period of six months.

We also issued a warning notice to the practice to inform them where improvements were needed in relation to good governance. A visit was undertaken on 5 August 2016 where we saw that the specific improvements had been made.

At our inspection on 13 December 2016 we found that the practice had improved. The ratings for the practice have been updated to reflect our recent findings. The practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- 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.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their

Summary of findings

care and decisions about their treatment. Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice in line with others for most aspects of care.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt well supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make an improvement is:

- Proactively identify carers so that these patients receive appropriate support and care.
- Ensure that a comprehensive schedule of clinical meetings is in place.

I confirm that this practice has improved sufficiently to be rated good overall. This practice will be removed from special measures.

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?

At our previous inspection in April 2016, we rated the practice as inadequate for providing safe services. Arrangements had improved when we undertook a follow up inspection on 13 December 2016. The practice is now rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Lessons learnt were shared in meetings to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had 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.

Good



Are services effective?

At our previous inspection in April 2016, we rated the practice as requires improvement for providing effective services. Arrangements had improved when we undertook a follow up inspection on 13 December 2016. The practice is now rated as good for providing effective services.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programs to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 98% of the total number of points available, with 5% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with others for most aspects of care.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice needed to proactively identify carers so that these patients receive appropriate support and care.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed that 97% of patients surveyed were able to get an appointment at a convenient time, compared to the local average of 94% and the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

At our previous inspection in April 2016, we rated the practice as inadequate for providing well led services. Arrangements had improved when we undertook a follow up inspection on 13 December 2016. The practice is now rated as good for providing well led services..

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, a local care home gave positive feedback about the practice.
- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had taken appropriate and responsive steps following our previous inspection to address the required improvements.

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

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.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 85%, which was 5% below the local and national averages. Exception reporting for diabetes related indicators was considerably lower (3%) than the local (13%) and national (11%) averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- 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.
- Childhood immunisation rates for the vaccinations given were overall higher than CCG and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 76%, which was above the local average of 72% and the national average of 74%. Exception reporting for this indicator was 2%, which was below the local average of 8% and the national average of 6%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- GPs were trained to child safeguarding level three.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. 29 health checks had been undertaken since April 2016 from 157 invites.

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. The practice had 18 registered patients with a learning disability, of whom nine had received a review in the last 12 months, and three since April 2016. 15 were due to be completed by end of March 2017.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were identified and signposted to local carers' groups. The practice had 23 patients registered as carers (approximately 0.6% of the patient list). The practice acknowledged that proactive work was needed to improve this.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out-of-hours.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 95%, which was 8% above the local average and 11% above the national average.
- The practice had 26 registered patients experiencing poor mental health, of which 20 had received an annual review in the last 12 months. Six were planned for completion before April 2017.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice performed in line with, or above, local and national averages in most areas. 233 survey forms were distributed and 112 were returned. This represented a 48% completion rate.

- 91% found it easy to get through to this surgery by phone compared to a local average of 75% and a national average of 73%.
- 97% said that the last appointment they got was convenient (local average 94%, national average 92%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (local average 86%, national average 85%).
- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards, 11 of which were positive about the standard of care received. Two further cards were positive about the standard of care received but noted some difficulties in obtaining appointments. One

card stated difficulties in obtaining appointments and a lack of consistency in staff, and two cards stated discontent with GP recruitment and retainment as well as difficulties experienced in obtaining a timely referral. On the positive cards, patients felt that they were treated with care and concern and that the practice provided a friendly, professional and helpful service, praising both individual members of staff and the practice as a whole.

We spoke with representatives from the local hospital admission avoidance team and a local care home. All parties fed back that they felt the practice provided an effective service, offered support and direction when needed and delivered appropriate care. The local care home representatives informed us that referrals were made in a timely manner, care was provided effectively and communication was pleasant and supportive. The representative from the local hospital admission avoidance team informed us that care was delivered safely and appropriately but found communication with the practice difficult at times.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Proactively identify carers so that these patients receive appropriate support and care.
- Ensure that a comprehensive schedule of clinical meetings is in place.

Northcote House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser, a practice manager specialist adviser and a CQC pharmacy inspector.

Background to Northcote House Surgery

Northcote House Surgery is situated in St Ives, Cambridgeshire. The practice provides services for approximately 3800 patients. The practice dispenses medications to patients and holds a General Medical Services contract with NHS Cambridgeshire and Peterborough CCG.

According to Public Health England, the patient population has a higher than average number of patients aged 45 to 69 compared to the practice average across England. It has a lower proportion of patients aged 35 and below compared to the practice average across England. Income deprivation affecting children and older people is lower than the practice and the England average. The overall level of deprivation is in the least deprived decile nationally.

The practice team consists of a male GP lead who is supported by (regular) locum GPs, some of whom were female. The nursing team consists of a practice nurse and two health care assistants. The clinical staff are supported by a team of dispensary, secretarial and reception staff led by a practice manager.

The practice's opening times at the time of the inspection were 8am to 6pm Monday to Friday. Extended hours appointments with the practice nurse were offered on

Tuesday and Thursday mornings between 7am and 8am. Out-of-hours care was provided by Herts Urgent Care via the NHS 111 service. Appointments with GPs and nurses could be booked four weeks in advance.

Why we carried out this inspection

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

This inspection was a follow up to our previous comprehensive inspection at the practice in April 2016 where breaches of regulation had been identified. The overall rating of the practice following the April 2016 inspection was inadequate and the practice was placed into special measures for a period of six months.

We also issued a warning notice to the practice to inform them where improvements were needed in relation to good governance. A visit was undertaken on 5 August 2016 to ensure that the specific improvements had been made.

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 13 December 2016. During our visit we:

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection in April 2016, we rated the practice as inadequate for providing safe services as the practice had to ensure that:

- Significant events, complaints, (medicines) audit results and the associated learning was shared across practice staff to ensure that lessons learnt were embedded and aided prevention of re-occurrence.
- It complied with relevant patient safety alerts issued from the Medicines and Healthcare Products Agency (MHRA) and through the Central Alerting System (CAS).
- Appropriate security systems were put in place so that only authorised practice staff can access the dispensary.
- A risk assessment was carried out on the safe transport and storage of medicines to the branch surgery in Fenstanton.
- Thermometers used to record refrigerator and room temperatures where medicines were stored were validated before use to ensure their accuracy. In addition, the automated external defibrillator needed to be checked and serviced at regular intervals and at least annually.
- Blank prescription forms were kept securely at all times.
- All emergency prescriptions issued were signed by a GP before being issued to a patient.
- Staff caring for patients had undergone a Disclosure and Barring Service (DBS) check.
- All staff training deemed mandatory by the practice was up to date, including training for safeguarding and chaperones.
- An adequate infection control system was put in place to ensure that patients and staff were adequately protected.
- Actions from the legionella assessment were undertaken.
- Effective control of substances hazardous to health was put in place.

These arrangements had improved when we undertook a follow up inspection on 13 December 2016. The practice is now rated as good for providing safe services.

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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were reviewed annually and discussed at weekly meetings, where outcomes were reviewed and put into practice.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and always shared information where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- Notices in the practice advised patients that chaperones were available if required. Staff acting as chaperones had received training and a Disclosure and Barring Service (DBS) check (DBS checks identify whether a

Are services safe?

person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A health care assistant was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken with the most recent one in December 2016 and we saw evidence that action was taken to address any improvements identified as a result of audit. There were some action points outstanding but a clear timeline for the improvements was stipulated, for example, updating of sharps injury posters and removal of limescale from some taps.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The waiting room was directly overseen by reception.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that daily checks of the water temperature was undertaken by a designated member of staff.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Medicines management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. The practice had conducted patient surveys and auditing of their dispensing service showing high levels of satisfaction and outcomes for patients. The audits were repeated to show improvements. Dispensing staff were appropriately qualified and had their competency annually reviewed. Dispensing staff carried out dispensing reviews of patients to ensure that medicines were being used safely and correctly.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There were a variety of ways available to patients to order their repeat prescriptions. Prescriptions including emergency prescription requests were reviewed and signed by GPs before they were given to the patient to ensure safety. There was a system in place for the management of high risk medicines which included regular monitoring in accordance with national guidance.
- The practice had made improvements to the security of the dispensary. Dispensary staff told us that access to medicines was limited to authorised staff. Improvements had also been made to the security of medicines transported and stored at the branch surgery in Fenstanton and the practice had considered the risks around this. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures. Processes were in place to check medicines stored within the dispensary area for expiry to ensure they were safe for use. Emergency medicines we checked were within their expiry date. Processes were also in place to check medicines following alerts and recalls of medicines.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage

Are services safe?

arrangements because of their potential for misuse) and had standard procedures in place that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. There were arrangements in place for the destruction of controlled drugs. The practice carried out regular audits of controlled drugs. Dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Dispensing errors were logged and reviewed by the practice to monitor trends and appropriate actions taken to prevent similar errors occurring again.

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 emergency medicines were accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in April 2016, we rated the practice as requires improvement for providing effective services as the practice had to ensure that:

- Staff received timely appraisals and support.
- QOF performance was improved. In 2014/15 the practice achieved 90.8% of the total number of points available, which was below the national average of 94.7% and the local average of 94.2%. The practice reported 3.4% exception reporting which was 7.1% below local, and 5.8% below national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

These arrangements had improved when we undertook a follow up inspection on 13 December 2016. The practice is now rated as good for providing effective services.

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programs to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results for 2015/16 showed that the practice had achieved 98% of the total number of points available, with 5% exception reporting (exception reporting

is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/2016 showed that performance for all indicators, except for diabetes, was better or the same in comparison to the CCG and national averages, with the practice achieving 100% across all indicators. The practice achieved 85% for diabetes related indicators, which was 5% below the CCG and national averages. The practice also reported considerably low exception reporting for all indicators.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. A variety of clinical audits had been completed. For example, an audit on the clinical coding used on the practice IT system for patients with depression was undertaken in July 2016. The lead GP explained that this was done because of the risk of incorrectly coding patients with depression. The practice explained that there was risk of inconsistent use of codes as there were more than 26 different codes, diagnoses and indicators related to depression. The audit had raised an action plan which included a coding review after discharge letter from other services, the sharing of outcomes with all relevant staff, written guidance for clinicians and correct and consistent coding moving forward. There were also individual action plans devised for six patients.

On re-audit in October 2016 there were 20 patients registered with the practice showing as suffering with depression. Of these 18 were correctly coded and reviewed in a timely manner. The lead GP had planned a further audit in for February 2017 to ensure coding remained correct and patients were reviewed timely.

The practice had audited minor surgery infection rates. Out of 155 minor surgery cases since September 2014 there had been only one case with a documented post-operative infection.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were appointed a mentor.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those providing travel vaccinations we saw that training was up to date; we also saw that GPs had undergone child protection safeguarding training level three.
- Staff administering vaccines and taking samples had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programs, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service. When we spoke with members of a local care home they commented that the practice was very responsive to their patients' needs and that the GPs visited in a proactive manner.

The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 76%, which was above the local average of 72% and the national average of 74%. Exception reporting for this indicator was 2% which was below the local average of 8% and the national average of 6%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programs for breast and bowel cancer screening. 2014/15 data indicated that the breast cancer screening rate for the past 36 months was 78% of the target population, which was slightly above the CCG average of 74% and the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 61% of the target population, which was slightly above the CCG average of 59% and national average of 58%.

Childhood immunisation rates for the vaccinations given were overall higher than CCG and national averages. For

Are services effective?

(for example, treatment is effective)

example, childhood immunisation rates for the vaccinations given to under two year olds in 2015/2016 ranged from 91% to 100% compared with the local averages of 87% to 95%; and five year olds from 87% to 100% compared with the local averages of 88% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had undertaken 29 health checks since April 2016 from 157 invites.

Are services caring?

Our findings

At our previous inspection in April 2016, we rated the practice as good for providing caring services but the practice had to ensure that:

- Confidentiality at the front desk and during phone calls was improved.

This had improved when we undertook a follow up inspection on 13 December 2016. The practice remains rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. We found on our last inspection that the front desk did not provide sufficient confidentiality; phone calls were being answered at the front desk and could be overheard. The practice was unable to amend the physical layout of the building but had a radio playing to reduce the likelihood of conversations being overheard. This aided confidentiality.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards, 11 of which were positive about the standard of care received. Two further cards were positive about the standard of care received but noted some difficulties in obtaining appointments. One card stated difficulties in obtaining appointments and a lack of consistency in staff and two cards stated discontent with GP recruitment and retainment as well as difficulties experienced in obtaining a timely referral. On the positive cards, patients felt that they were treated with care and concern and that the practice provided a friendly, professional and helpful service, praising both individual members of staff and the practice as a whole.

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

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

- 86% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% 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%.
- 82% 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%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 88% 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%.
- 81% 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%.

Are services caring?

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

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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 23 patients as carers (approximately 0.6% of the practice list). Written information was available in the waiting room to direct carers to the various avenues of support available to them. The practice explained that they would explore other avenues to effectively identify and register carers following our inspection.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in April 2016, we rated the practice as good for providing responsive services. Following our inspection on 13 December 2016 the practice remains rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients who required one.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. All clinical rooms had space for wheelchairs and prams/pushchairs to manoeuvre. Hallways were narrow in places but due to building restrictions the practice was unable to improve this. Staff were aware of patients who had limited access and offered support when required.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were also displays providing information on cancer.
- The lead GP provided sports medicine and musculoskeletal clinics.
- GPs visited a local care home at least once a week. During the inspection representatives of the care home visited to the practice to speak with us. They stated that the care they received was of a good standard and responsive to the residents' needs. They specifically highlighted that the care given to patients with palliative care needs was of a good standard and that they were pleased with the overall support from the practice.

- The practice hosted external hearing aid services to allow this treatment to be delivered to patients closer to their home. The practice provided facilities free of charge for these services.
- The practice's emergency and elective hospital admissions rates were both below the CCG averages.

Access to the service

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

- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 84% of patients said that they got to see or speak to their preferred GP, compared to the local and national average of 59%.
- 72% of patients were satisfied with the practice's opening hours compared to the local and national average of 76%.

The practice's opening times at the time of the inspection were 8am to 6pm Monday to Friday. Extended hours appointments with the practice nurse were offered on Tuesday and Thursday morning between 7am and 8am.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints' policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

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

We looked at documentation relating to a number of complaints received in the previous year and found that

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

they had been fully investigated, or were ongoing, and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development.

Are services well-led?

Good 

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

Our findings

At our previous inspection in April 2016, we rated the practice as inadequate for providing well led services as the practice had to ensure that:

- All policies, procedures and guidance were up to date so that staff could operate in accordance with up to date procedures.
- Governance systems were improved to ensure the delivery of safe and effective care

This had improved when we undertook a follow up inspection on 13 December 2016. The practice is now rated as good for providing well led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which aimed to provide patients with “personal health care of the highest quality” and to strive to “improve the health status of the practice population” amongst others.

At our previous inspection in April 2016 we found that correlation between the practice’s aims and objectives and our findings was inconsistent, as governance systems were not robust and management was not always effective. During our December 2016 inspection we found this had improved and governance systems were in place and effective.

There was a proactive approach to succession planning in the practice. The practice worked with the CCG and other local practices towards development of general practice in the area.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a list of policies and procedures in place to govern its activity, which were readily available to all members of staff. At our previous inspection we found that these were not regularly updated nor contained up to date information. This had been addressed and the practice had a comprehensive range of

governance documents to support them in the delivery of their service. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

Communication across the practice was structured around key scheduled meetings but also took place ad hoc as and when required. There were regular business meetings and staff told us that administrative staff meetings took place regularly. At our previous inspection we found that the recording of minutes of meetings required improvement. This had been addressed and we saw a range of minutes which supported the decision making processes in the practice. Multidisciplinary team meetings were held regularly. Clinical matters were discussed in an ad hoc manner and during informal meetings, but regular clinical meetings were not yet taking place. The practice informed us that these were due to commence imminently and was one of the few matters they had not yet prioritised during the last six months. We saw evidence that a dedicated member of staff disseminated clinical information as and when required.

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

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

GPs and nurses were supported to address their professional development needs for revalidation. The lead GP told us they had undertaken clinical audits which were used to monitor quality and systems to identify where action should be taken and drive improvements. We saw evidence that supported the GPs’ revalidation process.

At our previous inspection we found that learning from incidents and complaints was not

consistently shared with staff unless they were directly involved, which limited the extent to which the practice could learn from errors. We saw evidence that this had been addressed and that the practice manager updated staff on practice matters on a regular basis verbally or via staff meetings. Staff told us this was effective.

Are services well-led?

Good 

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

At our previous inspection we also found that the practice did not have a robust system in place for reporting and recording significant events. This had been addressed and we saw evidence of effective processes and resolves or actions as required.

Leadership and culture

On the day of inspection the lead GP and the practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP and practice manager were approachable, friendly and supportive.

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff explained that internal communications had improved over the last six months and that they felt involved in discussions about how to run and develop the practice, and that the practice manager and lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Following the practice being placed in special measures they had adopted assistance from the RCGP (Royal College of General Practitioners) special measures team. The practice manager and lead GP had also commenced an externally organised leadership course to seek new ways of working.

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 encouraged and valued feedback from patients by proactively engaging patients in the delivery of the service. There was an active patient participation group (PPG) which met formally on a regular basis, approximately every two months. These meetings were attended by the practice manager at all times and by a GP where possible.

There were no representatives of the PPG available to speak with us on the day of the inspection.

We spoke with representatives from the local hospital admission avoidance team and a local care home. All parties fed back that they felt the practice provided an effective service, offered support and direction when needed and delivered appropriate care. The local care home representatives informed us that referrals were made in a timely manner, care was provided effectively and communication was pleasant and supportive. The representative from the local hospital admission avoidance team informed us that care was delivered safely and appropriately but found communication with the practice difficult at times.

The practice had undertaken their own patient survey in October 2016 in which 64 patients had taken part. This had identified amongst other results that:

- 60% of respondents rated the practice excellent or very good in their ability to get through to the practice by phone, 3% rated this as poor.
- 81% rated the helpfulness of receptionists as excellent or very good, no one rated this poor.
- 80% rated the quality of care by doctors during consultation as excellent or very good, no one rated this poor.
- 92% rated the quality of care by nurses during consultation as excellent or very good, no one rated this poor.
- 77% rated the quality of services provided by the dispensary as excellent or very good, no one rated this poor.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice. Staff told us that the previous six months of the practice being in special measures had created improved teamwork and morale with a shared goal of wanting to improve all aspects of the practice.

Continuous improvement

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

Are services well-led?

Good 

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

practice had sought and adopted various avenues of assistance, including support from a team from the RCGP. This was funded by the practice themselves. During the time of improvement the practice had encountered further obstacles due to ill health from the lead GP but had

remained resilient in overcoming their challenges. During our December inspection we found the practice had responded positively to our findings, embracing these constructively to seek improvement where needed.