

Dr Olumuyiwa Ojo-Aromokudu

Quality Report

Gossoms End Surgery

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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 Olumuyiwa Ojo-Aromokudu (also known as Gossoms End Surgery) on 12 May 2016. Overall the practice is rated as good.

- 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 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 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.

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 support, 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.
- Risks to patients were assessed and well managed.

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. We saw evidence of actions take in response to recommendations from the National Institute of Care Excellence (NICE).
- Clinical audits demonstrated quality improvement in clinical areas for example in ensuring 'restricted broad spectrum antibiotic' prescribing was in accordance with CCG guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- 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.

Good



Summary of findings

- 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.

Good



- Practice staff reviewed the needs of its local population, for example, the practice had worked with the NHS Herts Valleys CCG in the development of the Dacorum Holistic Healthcare Team which coordinated the care needs of the older patient with multiple complex needs, and involving multiple agencies.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 but mostly as a virtual group meeting face to face once a year.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. The practice team worked together to achieve optimum outcomes for patients taking an active interest in improving patient care and experience.

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 worked closely with Community Nursing Team and coordinated care at home such as for blood tests and wound dressings.
- 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 better than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months (01/04/2014 to 31/03/2015), was 84%, where the CCG the national average was 78%.
- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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 78%, which was comparable to the CCG average of 75% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- 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.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered late evening appointments on Tuesday until 7.45pm for working patients and those who could not attend during normal opening hours. These included practice nurse appointments for cervical screening travel advice or new patient checks.
- The practice provided telephone consultations through a GP ring back service at the patient's request where appropriate.
- The practice offered pre bookable appointments up to three months in advance which could be booked in person by telephone or online.
- The practice offered NHS Health checks smoking cessation advice and travel immunisations.

Good



Summary of findings

- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

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

Good



- 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 principal GP held a joint monthly clinic with a specialist nurse from the Community Drug and Alcohol team. Patient care needs were jointly reviewed where care needs and plans were agreed including any medicines prescribed.
- 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.

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).

Good



- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was above the national average.
- 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 practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice hosted a counsellor from the local Wellbeing Team who offered weekly appointments for cognitive behavioural therapy. This service was open to both practice patients and those from other practices in the locality.
- Patients attending the hospital memory clinic with a diagnosis of dementia and who were stabilised on their medication were managed by the practice avoiding frequent visits to the hospital clinic.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 277 survey forms distributed and 113 had been returned. This represented 38% return rate (5% of the practice's patient list).

- 99% 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%.
- 95% 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%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 82% 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 84% 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 31 comment cards and they were all positive about the service experienced. Patients felt the practice offered an attentive helpful service and staff were approachable caring and had treated them with dignity and respect. A number of comments noted on how well they were satisfied with the care and treatment provided.

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.

Dr Olumuyiwa Ojo-Aromokudu

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Olumuyiwa Ojo-Aromokudu

Dr Olumuyiwa Ojo-Aromokudu (also known as Gossoms End Surgery) situated in Berkhamsted, Hertfordshire is a GP practice which provides primary medical care for approximately 2,400 patients living in Berkhamsted and surrounding areas.

Dr Olumuyiwa Ojo-Aromokudu provides primary care services to local communities under a Personal Medical Services (PMS) contract, which is a 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 Asian Polish and other Eastern European origin. The practice has a large population of working age patients with young families.

The practice has one male principal GP and a female salaried GP. There are two practice nurses. 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.

There is onsite parking available with adequate parking for those patients with mobility issues.

The practice is open Monday Friday from 8am to 6.30pm except on Tuesday when the practice is open until 7.45pm. 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 12 May 2016.

During our inspection we:

Detailed findings

- 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.

- The staff we spoke with knew the reporting process used at the practice and there was a recording form available on the practice's computer system. Staff would inform the principal GP or the practice manager of any incidents. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, 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. There was a consistent approach to investigations.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, following a prescription security incident the practice identified areas of their procedures which could be made more robust such as transmitting the prescription electronically to a pharmacy of the patient's choice, these improvements were implemented and communicated to all concerned.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were posters in clinical and other rooms with details of what to do if there were safeguarding concerns. The principal GP was the lead for safeguarding. The GPs attended safeguarding meetings when possible and provided

reports where necessary for other agencies. There were monthly meetings with the Health Visitor to discuss patients who were on the child protection register. Staff demonstrated they understood their responsibilities. For example we saw that practice staff had referred a concern to the local authority about the safety of a young person on account of risks posed by their parent's medical condition. All staff had received training on 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 and in consultation rooms 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. Hand wash facilities, including soap dispensers were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. The principal GP assisted by the practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken 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 the NHS Herts Valleys Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example the practice had reviewed 'restricted broad spectrum antibiotic' prescribing and made changes to ensure such prescriptions were in accordance with CCG

Are services safe?

guidelines. 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.

- We reviewed three 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. There was 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 the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. Practice staff covered for each other during times of annual leave. The practice employed a locum GP to cover planned absences and leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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. The practice manager kept a copy off site for easy access in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. New guidance and changes in practice were discussed during clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice had strengthened their referral process following the NICE guidance recommendations on the recognition and referral of suspected cancer.

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 were 100% 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 were better than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months (01/04/2014 to 31/03/2015), was 84%, where the CCG the national average was 78%.
- Performance for mental health related indicators were better than the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% where the CCG average was 92% and the national average was 88%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the past year, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit of minor surgery performed at the practice had confirmed that procedures had been undertaken in accordance with CCG guidelines including those for obtaining consent prior to the procedure. The principal GP was one of three GPs accredited to undertake minor surgery within the locality and worked closely with other GPs to ensure audit findings were disseminated as widely as possible.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes asthma and COPD (chronic obstructive pulmonary disease).
- 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 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, and support for revalidating GPs. All staff had received an annual appraisal and staff we spoke with confirmed this was a positive productive experience. We saw evidence of learning outcomes which had been identified and addressed.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They had access to and made use of e-learning training modules and in-house training as well as protected learning afternoons which occurred monthly. Each staff member was allowed five days paid for training purposes.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used a secure fax system to communicate with the district nurse and health visitor. The pathology service were able to share patient clinical information and results electronically. 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 used the Medical Interoperability Gateway which facilitated real-time information sharing about patients attending Herts Urgent Care with patient consent.

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

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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice gained written consent for minor surgery 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 and those at risk of developing a long-term condition, those patients with mental health problems and patients with learning difficulties. Patients were offered regular health reviews and signposted to relevant support services.
- We saw a variety of health promotion information leaflets and resources, for example, on smoking cessation sexual health and immunisations.
- The practice provided a variety of health promotion information leaflets and resources for children and young people for example the discreet provision of chlamydia testing kits.
- The practice supported those requiring advice on their diet and wellbeing and signposted eligible patients to the local slimming club as well as the local football club for exercise programmes.
- The practice's uptake for the cervical screening programme was 78%, 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%.

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

- 71% 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 was 100% and five year olds from 92% 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. 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 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients felt the practice offered an attentive helpful service and staff were approachable caring and had treated them with dignity and respect. A number of comments noted on how well they were satisfied with the care and treatment provided.

We spoke with two members of the patient participation group (PPG). They also told us they were 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 in January 2016 showed patients felt they were treated with compassion, dignity and respect. For example:

- 79% 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%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% 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%.

- 71% 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%.
- 89% 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%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

The practice had reviewed the patient survey results published in January 2016 and had agreed on several improvement measures so the results could be bettered at the next survey.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

We saw that the practice used templates to manage the care planning of patients with long term conditions. For example templates that reflected best practice and guidance were used for managing patients with asthma COPD mental health and dementia.

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 in line with local and national averages. For example:

- 79% 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%.
- 74% 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%.
- 84% 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%.

Are services caring?

The practice had reviewed the patient survey results published in January 2016 and had agreed on several improvement measures so the results could be bettered at the next survey.

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. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers (1% of the practice list). There was a carers information board in the patient waiting area to direct carers to the various avenues of support available to them. Specific information was also available that could be e-mailed direct to carers if they so wished. Carers were offered a health check and flu vaccinations and the practice had identified a carer's champion. 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 may also be carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Herts Valleys CCG (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG in the development of the Dacorum Holistic Healthcare Team which coordinated the care needs of the older patient with multiple complex needs, and involving multiple agencies.

- The practice offered late evening appointments on Tuesday until 7.45pm for working patients and those who could not attend during normal opening hours.
- The practice provided telephone consultations through a GP ring back service at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and long term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with urgent medical needs.
- The practice hosted a counsellor from the local Wellbeing Team who offered weekly appointments for cognitive behavioural therapy. This service was open to both practice patients and those from other practices in the locality.
- The principal GP held a joint monthly clinic with a specialist nurse from the Community Drug and Alcohol team. Patient care needs were jointly reviewed where care needs and plans were agreed and any medicines prescribed.
- Patients attending the hospital memory clinic with a diagnosis of dementia and who were stabilised on their medication were managed by the practice avoiding frequent visits to the hospital clinic.
- Patients identified as at risk of an unplanned hospital admission, had an annual care plan review and were contacted every three months for a telephone review.
- The practice worked closely with Community Nursing Team and coordinated care at home such as for blood tests and wound dressings.
- Patients were able to receive travel vaccinations available on the NHS.
- Online services were available for booking appointments, request repeat prescriptions and patients could view some information on their personal record.
- The practice offers a phlebotomy service.
- Through the Electronic Prescribing System (EPS) patients could order repeat medications online and collect the medicines from a pharmacy near their workplace.
- All consultation rooms were on the first floor. There was a lift as well as a stairway for access.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered until 7.45pm every Tuesday. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 99% 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%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would speak to a GP. Home visit requests were assessed and managed by the duty GP.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the responsible person who handled all complaints in the practice.

- We saw there was a poster in the waiting area that informed patients of the complaints procedure. There was also information on the practice website.

We looked at five complaints received in the last 12 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, raising awareness for clinical staff of the need to check the patient had understood clinical decisions before commencing treatment.

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 put patient's health first and to respect patient's views and 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

Being a small team the overarching governance framework was overseen by the principal GP and supported the delivery of 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 electronically on their desktops.
- A comprehensive understanding of the performance of the practice was maintained through active staff participation and regular review at meetings.
- 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 principal 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 support, information and a verbal and written apology
- The practice kept written records of correspondence.

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

- Staff told us the practice held regular staff 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 staff meetings 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 asthma and COPD reviews.

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 two members of the PPG we spoke with told us that they had worked with the practice to reorganise the leaflet displays in the waiting area so these were relevant and

Are services well-led?

Good 

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

up to date. They had also been involved to encourage patients to use online services. The PPG was currently a virtual group but they intended to meet within the next two months.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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 to improve outcomes for patients in the area.

- The practice offered various access routes for appointments. This included pre bookable appointments up to three months in advance and telephone access to a GP on the day. Patients were offered double or triple appointments for consultations.