

# Dr Richard Reubin

## 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?

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 Dr Richard Reubin on 21 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 significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- 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 supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The practice should make improvements in the following areas:

- Implement a system to ensure annual health checks for patients are correctly recorded.
- Continue to encourage patients to attend cancer screening programmes.
- Continue to develop and ensure an active Patient Participation Group.
- Continue to identify and support carers.

**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.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were in line with the average for the locality and compared to the national average in most areas. The most recent published results showed the practice had 11 patients on their dementia register and 100% of these patients had received a face-to-face review within the last 12 months.
- 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 members.
- The practice provided health checks to patients aged over 75 and patients with learning disabilities, however at the time of inspection the practice was not coding the completed health checks on their clinical system.
- 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



- Data from the National GP Patient Survey results published in July 2016 showed the practice was comparable with the local

# Summary of findings

and national averages for several aspects of care. For example, 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83%, and the national average of 82%.

- 90% said the last nurse they saw was good at giving them enough time, compared to the CCG average of 94%, and the national average of 92%.
- The practice offered flexible appointment times based on individual patient needs.
- 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's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 13 carers identified, which was approximately 0.5% of the practice list. Staff members had recently completed a course on carer awareness and a plan was in place to increase the number of identified carers on the register.

## 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 Herts Valleys Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a daily in house phlebotomy service to take blood samples from patients for required testing.
- 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.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients were able to have their 24 hour ambulatory blood pressure monitoring and an electrocardiogram (ECG) test carried out at the practice (this test checks for problems with the electrical activity of the heart).

Good



# Summary of findings

- The practice had arrangements in place for the local NHS physiotherapy team to see patients at the practice twice a week.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for identifying notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. However the Patient Participation Group was not active.
- The practice worked closely with other practices and the local Herts Valleys CCG.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. This included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- 67% of patients aged 65 years or over had received a seasonal flu vaccination in the 2015/2016 year.
- The practice worked closely with a multidisciplinary team to support older people and patients considered to be in the last 12 months of their lives.
- The practice began providing health checks for patients aged over 75 years from May 2016. The practice provided these health checks during patient consultations and reviews. However, at the time of inspection the practice was not coding the completed health checks on their clinical system. The practice told us that they were reviewing their process and updating their clinical system to ensure that these health checks were being correctly recorded.

### People with long term conditions

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

Good



- Nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 94% of patients newly diagnosed with diabetes, had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register, which was comparable with local CCG and national average.
- 64% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was below the local CCG average of 75% and the national average of 76%. Exception reporting was 0% which was below the local CCG average of 6% and national average of 8%.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines

# Summary of findings

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 identified as being at possible risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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's uptake for the cervical screening programme was 81% which was comparable with the local average of 82% and national average of 81%.
- Appointments were available on the same day and outside of school hours.
- We saw positive examples of joint working with midwives and health visitors.

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.
- The practice was proactive in offering on line services such as appointment bookings, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- Extended appointment times were available to patients on a daily basis.
- Data from 2014/2015 showed: 34% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to the local CCG average of 59% and national average of 58%.

Good



# Summary of findings

- 59% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years which was below the local CCG and national average of 72%. The practice had sent letters out to relevant patients over the past three months to encourage uptake.

## 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 nine patients on their learning disability register. The practice provided health checks to these patients however at the time of inspection the practice was not coding the completed health checks on their clinical system.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access support groups and voluntary organisations.
- Staff had accessed safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff members 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 practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 13 carers identified, which was approximately 0.5% of the practice list.

Good



## People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- 100% of patients diagnosed with dementia (11 patients) had their care plan reviewed in a face to face review within the last 12 months.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care

Good





# Summary of findings

plan documented in the preceding 12 months was 77%, which was below the local CCG average of 92% and national average of 89%. Exception reporting was 0% which was below the local CCG average of 10% and national average of 13%.

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

We looked at the National GP Patient Survey results published in July 2016. The results showed the practice's performance was above average in some areas and comparable with local and national averages. There were 357 survey forms distributed and 83 were returned. This represented a 23% response rate and approximately 3.5% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the local average of 78% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the local average of 89% and national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 85% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 66 comment cards, all of which were very positive about the standard of care received and access to the service. Patients said all staff acted in a caring, professional and courteous manner and described the services provided by all staff as excellent. Patients were particularly positive about the Principal GP at the practice.

We spoke with three patients during the inspection. All of these patients said they were able to get an appointment when they needed one and they were happy with the care they received. Patients described the clinical staff as excellent and told us staff members were approachable, committed and caring.

The practice had gathered patient feedback using the NHS Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. The practice had received 47 responses to the FFT between October and November 2016. The results showed 43 people (approximately 91%) were either extremely likely or likely to recommend the service. One person was neither likely nor unlikely to recommend the service and three people were either extremely unlikely or unlikely to recommend the service.

## Areas for improvement

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

- Implement a system to ensure annual health checks for patients are correctly recorded.
- Continue to encourage patients to attend cancer screening programmes.
- Continue to develop and ensure an active Patient Participation Group.
- Continue to identify and support carers.

# Dr Richard Reubin

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

## Background to Dr Richard Reubin

Dr Richard Reubin provides primary medical services to approximately 2,350 patients in Colne House, Watford, Hertfordshire. The practice moved into the current premises in 2014 and is one of three single handed GP practices and one GP partnership based at the same location. The principal GPs for all four practices hold joint meetings and share clinical lead roles in a number of areas such as safeguarding, infection control, dementia and diabetes.

The practice serves a higher than average population of those aged between 30 and 49 years and a lower than average population of those aged from 60 to 85 years and over. The practice told us that a higher than average number of patients identify themselves as Asian and that there are high levels of social deprivation within the local area.

The practice is led by one principal GP and is supported by one salaried GP and two regular locums. Two GPs are male and two GPs are female. The practice team works across the four GP practices in Colne House and consists of three practice nurses, one health care assistant, a practice manager, four members of the secretarial team and seven members of the administration and reception team.

The practice is open to patients between 8am and 6:30pm Monday to Friday. Appointments with a GP are available from 9am to 11.30am and from 4pm to 6pm daily. Emergency appointments are available daily. The practice is a member of Watford Care Alliance and this service enables the practice to offer appointments to patients during extended opening hours at a number of practices across the locality.

Home visits are available to those patients who are unable to attend the surgery and the Out of Hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We contacted NHS Herts Valleys

# Detailed findings

Clinical Commissioning Group (CCG), Healthwatch and the NHS England to consider any information they held about the practice. We carried out an announced inspection on 21 December 2016. During our inspection we:

- Spoke with the principal GP, the practice manager, one member of the administration team and two members of the reception team.
- Spoke with three patients and observed how staff interacted with patients.
- Reviewed 66 CQC comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- 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 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 support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed with the GPs during a meeting which took place on a weekly basis. We saw evidence to confirm this.
- Information and learning would be circulated to staff and the practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and patient safety alerts. We saw evidence to confirm actions had been taken to improve safety in the practice. For example, the practice had received a safety alert in relation to a specific piece of emergency medical equipment. The practice had then completed a search of their emergency equipment and recorded the action taken.

### 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for

safeguarding adults and children. The GPs provided reports where necessary for other agencies. All staff members demonstrated they understood their responsibilities. All GPs and nurses were trained to an appropriate level to manage safeguarding children (level 3) and adults.

- The practice displayed notices in the waiting area and treatment and consulting rooms which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and a risk assessment was in place for all staff, including circumstances in which staff acted as a chaperone without having a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The senior practice nurse was the infection control lead and kept up to date with best practice. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There was an infection control protocol and all staff members had completed infection control training.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Specific equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately and collected from the practice by an external contractor on a weekly basis.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

# Are services safe?

- Blank prescription forms and pads were securely stored and there was a system in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There were individual team rotas in place to ensure that enough staff members were on duty. The practice had systems in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required during other absences. The practice had a locum GP information pack in place and would complete the necessary recruitment checks on those individuals.

## Arrangements to deal with emergencies and major incidents

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

## 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 along with a poster in the staff area which included the names of the health and safety lead at the practice. The practice had up to date fire risk assessments. Staff members told us that fire alarms were tested weekly and the building landlord carried out a fire drill on a six monthly basis. Fire equipment was checked on a regular basis. All electrical equipment was checked in February 2016 to ensure the equipment was safe to use and clinical equipment was checked in April 2016 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 (COSHH), infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was an instant messaging system on the computers which alerted staff to any emergency. The practice also had panic buttons installed in all of the treatment rooms.
- All staff received annual basic life support training.
- The practice had a defibrillator available 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 emergency medicines we checked were in date.
- 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. A copy of this plan was available on the staff intranet and additional copies were kept off the premises.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice accessed weekly performance reports from the Herts Valleys Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice received information from the local CCG on A&E attendance, emergency admissions to hospital, prescribing rates and the monitoring of patients referred to secondary care services. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

### 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 practice had achieved 74% of the total number of points available between 2014/2015. The most recently published results showed the practice achieved 82% of the total number of points available which was below the local CCG average of 96% and national average of 95%. Data from 2015/2016 showed;

- 94% of patients newly diagnosed with diabetes, had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register, which was comparable with local CCG average of 94% and national average of 92%.

- 80% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less, which was below the local CCG and national average of 91%. Exception reporting was 0% which was below the local CCG and national average of 6%. (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).
- 64% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was below the local CCG average of 76% and the national average of 75%. Exception reporting was 0% which was below the local CCG average of 6% and national average of 8%. We checked the patient recall process and found the practice had a systematic approach in place.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the preceding 12 months was 77%, which was below the local CCG average of 92% and national average of 89%. Exception reporting was 0% which was below the local CCG average of 10% and national average of 13%. We checked patient records and found some of these patients were receiving regular reviews from the community mental health team. We also checked the patient recall process and found the practice had an effective system in place.
- 100% of patients diagnosed with dementia (11 patients) had their care plan reviewed in a face to face review within the last 12 months, which was 100%
- The practice had recently appointed a senior nurse who was trained in managing patients with long term conditions. The practice had put a plan in place to make further improvement to their performance for the Quality and Outcome Framework.

Clinical audits demonstrated quality improvement.

- The practice had undertaken four clinical audits within the last two years. Two of these were completed audits where the improvements made were implemented and monitored.



# Are services effective?

## (for example, treatment is effective)

- Findings from audits were used by the practice to improve services. For example, one of these audits had been carried out to assess the appropriateness and effectiveness of certain medicines used to treat type two diabetes. The practice had also completed an audit on the number of patients that had engaged with the mental health wellbeing service following a referral.
- The practice participated in local audits, national benchmarking and peer reviews.

### 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. It covered such topics as safeguarding, equality and diversity, infection control, information governance, basic life support, health and safety and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff taking blood samples, administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attendance to educational sessions and conferences.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff had received training that included: safeguarding, equality and diversity, information governance, infection control, basic life support, health and safety and fire safety, mental capacity and chaperoning.

- The practice held internal training sessions. External trainers also delivered training and the practice told us that they were in the process of purchasing an e-learning training package.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for vulnerable patients, families and for patients requiring palliative care.

### Consent to care and treatment

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

- The practice had a consent policy in place and staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.



# Are services effective?

## (for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included patients considered to be in the last 12 months of their lives, those at risk of developing a long-term condition, homeless people, travellers and those requiring advice on their diet, smoking, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant service.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had nine patients on their learning disability register. The practice provided health checks during patient consultations and reviews. However, at the time of inspection the practice was not coding the completed health check on their clinical system. The practice told us that they were reviewing their process and updating their clinical system to ensure that these health checks were being correctly recorded.
- Smoking cessation advice was provided by the local public health and wellbeing team.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the local CCG average of 82% and the national average of 81%. Exception reporting was 0% which was below the local CCG average of 5% and national average of 6%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by contacting patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were below local and national averages. Data from 2014/2015 showed;

- 34% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to the local CCG average of 59% and national average of 58%.
- 59% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years which was below the local CCG and national average of 72%.

These were nationally run and managed screening programmes and the Principal GP had sent letters out to relevant patients over the past three months to encourage uptake to bowel and breast screening.

Childhood immunisation rates for the vaccinations given were comparable to local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96%, which was comparable to the local CCG average of 94% to 97%. Immunisation rates for five year olds ranged from 96% to 100% which was comparable to the local CCG average of 92% to 96%. The practice had a childhood health and immunisations information notice board on display for patients.

Patients had access to appropriate health assessments and checks. New patients were offered a health check during their registration. The practice participated in a targeted flu vaccination programme and 67% of patients aged 65 years or over had received a seasonal flu vaccination in the 2015/2016 year. 58% of patients aged over six months to under 65 years defined as at risk had received a flu vaccination in the 2015/2016 year.

The practice began providing health checks for patients aged over 75 from May 2016. The practice told us that they were providing these health checks during patient consultations and reviews. However, at the time of inspection the practice was not coding the completed health check on their clinical system. The practice told us that they were reviewing their process and updating their clinical system to ensure that these health checks were being correctly recorded.

# 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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice had notices in the patient waiting areas which promoted patient confidentiality.

We received 66 CQC patient comment cards and all of the comments received were very positive about the service experienced. Patients described receiving high quality services and support from the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

On the day of our inspection, we spoke with three patients who told us that they were satisfied with the care provided by the practice. Patients told us that staff responded compassionately when they needed help and their dignity and privacy was respected.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 88%, and the national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 96%, and the national average of 95%.

- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88%, and the national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92%, and the national average of 91%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 88%, and the national average of 87%.

The practice had reviewed the latest results from the National GP Patient Survey and had developed and implemented an action plan to address the areas which were below average.

### 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.

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

- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83%, and the national average of 82%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86%, and the national average of 85%.
- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.

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. The practice had notices displayed in the reception area

## Are services caring?

informing staff of this service. The practice told us staff were able to speak to patients in a number of different languages. A portable hearing loop system was available to patients who were hard of hearing.

### **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. The practice had dedicated notice boards and information was also displayed in different languages. 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 held a register of carers

with 13 carers identified, which was approximately 0.5% of the practice list. The practice had a carer's lead (known as a Carer's Champion) and had an action plan in place to increase the number of carers identified. Staff members had recently received training on carer awareness from the local carer's association. The practice had a carer's noticeboard in the patient waiting area and provided information and advice about local support groups and services available.

- Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a daily in house phlebotomy service to take blood samples from patients for required testing.

- Patients were able to have their 24 hour ambulatory blood pressure monitoring and an electrocardiogram (ECG) test carried out at the practice (this test checks for problems with the electrical activity of the heart).
- The practice had arrangements in place for the local NHS physiotherapy team to see patients at the practice twice a week.
- The practice worked closely with a multidisciplinary team to support older people and patients considered to be in the last 12 months of their lives.
- The practice told us that they were in the process of planning a diabetes health promotion event with local practices.
- The practice had signed up to an enhanced service to manage unplanned hospital admissions for vulnerable and at risk patients. These patients had a personalised care plan and all of these patients had a named GP and regular reviews.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- Same day appointments were available for children and those with serious medical conditions.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- There was good access into the practice for wheelchairs and prams and the practice had equipment to treat patients and meet their needs

The practice was open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP were available from 9am to 11.30am and from 4pm to 6pm daily. The practice offered extended surgery hours between 6.30pm and 8.30pm two evenings a week and from 8.30am to 10.30am one Saturday each month. The practice was a member of Watford Care Alliance and was able to offer patients appointments during extended opening hours at a number of practices across the locality. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available at the practice for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the local CCG average of 77% and national average of 76%.
- 89% of patients said they could get through easily to the surgery by phone compared to the local CCG average of 78% and national average of 73%.
- 77% of patients said they usually get to see or speak to their preferred GP compared to the local CCG average of 62% and national average of 59%.

### 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information to help patients understand the complaints system was available on the practice website and in the patients' waiting areas.

We looked at four complaints received in the last 12 months and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency when dealing with complaints. Apologies were offered to patients, lessons were learnt from concerns and

### Access to the service

# Are services responsive to people's needs?

(for example, to feedback?)

complaints and action was taken as a result to improve the quality of care. For example, the practice had improved their process to ensure a clear record of clinical judgement was recorded for patients that presented with pneumonia.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to provide high quality primary care treatment.

- The practice had a mission statement which was displayed in staff areas and staff understood the values.
- The practice had a business development plan in place which reflected the vision and values and this was regularly monitored.

### Governance arrangements

The practice had structures and procedures in place which supported the delivery of the strategy and good quality care and ensured that:

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

### Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and practice manager were approachable and always took the time to listen to 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). The GPs 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 kept records of written and verbal correspondence and gave affected people support and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and we saw evidence that regular staff meetings were taking place for all staff groups including multidisciplinary team meetings.
- 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 said they felt respected, valued and supported by the practice manager and the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the services 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.

- The practice had gathered feedback from patients through the Friends and Family Test, through surveys and complaints received and feedback submitted online. The practice reviewed the results from the National GP Patient Survey and took steps to improve their performance where required.
- The practice had a Patient Participation Group (PPG) however at the time of our inspection this group was not active. The PPG had originally started in 2011 and their last meeting was held in March 2015. The PPG had worked with the practice and had made improvements to the signage in the practice, including information about confidentiality. PPG members had also made improvements to the waiting room, including making a child friendly area, and had improved the information made available to patients in the practice.
- The practice were attempting to recruit new members to the PPG and displayed information about the PPG in the reception area, patient waiting area, treatment rooms and on their website. The practice had contacted the National Association for Patient Participation (NAPP) for support and advice to increase patient participation.

# Are services well-led?

Good 

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

The practice had created a webpage on line to promote patient engagement and participation and had also liaised with their local CCG for support. The practice had also recently joined the West Hertfordshire GP Practice Patient Network Group.

- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice had increased their capacity in reception during the afternoon to manage an increase in demand. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Senior staff regularly attended meetings with peers within their locality and the practice had been working with local practices to plan and support health promotion events for patients in the local area.

The practice had recently appointed a senior nurse who was trained in managing patients with long term conditions. The practice had put a plan in place to make further improvement to their performance for the Quality and Outcome Framework.

The practice worked closely within their locality and was able to offer patient appointments during extended opening hours at a number of practices across the local area.