The Portmill Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Portmill Surgery on 22 June 2016. Overall the practice is rated as requires improvement.

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.
- 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.
- Improvements were made to the quality of care as a result of complaints and concerns. However, information about how to complain was not easily available.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure an appropriate and robust system is in place for the safe use of prescription pads, and the management of medicines, including those used in an emergency.
- Ensure a Legionalla risk assessment is completed by a person competent to carry out the task. Implement any action required following the completion of the risk assessment and complete water temperature checks.

Summary of findings

- Complete an assessment on the control of substances hazardous to health.
- Ensure that all staff employed are receiving an appraisal and essential training relevant to their role.
- Ensure an accessible and robust system is in place for receiving and responding to complaints.
- Create and maintain a record of fire alarm tests and fire drills carried out at the premises.

The area where the provider should make improvements is:

- Keep and maintain a copy of the practice's business continuity plan off the premises.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- The provider did not have a process in place to ensure emergency medicines were within the expiry date recommended by the manufacturers.
- Prescription pads were not stored securely at all times.
- The provider did not have written standard operating procedures in place for the management of controlled drugs.
- A Legionalla risk assessment had not been completed by a person competent to carry out the task and the practice did not complete water temperature checks.
- The practice did not keep a record of fire alarm tests or fire drills carried out on the premises.
- 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.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, not all staff had completed safeguarding training relevant to their roles.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was proactive in ensuring staff learning needs were met.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the National GP Patient Survey results published on 7 January 2016 showed patients rated the practice higher than others for several aspects of care.
- The practice offered flexible appointment times based on individual 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 held a register of carers with 305 carers identified which was 2% of the practice list. There was a nominated Carers' champion who provided information about local support groups and services.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in the local area winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for an urgent appointment rather than travel to the local A&E department.
- Arrangements were in place for trained nurses, from a local practice, to deliver an anticoagulation clinic at the practice on a regular basis.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had installed automatic entrance doors in May 2015 to improve patient access.

Are services well-led?

Requires improvement

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

Summary of findings

- 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.
- However, not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others. For example, the practice did not have an appropriate system is in place for the safe use of prescription pads, and the management of medicines, including those used in an emergency. The practice had not completed a Legionella risk assessment by a person competent to carry out the task and water temperature checks were not being completed. Not all of the practice staff had received an appraisal or completed training relevant to their role. The practice did not keep a record of fire alarm tests or fire drills carried out at the practice and the practice did not have an effective system in place for receiving complaints and providing all complainants with essential information, when responding to complaints.
- 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.
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices and the local CCG.

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

Requires improvement

The practice is rated as requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice worked closely with a multidisciplinary rapid response service in place to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.
- Regular visits to three care homes were carried out on a weekly basis for continuity of care and emergency visits were also provided when needed. The practice also telephoned each home on Fridays to assess patients and reduce the risk of emergencies during the weekend. We spoke with senior staff at the homes who described the practice as very good, responsive and committed towards meeting the individual needs of the residents.
- The practice offered a health check for all patients aged 75 or over. The practice had completed 410 health checks for patients aged over 75 between 2014/2015, which was 47% of this population group.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- Clinical staff accessed advice and support from specialist staff including a geriatrician, the local respiratory team and staff also worked closely with a local diabetes consultant.
- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 96% of the total number of points available, compared to the local and national average of 89%.
- 74% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the local and national average of 75%.
- 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 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

Requires improvement 

The practice is rated as requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- 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 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 92% which was better than the local average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice told us that they were in the process of developing an after school drop-in clinic to offer confidential advice to young people aimed specifically at sexual health, mental health and dermatology.

Summary of findings

- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. A community midwife held a clinic at the practice on a weekly basis.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- 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 provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Data showed 78% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and nationally.
- The practice was proactive in offering on line services such as appointment booking, 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 opening times were available two mornings each week, one evening a month and during one Saturday each month.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had completed 37 health checks out of 43 patients on the learning disability register between 2015/2016.
- It offered longer appointments and annual health checks for people with a learning disability.

Summary of findings

- The practice had a system in place to identify patients with a known disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access various support groups and voluntary organisations.
- Staff had access to safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. However, not all of the staff members had completed safeguarding training. 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was above the local average of 86% and national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice had access to a NHS counsellor who held weekly appointments at the practice.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available compared to 96% locally and 93% nationally.
- 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 A&E where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We looked at the National GP Patient Survey results published on 7 January 2016. The results showed the practice was performing mostly in line with local and national averages. There were 237 survey forms distributed and 115 were returned. This represented a 49% response rate and approximately 1% of the practice's patient list.

- 58% of patients found it easy to get through to this practice by phone compared to the local average of 63% and national average of 73%.
- 77% 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 71% and national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the local average of 82% and national average of 85%.
- 86% 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 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards. All 18 comment cards were positive about the standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as very caring, attentive and knowledgeable.

Two patients also included comments about the difficulties they had in telephoning the practice. We spoke with 11 patients during the inspection and received additional feedback from seven patients. All 18 patients said they were happy with the care they received and described staff members as approachable, committed and caring. However, six patients also told us that had difficulties in getting through to the practice by telephone. The practice told us that they had recruited two additional reception staff in order to improve telephone access and had installed a queuing system on the telephone system in an attempt to improve patient experience. The practice told us that they were continuing to regularly review telephone access into the practice.

The practice had received 21 responses to the NHS Friends and Family Test (FFT) since March 2016. The FFT asks people if they would recommend the services they have used and offers a range of responses. All 21 patients who responded said they were either 'extremely likely' or 'likely' to recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure an appropriate and robust system is in place for the safe use of prescription pads, and the management of medicines, including those used in an emergency.
- Ensure a Legionalla risk assessment is completed by a person competent to carry out the task. Implement any action required following the completion of the risk assessment and complete water temperature checks.
- Complete an assessment on the control of substances hazardous to health.
- Ensure that all staff employed are receiving an appraisal and essential training relevant to their role.
- Ensure an accessible and robust system is in place for receiving and responding to complaints.
- Create and maintain a record of fire alarm tests and fire drills carried out at the premises.

Action the service SHOULD take to improve

- Keep and maintain a copy of the practice's business continuity plan off the premises.

The Portmill Surgery

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, a practice manager specialist advisor and an Expert by Experience.

Background to The Portmill Surgery

The Portmill Surgery provides primary medical services, including minor surgery, to approximately 14,300 patients in Hitchin and surrounding areas. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract).

The practice serves a lower than average population of those aged between 20 to 29 years, and a slightly higher than average population of those aged between 40 and 59 years. The population is 88% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of eight GP Partners, six of which are female and two are male. There are four practice nurses, one nurse prescriber, who is qualified to prescribe certain medications, and three Health Care Assistants. The non-clinical team consists of a practice manager, a finance and facilities manager, a reception supervisor and a team of administration and reception staff.

The Portmill Surgery has been approved to train doctors who are undertaking further training (from four months up to one year depending on where they are in their educational process) to become general practitioners. The practice currently has five GP trainees, three of which are ST3 GP trainees (third year of speciality training), one is a ST2 trainee (second year of speciality training) and one is a ST1 trainee (first year of speciality training).

The practice is open to patients between 8am and 6:30pm Mondays to Fridays. Appointments with a GP were available from approximately 8am to 11am and from 2pm to 5.50pm daily. Emergency appointments are available daily. A telephone consultation service is also available for those who need urgent advice. The practice offers extended opening hours between 7am and 8am every Thursday and Friday, and from 6.30pm to 8pm one Monday each month and from 8am to 10am one Saturday each month.

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, on the practice website and on the practice telephone line.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We contacted NHS East and North Hertfordshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 22 June 2016. During our inspection we:

- Spoke with four GPs, the practice manager, the facilities and facilities manager, the nurse prescriber, two practice nurses, one Health Care Assistant, the reception supervisor and four members of the reception team.
- Spoke with 11 patients and observed how staff interacted with patients.
- Reviewed 18 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from seven members of the Patient Participation Group (PPG). (This is a group of volunteer patients who work with practice staff on making improvements to the services provided for the benefit of patients and the practice).

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.

Requires improvement

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 at GP partner meetings which took place weekly and we saw evidence to confirm this.
- Information and learning would be circulated to staff and the practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, the practice received a safety alert about incorrect instructions for the administering of a particular medicine. The practice carried out a search on their system to see if any patients were using that particular medicine and then took the appropriate action.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice created a new template for all prescriptions issued with medicines that contain penicillin to include a warning message on the prescription. This measure was put in place as a fail-safe for patients after a local pharmacy contacted the practice after a patient was prescribed an antibiotic which contained penicillin despite having a known allergy to that medicine.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however during our inspection we found some of these systems and processes to be insufficient:

- Staff demonstrated they understood their responsibilities to safeguard children and adults from abuse. Since May 2016 staff had access to e-learning training however at the time of our inspection the majority of staff had not completed safeguarding training relevant to their roles. When reviewing safeguarding training records for staff we found that only one GP had completed safeguarding adults training and the safeguarding lead was the only GP who had completed safeguarding children training. The practice told us that all the GPs had completed the appropriate level of safeguarding children and adult training however we did not see or receive any evidence to confirm this. We did not see evidence to confirm that the nurses had completed safeguarding children training and only one nurse had completed safeguarding adults training.
- Safeguarding 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. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- The practice displayed notices in the waiting room which advised patients that chaperones were available if required. However, at the time of our inspection the practice did not display notices in the treatment rooms. After we highlighted this omission the practice took immediate action to display appropriate notices in all treatment rooms. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Requires improvement

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead who had accessed training and updates to keep up to date with best practice. There was an infection control protocol in place however not all of the staff had completed infection control training. Infection control audits were undertaken annually and we saw evidence that action was taken to address any improvements identified as a result.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- Emergency medicines were checked weekly however this process was found not to be robust. We checked the emergency medicines in the practice and found the majority to be in date. However we found two antibiotic injections that had expired in February 2015. Staff took immediate action to remove the out of date medicine and the practice had an alternative medicine available. The practice stocked diamorphine but did not stock naloxone (a medication used to block the effects of opioids, especially in overdose). The day after the inspection the practice told us that the naloxone had been beyond its expiry date and had been ordered. We were told that the new supply had arrived.
- The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- Blank prescription forms were securely stored and there were systems in place to monitor their use. However the practice did not have a system in place to securely store and monitor the use of prescription pads. The practice told us that they had made a decision to stop using prescription pads and that they were taking the appropriate action to destroy the pads in accordance with guidelines.
- Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored in a suitable controlled drugs cupboard, access to them was restricted and keys held securely. The correct legal records were made when stock was received or dispensed to patients and stock levels of all controlled drugs were checked and countersigned at each occasion of dispensing. Expiry dates were also recorded. However, the practice did not have written standard operating procedures in place for the management of controlled drugs.
- Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The Health Care Assistants were 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).

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety in most areas. However, during our inspection we found examples where risks to patients were had not been managed appropriately.

- The practice had a basic Legionalla risk assessment (Legionalla is a term for a particular bacterium which can contaminate water systems in buildings) which had been completed by the previous practice manager in July 2014. The practice was not completing any checks on the water temperatures. A Legionalla risk assessment of the premises had not been completed by a person competent to carry out the task. During our inspection we saw evidence to confirm that a Legionalla risk assessment was scheduled to be completed by an appropriately qualified person on 28 June 2016. The practice told us that any actions identified as a result of this assessment would be implemented.
- The practice had up to date fire risk assessments however the practice did not keep a log of the weekly

fire alarm tests or annual fire drill. The practice told us that this was managed by the landlord and that the landlord did not keep a record. We were told that the last fire drill was completed in July 2015.

- There was a health and safety policy available along with a poster in the staff communal areas which included the names of the health and safety lead at the practice. A health and safety assessment had been completed in July 2015. All electrical equipment was checked in February 2016 to ensure the equipment was safe to use and clinical equipment was checked in June 2016 to ensure it was working properly. The practice was in the process of completing an assessment on the control of substances hazardous to health (COSHH).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for the different staff groups. The practice had a system in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required. The practice had a locum GP information pack in place and would complete the necessary recruitment checks on those individuals when necessary.

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 which alerted staff to any emergency. There was also an emergency alert button in most of the clinical rooms.
- All staff received annual basic life support training.
- The practice had a defibrillator and adults pads, however the practice did not have paediatric pads and had not completed a risk assessment in relation to this. We received evidence shortly after the inspection to confirm the practice had ordered paediatric pads for the defibrillator.
- Emergency oxygen was available with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were kept in a secure area of the practice and all staff knew of their location.
- 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 however a copy of this plan was not kept off the premises.

Good

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 and random sample checks of patient records.
- The practice met with the local 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 would receive information from the CCG on accident and emergency attendance, emergency admissions to hospital, outpatient attendance and public health data. 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 most recent published results showed the practice achieved 99% of the total number of points available, with 10% exception reporting which was comparable with the local and 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). Data from 2014/2015 showed;

- Performance for diabetes related indicators was above the CCG and national average. The practice had achieved 96% of the total number of points available, compared to the local and national average of 89%. Overall exception reporting for diabetes related indicators was 6% which was below the local average of 9% and national average of 11%.
- The percentage of patients aged 45 years or over who have a record of blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 91% of the total number of points available, compared to 90% locally and 91% nationally.
- Performance for mental health related indicators was above the CCG and national average. The practice had achieved 100% of the total number of points available (with 39% exception reporting), compared to 96% locally (9% exception reporting) and 93% nationally (11% exception reporting).

We checked the exception reporting processes for mental health related indicators and saw that the practice had an effective recall system in place and a systematic approach towards recording exceptions. The practice would attempt to contact the patient using letters, phone calls and text messages, on several occasions, before exempting patients. The practice also told us that all patients experiencing poor mental health would be referred to the Single Point of Access (SPA) service. (This service is available for all ages, for anyone living in Hertfordshire. The SPA service accepts referrals for those who need support with mental health and signposts them to the most appropriate services).

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings from audits were used by the practice to improve services. For example, the practice completed an audit to assess adherence to annual blood test guidelines for patients with gestational diabetes (a type of diabetes that affects women during pregnancy). The results from the repeated audit showed that all patients with gestational diabetes had a recall on their notes for an annual blood test.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

- 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, information governance, basic life support, infection control, health and safety and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, staff 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 and attendance to update training sessions.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal 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. However at the time of our inspection, we found that appraisals for one nurse and seven non-clinical staff were behind schedule. We also found staff members had not completed training relevant to their roles. The practice told us that staff appraisals were currently being scheduled and undertaken.
- Staff had access to monthly clinical educational training sessions which were delivered at the practice. The practice staff would also attend CCG led training days which were held three times a year. Staff had access to external training and the practice had made e-learning training modules available to staff in May 2016. Staff received training that included: safeguarding, infection control, chaperoning, basic life support, information governance, customer service training, consent, dignity and respect and dementia awareness. However, at the time of our inspection not all of the staff had completed training on safeguarding children and adults, infection control and information governance.
- We were told that the practice had close links with the University of Hertfordshire who provided nurse training modules and updates on topics such as childhood immunisations, cervical screening and spirometry.
- One of the practice nurses was trained as a specialist in diabetes and managed a weekly diabetes clinic for complex patients.

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 Gold Standard Framework (GSF) team meetings took place on a monthly basis for vulnerable patients and for patients requiring palliative care. (The Gold Standards Framework is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis).
- The practice worked closely with a multidisciplinary rapid response service in place to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.
- Regular visits to three care homes were carried out on a weekly basis for continuity of care and emergency visits

Good

Are services effective?

(for example, treatment is effective)

were also provided when needed. The practice also telephoned each home on Fridays to assess patients and reduce the risk of emergencies during the weekend. We spoke with senior staff at the homes who described the practice as very good, responsive and committed towards meeting the individual needs of the residents.

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.
- 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, carers, people that are homeless, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant services.
- Smoking cessation advice was provided by the nursing team.
- A NHS dietician visited the practice once a week
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had completed 37 health checks out of 43 patients on the learning disability register between 2015/2016.

The practice's uptake for the cervical screening programme was 92%, which was better than the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending letters to 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 better than local and national averages. For example:

- Data published in March 2015 showed 66% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.
- Data showed 78% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and nationally.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% and five year olds from 95% to 98%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. Health checks were also offered to patients aged 75 and over and new patients were offered a health check upon registering.

The practice had invited 1049 patients aged over 75 for a health check since September 2014. The practice had 874 patients eligible for a health check and had completed 410 health checks for patients aged over 75 between 2014/2015, which was 47% of this population group.

Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 and they could offer them a private room to discuss their needs.
- The practice had electronic check-in screens available which promoted patient confidentiality.

We received 18 CQC patient comment cards. Patients said they felt the practice offered a good service and said staff were helpful, caring and treated them with dignity and respect.

We received feedback from 18 patients. All 18 patients told us that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in January 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:

- 85% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 85%, national average 87%). The practice told us that they reviewed patients survey results and GPs could allocate longer appointment times for routine appointments at their discretion.
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and involved in decisions 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 January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

- Staff told us that a translation service was available for patients who were hard of hearing or did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting rooms told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers

Good

Are services caring?

with 305 carers identified which was 2% of the practice list. The reception supervisor was the practice's carers lead (a Carers' champion) who provided information about local support groups and services.

- The practice maintained a bereavement register. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the local area winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for an urgent appointment rather than travel to the local A&E department. The practice had offered 782 additional face to face appointments and had seen 119 patients during additional visits to care homes between 30 November 2015 and 30 April 2016.

- Clinical staff accessed advice and support from specialist staff including a geriatrician, the local respiratory team and staff also worked closely with a local diabetes consultant.
- Arrangements were in place for trained nurses, from a local practice, to deliver an anticoagulation clinic at the practice on a regular basis.
- The practice told us that they were in the process of developing an after school drop-in clinic to offer confidential advice to young people aimed specifically at sexual health, mental health and dermatology.
- There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was proactive in offering on line services such as appointment booking, 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.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice had installed automatic entrance doors in May 2015 to improve patient access, and the practice was undergoing refurbishment work in patient areas throughout the building.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever vaccination centre.
- 74% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable to the local and national average of 75%.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. A community midwife held a clinic at the practice on a weekly basis.
- The practice had a system in place to identify patients with a known disability.
- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was above the local average of 86% and national average of 84%.
- The practice had access to NHS counsellors who held regular appointments at the practice.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.

Access to the service

The practice was open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP were available from 8am to 11am and from 2pm to 5.50pm daily. The practice offered extended surgery hours between 7am and 8am every Thursday and Friday, and from 6.30pm to 8pm one Monday each month and from 8am to 10am one Saturday each month. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment were below local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 78%.
- 58% of patients said they could get through easily to the surgery by phone compared to the CCG average 63% and national average of 73%.

The practice told us that they had recruited two additional reception staff in order to improve telephone access and had installed a queuing system on the telephone system in an attempt to improve patient experience. The practice told us that they were continuing to regularly review telephone access into the practice. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. One of the GP Partners was the designated responsible person who handled all complaints in the practice. The practice carried out an analysis of complaints and produced an annual complaints report. However, information on how to complain was not made easily available to patients. There was no information available in the patient waiting areas, information on the practice website was minimal and verbal complaints were not being recorded or analysed. Patients told us that on the day of inspection that they were not aware of the process for submitting a complaint.

The practice leaflet included information on the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England). However, the practice did not provide patients with information on the role of the PHSO when responding to patient complaints as standard.

Following our comments the practice told us that they would now be recording verbal interactions and would also be displaying a copy of complaints procedure in reception area and on the patient information screens. They also told us that they have added information regarding the PHSO into their standard complaint response letter.

We looked at six complaints received in the last 12 months and found all of these had been dealt with in a timely way. The practice shared their complaints data with NHS England. Apologies were offered to patients where necessary. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice changed their system for handling prescription queries to avoid them being misplaced.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The GP Partners held regular away days for planning and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

Governance arrangements

Although the practice had an overarching governance framework which supported the delivery of the strategy and good quality care, it was insufficient in ensuring the implementation of and adherence to some systems, processes and procedures.

- There was a clear staffing structure and 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.
- However, not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others. For example the practice did not have:

- An effective system in place to ensure all staff received an appraisal and completed all training relevant to their roles.
- An effective process to ensure emergency medicines are within the expiry date recommended by the manufacturers.
- A system to ensure records are kept in relation to the use and safe storage of prescription pads.
- Written standard operating procedures in place for the management of controlled drugs.
- A detailed Legionalla risk assessment or water temperature checks, a log of fire drills and fire alarm tests and a completed assessment on the control of substances hazardous to health.
- An effective system in place for receiving and responding to patient complaints.

Leadership and culture

Staff told us the partners 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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of written correspondence.

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

- Staff told us the practice held regular team meetings.
- 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, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Two of the Health Care Assistants had originally started in administrative roles at the practice and had received the training and support to take on a new role at the practice. Five of the current GP Partners had originally completed their training at the practice.

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

Are services well-led?

Requires improvement

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

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

- The practice had gathered feedback from patients through the Friends and Family Test, the Patient Participation Group (PPG) and through surveys and complaints received. The practice told us that they had made improvements to the telephone system, completed refurbishment work throughout the premises and had made improvements to the management of the travel clinic as a direct result of patient feedback.
- 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. The practice told us that they made changes to the way annual patient reviews and recalls were planned and this had increased patient uptake.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. At the time of our inspection, the practice was involved in eight research studies. The GP Partners supported the local Vocational Training Scheme and and one of the partners chaired the local Trainers Group (peer support for Trainers and Associates). Three GPs were Associate Trainers and two Partners were working towards becoming Associate Trainers.

The practice was a member of a local GP Federation and one of the Partners was a director of this Federation. The practice was involved in the local Community Education Providers Network and this network had developed a GP fellowship scheme. This scheme had been developed to give local GP Trainees the opportunity to continue training and working within the locality. The practice hosted monthly practice manager meetings for the locality and senior staff attended regular meetings with peers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **1. How the regulation was not being met:** We found the provider had not taken steps for the safe management of medicines. The provider did not have a robust process in place to ensure emergency medicines were within the expiry date recommended by the manufacturers. There was no process in place that would identify if blank prescription pads were missing or used inappropriately. Prescription pads were not stored securely at all times. The provider did not have written standard operating procedures in place for the management of controlled drugs. This was in breach of Regulation 12 (1) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **2. How the regulation was not being met:** We found that the provider had not fully protected people against the risk of inappropriate or unsafe care and treatment because some systems designed to assess, monitor and mitigate the risks relating to the health and safety and welfare of patients and staff were insufficient. The provider had not completed a risk assessment for Legionella and did not complete water temperature checks. The provider was in the process of completing an assessment on the control of substances hazardous to health, however this had not been completed. This was in breach of Regulation 12 (1) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** We found the provider had not protected people using the service against the risks of inappropriate or unsafe care and treatment because of the lack of systems and processes in place to assess, monitor and improve the quality and safety of the service. Both clinical and non-clinical staff had not completed essential training relevant to their roles. The provider had not followed their appraisal policy and all staff members had not received an appraisal within the last 12 months. The provider did not maintain a record of fire alarm tests or fire drills carried out on the premises. The provider did not operate an accessible and robust system for receiving and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. There was no information available in the patient waiting areas on how to complain, practice staff did not provide patients with a complaints form, verbal complaints were not being recorded or analysed and the practice did not provide all complainants with information about the Parliamentary and Health Service Ombudsman when responding to complaints. This was in breach of Regulation 17 (1) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.