

Boxwell Road 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

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 Boxwell Road Surgery on 9 November 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 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.
- The patients we spoke with or who left comments for us were very positive about the standard of care they received and about staff behaviours. They said staff were friendly, respectful, kind and understanding. They told us that their privacy and dignity was respected and they were involved in their care and decisions about their treatment.

- Information about services was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients were positive about access to the practice and appointments. Some patients said getting an appointment in advance could be difficult and there could be a considerable wait to see a GP when making a pre-bookable appointment. However, those patients said access to urgent and same day appointments was good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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 should make improvements are:

- Ensure that systems in relation to patients prescribed higher risk medicines are strengthened to ensure all patients are monitored and reviewed at the required intervals.

Summary of findings

- Ensure plans of action to control and resolve risks identified by the health and safety and fire risk assessments are completed.
- Take steps to ensure that hot water temperatures at the practice are kept within the required levels.
- Ensure there is a formal and coordinated practice wide process in place for how staff access guidelines from NICE and use this information to deliver care and treatment.
- Ensure that all staff employed are supported by a formal induction process and by receiving appropriate supervision and appraisal.
- Ensure that a documented policy on patient consent is in place.
- Continue to support carers in its patient population and patients with a learning disability by providing annual health reviews.
- Ensure that, where practicable and appropriate, all reasonable adjustments are made for patients with a disability in line with the Equality Act (2010).
- Ensure the full written complaints procedure is accessible to patients.
- Ensure that where systems and processes have been recently introduced or re-introduced after considerable gaps, that they are fully embedded and consistently adhered to.
- Take steps to ensure that cross-team communication is comprehensive and maximises opportunities for information sharing and learning in the practice.

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.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. 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. However, systems to monitor patients prescribed higher risk medicines needed to be strengthened.
- Risks to patients were assessed and managed. However, risk assessments or plans of action such as those relating to health and safety and fire safety were not yet fully completed. Also, one hot water temperature was considerably below required levels.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly above local and national averages. For example, performance for diabetes related indicators was above the CCG and national averages. The practice achieved 100% of the points available compared to the CCG and national averages of 90%.
- Staff assessed needs and delivered care in line with current evidence based guidance. However, there was no formal and coordinated practice wide process in place for how staff accessed guidelines from NICE and used this information to deliver care and treatment.
- 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 staff. At the time of our inspection the system of appraisals for healthcare assistants and non-clinical staff was behind schedule. However, we saw evidence to show that these

Summary of findings

staff had completed a pre-appraisal form and were scheduled to have an appraisal completed. Also, although adequate, the practice's induction programme for newly appointed staff was basic and informal.

- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- Despite the practice not having a documented policy on patient consent, staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice above local and national averages for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 126 patients on the practice list as carers. This was approximately 2.3% of the practice's patient list. Of those, 24 (19%) had accepted and received a health review in the past 12 months. Senior staff at the practice were aware of the low number of carers receiving a health review and could demonstrate they were responding to it.

Good



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.
- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice in line with or considerably above local and national averages for access to the practice.
- Most of the patients we spoke with or who left comments for us were positive about access to the practice and appointments.

Good



Summary of findings

Some patients who left comments for us said getting an appointment in advance and getting an appointment with a named GP could be difficult. However, they said that access to urgent and same day appointments was good.

- The practice had good facilities and was well equipped to treat patients and meet their needs. However, there was no hearing loop available.
- 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. However, the full written complaints procedure was not available from reception as stated in the practice leaflet and on the practice's website.

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. Staff were clear about the vision and their responsibilities in relation to this.
- 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, the staff we spoke with said they felt there could be better cross-team conversations and discussions to enhance information sharing and learning in the practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- At the time of our inspection we found that many of the systems and processes in place were recently introduced or re-introduced after considerable gaps. Consequently, much of the activity in relation to these was also recently completed. From our conversations with senior staff we found the practice was committed to ensuring these systems and processes became fully embedded.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.

Good



Summary of findings

- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 1,008 patients aged over 65 years. Of those 858 (85%) had received the flu vaccination at the practice in the 2015/2016 year.
- There were four care homes in the practice's local area. For all of these, the GPs visited as and when required to ensure continuity of care for those patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 81% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.
- Performance for diabetes related indicators was above the CCG and national average. The practice achieved 100% of the points available compared to the CCG and national average of 90%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to other practices in the local area 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 86% which was similar to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

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 offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to appointments to meet the needs of working age patients. There was extended opening one Saturday each month from 8.30am to 12.30pm for GP, nurse and healthcare assistant pre-bookable appointments. There was also no lunchtime closure at the practice every day from Monday to Friday.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 15 patients on the practice's learning disability register at the time of our inspection. Of those, two (13%) had accepted

Good



Summary of findings

and received a health review in the past 12 months. The practice had only recently started participating in this enhanced level service, hence the low uptake of health reviews at the time of our inspection.

- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients.
- The practice had identified 126 patients on the practice list as carers. This was approximately 2.3% of the practice's patient list. Of those, 24 (19%) had accepted and received a health review in the past 12 months. Senior staff at the practice were aware of the low number of carers receiving a health review and could demonstrate they were responding to it.

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).

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was above the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 95% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Mental health trust well-being workers were based at the practice once a week every Tuesday. Patients could self-refer to these. NHS counsellors were available every day at the practice. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs.
- There was a GP lead for mental health and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with or above local and national averages. There were 217 survey forms distributed and 125 were returned. This was a response rate of 58% and represented slightly more than 2% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 95% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.
- 82% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area compared to a CCG average of 84% and a national average of 78%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment

cards. We also spoke with three patients during the inspection. From this feedback we found that patients were very positive about the standard of care received. Patients said they felt staff were friendly, respectful, kind and understanding and treated them with dignity and respect. They told us they felt listened to by the GPs and involved in their own care and treatment.

Most of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. However, of the 35 patients who left comments for us, seven said getting an appointment in advance could be difficult and there could be a considerable wait to see a GP when making a pre-bookable appointment. However, those patients said access to urgent and same day appointments was good.

Although the NHS Friends and Family Test (FFT) was available at the practice and we found that staff encouraged its use, there had been no returns from patients in the past year. (The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment).

Boxwell Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP acting as a specialist adviser.

Background to Boxwell Road Surgery

Boxwell Road Surgery provides a range of primary medical services from its premises at 1 Boxwell Road, Berkhamsted, Hertfordshire, HP4 3EU.

The practice serves a population of approximately 5,561. The area served is less deprived compared to England as a whole. The practice population is mostly white British. The practice serves an above average population of those aged from 5 to 9 years, 40 to 69 years and 75 years and over. There is a considerably lower than average population of those aged from 20 to 34 years.

The clinical team includes one male and two female GP partners, one female salaried GP, one nurse practitioner, one practice nurse and two healthcare assistants. The team is supported by a practice manager and 10 secretarial, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The practice is fully open (phones and doors) from 8am to 6.30pm Monday to Friday. There is no lunchtime closure at the practice. There is extended opening one Saturday each month from 8.30am to 12.30pm for GP, nurse and

healthcare assistant pre-bookable appointments. Appointments are available from 8.30am to midday and 2pm to 5.30pm daily, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

Why we carried out this inspection

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

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 9 November 2016. During our inspection we spoke with a range of staff including three GP partners, one nurse practitioner, one healthcare assistant, the practice manager and members of the reception and administration team. We spoke with three patients. We observed how staff interacted with patients. We reviewed 35 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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

Detailed findings

- 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.

- The staff we spoke with were clear on the reporting process used at the practice 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 reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records and incident reports and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following an incident when an expired vaccine was administered to a patient, the practice took all the appropriate measures to ensure the patient was safe and initiated a full review of its protocol, process and procedure to prevent recurrence of the incident.

We also looked at how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. We saw that a process was in place to ensure all applicable staff received the alerts. With all the examples we looked at, appropriate action was taken to respond to the alerts and keep patients safe.

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:

- There were adequate arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for

further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was trained to the appropriate level. Staff demonstrated they understood their responsibilities and had received training relevant to their roles. GPs were trained to an appropriate level to manage child safeguarding concerns (level three).

- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. The nurse practitioner was the infection control lead. There was an infection control protocol in place and an infection control audit was last completed in July and August 2016. We saw evidence that action was taken to address any improvements identified as a result. A programme of infection control training was in place and all staff had completed this. All of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to

Are services safe?

administer medicines in line with legislation. The healthcare assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, these processes needed review and strengthening. We saw there were a small number of examples where the process wasn't adhered to. We saw that 20 patients were prescribed Methotrexate (a medicine used to treat rheumatoid arthritis and other autoimmune diseases such as psoriasis). Of those, 18 had received the required three monthly blood test when prescribed Methotrexate. Two patients were given their repeat prescriptions without having the three monthly blood test, although they were recorded as having been monitored at some point in 2016. We saw that six patients were prescribed Azathioprine (an immunosuppressive medicine used to treat rheumatoid arthritis and Crohn's disease among other things). Of those, one patient was given their repeat prescription despite being slightly overdue their required blood test monitoring. The practice took immediate action and contacted the patients involved to ensure they received the appropriate testing and monitoring. They also agreed to take immediate action to review all elements of this process to ensure no further inconsistencies.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a basic but adequate health and safety policy available with a poster displayed in a staff area which identified local health and safety representatives. The practice was in the process of completing a health and safety risk assessment. A recently completed fire risk assessment contained a plan of action to resolve the risks identified and we saw that an external contractor was booked to

quote for the required works. Although the practice did not have a fire alarm system (they used an all phones tannoy system to alert staff to an emergency), a fire drill walkthrough was completed at the beginning of November 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Where risks were identified the practice responded by completing the necessary actions and maintained records to demonstrate this. The practice had recently introduced its own water temperature checks; however we found that one of the hot water temperatures recorded was considerably below the required level.

- 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 system in place across all the different staffing groups to ensure that enough staff were on duty.

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 and emergency buttons on the computers in all the consultation and treatment rooms along with an emergency alert system on all the telephone handsets throughout the practice that alerted staff to any emergency.
- All staff had received basic life support training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. These were checked and tested.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a basic but adequate business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

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.

- Although there was no formal and coordinated practice wide process in place, staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits, the practice monitored that these guidelines were followed.

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. Data from 2015/2016 showed;

- Performance for diabetes related indicators was above the CCG and national averages. The practice achieved 100% of the points available with 13% exception reporting compared to the CCG average of 90% with 11% exception reporting and the national average of 90% with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 80% of the points available, with 1% exception reporting, compared to the CCG and national average of 83%, with 4% exception reporting.
- Performance for mental health related indicators was above the CCG and national averages. The practice

achieved 100% of the points available with 15% exception reporting compared to the CCG average of 95% with 9% exception reporting and the national average of 93% with 11% exception reporting.

Clinical audits demonstrated quality improvement.

- We looked at six clinical audits completed in the past two years. Three of these were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Findings were used by the practice to improve services. For example, the practice completed an audit to check their adherence to guidelines when prescribing certain antibiotics. By analysing the results and modifying its approach to the management of these patients, the practice improved the number of patients appropriately prescribed the antibiotics to 100% and also reduced the amount of patients prescribed them.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had a basic and informal induction programme for all newly appointed staff. It covered such topics as health and safety, fire safety and confidentiality. It also included working with a more experienced member of staff for a set period of time (shadowing).
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. 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 online resources.
- 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 during clinical sessions, appraisals, mentoring, clinical

Are services effective?

(for example, treatment is effective)

supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis. At the time of our inspection the system of appraisals for healthcare assistants and non-clinical staff was behind schedule. However, we saw evidence to show that these staff had completed a pre-appraisal form and were scheduled to have an appraisal completed.

- Staff received training that included: safeguarding, infection control, fire safety awareness and basic life support. Most of the training was provided by the use of a recently introduced e-learning facility or in-house on a face-to-face basis.

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 shared information systems.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act (2005).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Despite the practice not having a documented policy on patient consent, we saw a process for seeking consent was in place and well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice from the healthcare assistants.

The practice's uptake for the cervical screening programme in the 2015/2016 year was 86%, which was similar to the CCG and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a consequence of abnormal results.

Bowel and breast cancer screening rates were above local and national averages. Data published in March 2015 showed that:

- 63% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 57% and the national average of 58%.
- 79% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%.

These were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example,

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 96% to 99%. The CCG averages were 94% to 97% and 92% to 96% respectively.

The practice participated in targeted vaccination programmes. This included the flu vaccination for children, people with long-term conditions and those aged over 65 years. The practice had 1,008 patients aged over 65 years. Of those 858 (85%) had received the flu vaccination at the practice in the 2015/2016 year.

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

NHS health checks for people aged 40 to 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 85% and national average of 84%.
- 81% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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 area to discuss their needs.

The 35 patient Care Quality Commission comment cards we received were very positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a good service and staff were friendly, respectful, kind and understanding and treated them with dignity and respect.

Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 88% and national average 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

- 83% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

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 above local and national averages. For example:

- 95% 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%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting areas informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 126 patients on the practice list as carers. This was approximately 2.3% of the practice's patient list. Of those, 24 (19%) had accepted and received a health review in the past 12 months. We spoke with senior staff about the low rate of carers receiving a health review at the practice. They told us that there had been an issue in recording which carers had been offered a

Are services caring?

health review and they were in the process of rectifying this. They said their focus for the coming year would be to increase the amount of health reviews offered and accepted.

A dedicated carers' notice board in one of the general areas provided information and advice including signposting carers to support services. A carers' pack containing similar information was available from reception. Limited information was also available online (through the practice

website) to direct carers to the various avenues of support available to them. A member of clinical staff was the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The GPs wrote to bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

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.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is a NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 87 patients (2% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability.
- There were 15 patients on the practice's learning disability register at the time of our inspection. Of those, two (13%) had accepted and received a health review in the past 12 months. We spoke with senior staff about the low rate of patients with a learning disability receiving a health review at the practice. They told us that the practice had only recently started participating in this enhanced level service, hence the low figure. There was a nominated GP lead for patients with a learning disability who was responsible for taking this forward.
- Home visits were available for older patients and patients who would benefit from these.
- There were four care homes in the practice's local area. For all of these, the GPs visited as and when required to ensure continuity of care for those patients.
- Patients were able to receive travel vaccinations available on the NHS as well as some of those only available privately (for the yellow fever vaccination, patients were signposted to a pharmacy in the town centre).
- There were accessible toilet facilities for all patients, baby changing facilities and translation services including British Sign Language (BSL) were available. However, there was no hearing loop available at the practice.
- There was step free access to the rear entrance next to an allocated disabled parking bay. The ground floor waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the ground floor treatment and consultation rooms. As there was no lift in the premises, the practice had a process in place to provide a ground floor room for those patients who requested it or who were identified as requiring it.
- There were six week post-natal checks for mothers and their children.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- Counselling services were available for patients with mental health issues and there was a GP lead for those patients. Mental health trust well-being workers were based at the practice once a week every Tuesday. Patients could self-refer to these. NHS counsellors were available every day at the practice. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs.

Access to the service

The practice was fully open (phones and doors) from 8am to 6.30pm Monday to Friday. There was no lunchtime closure at the practice. There was extended opening one Saturday each month from 8.30am to 12.30pm for GP, nurse and healthcare assistant pre-bookable appointments. Appointments were available from 8.30am to midday and 2pm to 5.30pm daily, with slight variations depending on the doctor and the nature of the appointment. In addition to GP pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Are services responsive to people's needs?

(for example, to feedback?)

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 considerably above local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 88% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 77% of patients said they always or almost always saw or spoke to the GP they preferred compared to the CCG average of 62% and national average of 59%.

Most of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. However, of the 35 patients who left comments for us, seven said getting an appointment in advance could be difficult and there could be a considerable wait to see a GP when making a pre-bookable appointment. However, those patients said access to urgent and same day appointments was good.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- A complaints procedure was available and adhered to.
- The practice manager and the GP partners were the designated responsible people who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A brief overview of the practice's complaints procedure was detailed on its website and in the practice leaflet available at reception. These directed patients to obtain the full written procedure from reception. When we asked for this during our inspection it was not available. However, the staff we spoke with were knowledgeable about how to advise and direct patients if they needed to complain.

We looked at the details of nine complaints received since November 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience where appropriate. There was evidence to show that in some cases the complainants were invited to the practice for discussion with management staff to resolve their concerns on a face-to-face basis. In their written responses to complaints the practice also offered patients the details of other complaints investigating bodies such as NHS England and the Parliamentary and Health Service Ombudsman (PHSO) should patients be dissatisfied with the practice's response.

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 deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose detailing its aims and objectives. These included providing high quality medical treatment in a comfortable and friendly environment. The practice aimed to listen to and involve patients in their care and treatment and understand and meet their needs.
- The weekly partners' meeting attended by the GP partners and the practice manager was used to monitor the strategic direction of the practice throughout the year. The main areas of strategic focus of the practice in the past year were securing funding for a new premises and refurbishing the current premises including the renovation of one consulting and one treatment room. We found the practice had made progress in both areas.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff. However, there was no documented policy on patient consent.
- There was an understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

At the time of our inspection we found that many of the systems and processes in place were recently introduced or re-introduced after considerable gaps. Consequently, much

of the activity in relation to these was also recently completed. This included the completion of essential training, Disclosure and Barring Service (DBS) checks on clinical staff, health and safety and fire risk assessments, a fire walkthrough drill and the practice's own water temperature checks. However, from our conversations with senior staff we found the practice was committed to ensuring these systems and processes became fully embedded.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The provider 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 for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

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

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

- There was a regular schedule of meetings at the practice for some individual staff groups. There had been one all staff meeting since June 2016. The staff we spoke with said that although they felt they received all the communication that was relevant to them, they did not always know what was happening in other staff groups and felt there could be better cross-team conversations and discussions to enhance information sharing and learning in the practice. During our inspection we found

Are services well-led?

Good 

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

that communication across the teams and staff roles in the practice was adequate but could be strengthened to ensure consistency and a comprehensive approach to informing and updating staff.

- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns.
- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with respiratory conditions, diabetes, learning disabilities, mental health issues and dementia. There were also nurse led clinics for patients with diabetes and respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

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

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

The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through comments and

complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. A priority area for the PPG was promotion to patients of the impact of not attending an appointment without cancelling (known as DNA or did not attend). We saw the PPG also had a plan of action in place to increase the membership of the group including attracting a younger membership through the creation of an online (virtual) group.

Although the NHS Friends and Family Test (FFT) was available at the practice and we found that staff encouraged its use, there had been no returns from patients in the past year. (The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment).

The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team was forward thinking and had been proactive in securing funding from NHS England in October 2016 for a new Berkhamsted Health Centre. Once available, the centre would accommodate three of the town's existing surgeries including Boxwell Road Surgery. This would ensure the practice was best placed to meet the future needs and increasing demands of patients and secure the provision of effective, efficient and high quality healthcare.