

Dr Corina Ciobanu

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Corina Ciobanu on 28 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs. However as the practice operated from a listed building, the structure and layout of the building presented many challenges including space limitations and little scope for extensions or structural alterations.
- 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 should make improvement are:

Summary of findings

- Follow through the measures implemented to increase the uptake of 40–74 years NHS health checks.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice maintained effective working relationships with other safeguarding partners such as health visitors.
- Risks to patients were assessed and well managed.
- There were appropriate systems in place to protect patients from the risks associated with medication and infection control.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff were aware of the process to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Herts Valleys CCG (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG and local patient groups in the re-launch of the Community Respiratory Services programme to support patients living with a lung condition.
- 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. However as the practice operated from a listed building, the structure and layout of the building presented many challenges including space limitations and little scope for extensions or structural alterations.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified older patients at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with the Dacorum Holistic Health Care Team to coordinate their care.
- The practice provided a vaccination service for the housebound.

Good



People with long term conditions

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

- Nursing staff supported by the principal GP had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were in the main comparable to the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 12 months (01/04/2014 to 31/03/2015), was 99% where the CCG average was 94% and the national average was 94%.
- 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 more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice worked proactively to identify and care for patients with long-term conditions. For example it provided in-house ECG monitoring, anticoagulant service as well as a phlebotomy service.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 75% and the national average of 74%.
- Family planning and contraceptive advice was available.
- The practice provided a variety of health promotion information leaflets and resources for this population group. For example the discreet provision of chlamydia testing kits.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Priority appointments were available for those children on the child protection register.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided health checks to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered evening appointments between 6.30pm and 7pm every Monday Tuesday and Thursday for working patients and others who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held regular review meetings involving district nurses, GP's and the local palliative care nurses for people that require end of life care and those on the palliative care register.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice identified patients who were also carers and signposted them to appropriate support.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice offered annual reviews to all patients on the mental health register which included physical checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 80% where the CCG average was 85% and the national average was 84%.
- The practice was proactive in supporting patients with dementia and we saw that one member of staff undertook cognitive assessments.
- Performance for mental health related indicators was comparable to local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 100% where the CCG average was 92% and the national average was 88%.

Good



Summary of findings

- 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 A&E and emergency where they may have been experiencing poor mental health.
- The practice followed up each patient that was discharged from hospital with a diagnosis dementia.
- 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

The national GP patient survey results were published in January 2016. The results showed the practice was performing above the local and national averages. There were 288 survey forms distributed and 109 had been returned. This represented 38% return rate (3% of the practice's patient list).

100% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.

- 100% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 76%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the 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 29 comment cards which were all positive about the standard of care received. All comment cards were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There were specific comments about the friendliness of the reception staff and how clinical staff took time to listen to their care needs during consultation.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients told us that the gradient of the access pathway to the practice entrance was too steep.

Areas for improvement

Action the service SHOULD take to improve

- Follow through the measures implemented to increase the uptake of 40–74 years NHS health checks.

Dr Corina Ciobanu

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 specialist advisor and a practice manager specialist advisor.

Background to Dr Corina Ciobanu

Dr Corina Ciobanu (also known as Haverfield Surgery) situated in Kings Langley, Hertfordshire is a GP practice which provides primary medical care for approximately 3,300 patients living in Kings Langley and surrounding areas of Abbots Langley, Bovington, Chipperfield and Hemel Hempstead.

Dr Corina Ciobanu provide primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England for delivering primary care services. The practice population is predominantly white British along with a small ethnic population of Polish and other Eastern European origin. The practice has higher than average working age population.

The practice has one female principal GP. The practice regularly employ a male and a female locum GP. The clinical team was supported by a practice nurse and a Health Care Assistant (HCA). There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice operates from a Grade II listed building known as Haverfield dating back to 1747. The structure and layout

of the building presented many challenges including space limitations and little scope for extensions or structural alterations. The practice is actively seeking to relocate to a purpose built building. Patient consultations and treatments take place on ground level. There is a free public car park near the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm except on Monday Tuesday and Thursday when the practice is open until 7pm. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided by Herts Urgent Care via the 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 28 April 2016.

Detailed findings

During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being assisted.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

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. All staff had access to the incident log on the practice computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Safety alerts were managed by the lead GP assisted by the practice manager who had a system to alert concerned staff including clinicians. All incidents including significant events and alerts were discussed during daily staff briefings and formally reviewed during practice meetings. We saw evidence that lessons were shared and action was taken to improve safety. For example the practice had strengthened their business continuity plan following an investigation and had shared the improved process with all staff to prevent a repetition.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and there were notices in clinical rooms that gave a summary of the local policy and reporting process. There was a lead GP for safeguarding. The GP attended safeguarding meetings when possible and provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, staff had referred a safeguarding concern to the local authority about an adult who became vulnerable as a result of a change in their personal circumstances. Staff had received training for safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of Herts Valley CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example following an audit the practice was taking action to increase the prescribing of generic medicines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for the different staffing groups to ensure enough staff were on duty. Staff told us on account of the small team they worked flexibly and provided additional cover if necessary during holidays and unplanned absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- A first aid kit and oxygen was available on the premises with adult and children's masks. The practice did not have a defibrillator but had a risk assessment and appropriate controls to manage an emergency.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. There were systems in place to keep clinical staff up to date through regular updates from CCG Clinical Governance Meetings and through discussions at practice meetings. For example, we saw that following the receipt of guidance about prescribing oral anticoagulants the practice had reviewed patients receiving such medicine to make sure it was appropriately prescribed.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 96% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

Performance for diabetes related indicators in the main was comparable to the clinical commissioning group (CCG) and national averages. For example:

- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 12 months (01/04/2014 to 31/03/2015), was 99% where the CCG average was 94% and the national average was 94%. Exception reporting for this indicator was 15% compared to a CCG average of 17% and national average of 18% (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 diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 82% where the CCG and national average was 78%. Exception reporting for this indicator was less than 1% compared to a CCG and national average of 9%.

Performance for mental health related indicators was comparable to local and national averages. For example:

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 100% where the CCG average was 92% and the national average was 88%. Exception reporting for this indicator was 17% compared to a CCG average of 10% and national average of 13%.
- The percentage of patients with hypertension having regular blood pressure tests was 89% which was comparable to the CCG and national average of 84%. Exception reporting for this indicator was 2% compared to a CCG and national average of 4%

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result clinical audit included increased monitoring of patients prescribed a particular type of anticoagulant recovering from deep vein thrombosis. Following another audit the practice had introduced closer monitoring of the kidney function of patients who received a certain type of oral medication for the treatment of diabetes.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse who reviewed patients with long-term conditions such as asthma and chronic obstructive pulmonary disease (COPD) had attended diploma level training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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, investigation and test results.
- The practice notified the out of hours service about patients with complex needs via the 'special patient notes' facility on their clinical system. There was a system to review patients that had accessed the NHS 111 service overnight and those that had attended the A&E department for emergency care. The practice had a protocol in place for dealing with abnormal test results

and the GP contacted patients directly. The practice shared relevant information with other services in a timely way, for example when referring patients to secondary care.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice gained written consent for minor surgery procedures which were scanned and maintained in the patient's records.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on diet, smoking, heart disease, alcohol cessation and osteoporosis were signposted to the relevant service.
- We saw a variety of health promotion information leaflets and resources, for example, we noted that chlamydia testing kits were available in the reception area and information on services such as counselling and mental health.

Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 75% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results showed:

- 50% of patients attended for bowel screening within six months of invitation compared to national average of 55%.
- 72% attended for breast screening within six months of invitation which was similar to the national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 93% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice manager told us that they intended to increase the uptake of 40–74 NHS health checks from the present 2% of eligible patients by sending out postal invitations and reminders. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There were specific comments about the friendliness of the reception staff and how clinical staff took time to listen to their care needs during consultation.

We spoke with the chair of the patient participation group (PPG) who told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved and supported in decision making about the choice of care and 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 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:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was available for patients who suffered from impaired hearing.
- There was a range of information leaflets available to inform patients regarding their condition and treatments available in the reception areas.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices 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 25 patients on the practice list as carers. This was less than 1% of the practice's patient list. One of the secretaries was the 'carer champion' who was the point of contact for carers at the practice. All carers were invited for an annual health check and 12 had attended. Carers were also offered flu vaccination and 21 had received it. The practice offered flexibility in how carers accessed services including access to GP appointments. There was a carers notice board in the waiting area which provided useful information including on carer support services. The practice had a comprehensive information pack available for carers. The

practice manager told us that the practice population included a large working age group which could explain the low percentage of carers. However the practice was actively seeking to identify others in their practice list who were also carers.

We saw that the practice maintained a record of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The reception manager sent a bereavement card signed by the most appropriate GP to the family of each deceased patient.

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 convenient time and location to meet the family's needs or by giving them advice on how to find a support service. Bereavement advice was also available on a notice board in the waiting area.

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 NHS Herts Valleys CCG (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG and local patient groups in the re launch of the Community Respiratory Services 'Breath Easy' programme which was to support patients living with a lung condition. The practice was also involved in the implementation of a locality plan in commissioning a local health hub in Hemel Hempstead to enable patients to access health services locally without the need to attend Watford General Hospital.

- The practice offered evening appointments between 6.30pm and 7pm every Monday Tuesday and Thursday for working patients and others who could not attend during normal opening hours.
- The practice operated telephone consultation in the morning and afternoon after face to face consultations had finished. This service allowed working patients and others who could not attend in person an opportunity to consult with the GP.
- All appointments were pre bookable in advance.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- All patients registered with the practice have a named GP.
- The practice worked proactively to identify and care for patients with long-term conditions. For example it provided in-house ECG monitoring, anticoagulant service as well as a phlebotomy service.
- The practice had identified older persons at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with the Dacorum Holistic Health Care Team to coordinate their care.

- Same day appointments were available for patients who were pregnant, babies and children, and those with mental health issues.
- Priority appointments were available for those children on the child protection register.
- Patients were able to receive travel vaccinations available on the NHS.

Access to the service

The practice is open Monday to Friday from 8am to 6.30pm. Extended hours appointments were offered till 7pm on Monday Tuesday and Thursday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Patients could also book a routine appointment with a GP of their choice using an advance booking system. Appointments could be booked in person by telephone or online through the practice website.

Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment as follows:

- 96% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

Patients told us that they could always get an appointment to see a GP. The responses on the CQC comment cards aligned with these views.

The practice operated from a Grade II listed building known as Haverfield dating back to 1747. The structure and layout of the building presented many challenges including space limitations and little scope for extensions or structural alterations. The practice was actively seeking to relocate to a purpose built building. There is a free public car park near the surgery with adequate disabled parking available. Two patients told us that the gradient of the access pathway to the practice entrance was too steep. The practice manager told us that restrictions on account of the listed building status prevented making any alterations.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the

Are services responsive to people's needs?

(for example, to feedback?)

need for medical attention. Staff told us the GPs were very accessible and approachable and they could contact them at any time if they were uncertain. The practice had a system in place to assess:

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

The duty GP reviewed all such requests and prioritised appropriate response based on clinical need.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice leaflet and the website.

We looked at the details of four of the 11 complaints received in the past year. We saw these had all been 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. For example, the practice had reviewed and strengthened its procedures and arrangements for providing test results following a review of a complaint.

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 mission statement which was to deliver friendly personalised effective health care of the highest quality in partnership with patients. Staff knew and understood the values.
- The practice had a documented statement of purpose which included their aims and objectives and reflected their mission statement.
- The practice had supporting plans which reflected the aims and objectives and were regularly monitored.

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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice prioritised safe, high quality and compassionate care. Staff told us the lead GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings we saw minutes of these to confirm this. Staff also told us the practice manager kept them informed of practice matters at all times formal and daily informal discussions or by email.
- An open team culture was evident on account of the small team and staff told us they had the opportunity to raise any issues directly to the principal GP or the practice manager at any time and during team meetings and learning events and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the principal GP and the practice manager. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.
- There were named members of staff in lead roles. For example there was a nominated GP lead for safeguarding and nurse leads for diabetes and asthma care.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice also held a comments book at reception so patients could record

Are services well-led?

Good 

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

comments or compliments. The PPG met twice yearly but engaged more frequently through a virtual online group. The PPG liaised with the practice management team on making improvements. For example the PPG had liaised with the local council in making the nearby public car park charge free for patients.

The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

For example:

- The practice had worked with the NHS Herts Valleys CCG (CCG) in the implementation of the Dacorum Commissioning locality plan which aimed to deliver clinically sustainable and affordable services that met the changing health needs of the population.
- The practice had worked with the CCG and local patient groups in the re launch of the Community Respiratory Services programme which was to support patients living with a lung condition.
- The practice was rated highly by patients in the January 2016 national GP patient survey and continues to work with the PPG to maintain this high rating.