

Central Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



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 Central Surgery on 16 March 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 with the exception of when staff members were required to chaperone without a Disclosure and Barring Service Check (DBS) and when completing control of substances hazardous to health risk assessment for the cleaning products used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Patients stated they were involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

The areas where the provider must make improvement are:

Summary of findings

- Implement a process to ensure that medicine alerts are acted upon and the process is audited to show continued actions are taken for patients to receive treatment in accordance with best practice.
- Complete a risk assessment for the control of substances hazardous to health for the cleaning products used in the practice.
- Complete the risk assessment for staff required to chaperone that have not had a Disclosure and Barring Service check (DBS check) to include that they will not be left alone with a patient.
- Record the stock levels of controlled drugs in a bound book.

The areas where the provider should make improvement are:

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of when staff members were required to chaperone without a Disclosure and Barring Service Check (DBS) and when completing control of substances hazardous to health risk assessment for the cleaning products used by the cleaning staff.
- When the practice received patient safety alerts they took initial action but there was no process in place to continue to monitor and audit patient notes to ensure appropriate actions continued.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice comparable to others for several aspects of care.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Patients stated 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 Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 implemented an action plan in response to patient feedback which included an increase in pre-bookable appointments and promotion of online appointment booking
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice 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.
- The practice was part of a federation of GP practices within the local area that collaborated with other health and social care providers to provide services locally.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A member of the nursing team carried out home visits for older patients with complex needs or those who had had an unplanned admission to hospital.
- A phlebotomy service was available for frail and elderly patients who found it difficult to attend the hospital.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 98% of available points compared to the CCG average of 89% and the national average of 89%.
- 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.

Families, children and young people

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

Good



- 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.

Summary of findings

- 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 90%, which was better than the CCG average of 83% and the national average of 82%.
- 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 and health visitors.

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.
- Extended opening hours appointments were available.
- 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 used social media to communicate health information advice to their patients.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

- There was an identified member of staff who was the carer's champion and they had received training for this role from the local CCG.

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).

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of available points, with 6% exception reporting, compared to the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. There were 245 survey forms were distributed and 108 were returned. This represented 1% of the total practice's patient list and 44% return rate .

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. There were two cards with additional comments about aspects of the service that they felt were not as good. These included booking appointments and obtaining repeat prescriptions. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received although some of them commented that there is sometimes difficulty getting through to the practice by telephone.

Areas for improvement

Action the service **MUST** take to improve

- Implement a process to ensure that medicine alerts are acted upon and the process is audited to show continued actions are taken for patients to receive treatment in accordance with best practice.
- Complete a risk assessment for the control of substances hazardous to health for the cleaning products used in the practice.

Action the service **SHOULD** take to improve

- Complete the risk assessment for staff required to chaperone that have not had a Disclosure and Barring Service check (DBS check) to include that they will not be left alone with a patient.
- Record the stock levels of controlled drugs in a bound book.

Central Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC inspection manager, and a practice manager specialist adviser.

Background to Central Surgery

Central Surgery provides a range of primary medical services to the residents of Sawbridgeworth and the surrounding area. The practice has been at its current purpose built location of Bell Street, Sawbridgeworth, Hertfordshire, CM21 9AQ, since 1972.

The practice population is pre-dominantly White British with a higher than average number of patients aged from 40 to 79 years and a lower than average number of patients aged from 15 to 34 years. National data indicates the area is one of low deprivation. The practice has approximately 12,200 patients with services provided under a nationally agreed General Medical Services (GMS) contract.

There are two GP partners, one male and one female and they employ six salaried GPs, one male and five female. The nursing team consists of one nurse practitioner, three practice nurses and two health care assistants, all female. The practice employs a practice manager and there are a number of reception and administrative staff led by the assistant practice manager and the reception manager.

The practice is open from 8am to 6.30pm Monday to Friday and offers extended opening hours from 6.30pm to 7.30pm on Tuesdays and Wednesdays and alternate Saturday mornings.

When the practice is closed out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

Why we carried out this inspection

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

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 16 March 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager and reception and administrative staff.
- Spoke with patients who used the service and members of the patient participation group (PPG).

Detailed findings

- Spoke with a community nurse, local pharmacist and a member of the local council.
- Observed how staff interacted with patients and their carers or family members.
- 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.

- There was a significant event policy available to all staff on the practice's computer system.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available for them to complete.
- Any clinical events were discussed at the weekly clinical meetings and non-clinical events were discussed at the practice meetings.
- There was a lead GP identified to investigate significant events.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, the emergency equipment in the practice was reorganised and kept in one place with training given to all staff. This was following an incident when an unwell patient was seen and the equipment was not kept all together and staff were unsure of its location. A further incident involving an unwell patient was identified and an improvement was demonstrated in the location of the equipment.

When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Patient safety alerts were received into the practice by the practice manager and disseminated to relevant staff. We were informed if there was a medicine alert, a search of patients electronic records were made and changes to prescribing were implemented. However, when we checked an anonymised sample of patients' notes, following an alert, we found that it had not been acted upon in a number of cases and there was no process in place to re audit the information.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP identified as the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level to manage child safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. Reception and administration staff acted as chaperones and were trained for the role. They had not received a Disclosure and Barring Service check (DBS check). The practice had completed a risk assessment to explain their rationale for this but it did not state that these staff members would not be left alone with patients. (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. One of the GPs with the support of the practice manager 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe

Are services safe?

medicines for specific clinical conditions. They received support from the medical staff for this extended role and attended annual prescribing update training. Prescription 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 practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had some procedures in place to manage them safely. They recorded the stock levels of controlled drugs and documented when any were used. However, the book used for this was a loose leaf one rather than bound to avoid tampering with the record. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five 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 with a poster in the reception office which identified local health and safety representatives. 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had not completed a control of substances hazardous to health risk assessment for the cleaning products used by the cleaning staff.

- 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 all the different staffing groups to ensure that enough staff were on duty. The practice had identified the peak busy times and ensured extra staff were scheduled to meet the needs of patients.

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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 and a copy was kept off site by the practice manager.

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 peoples' needs.
- 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 achieved 99% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 98% of available points compared to the CCG average of 89% and the national average of 89%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% of available points, with 2% exception reporting, compared to the CCG average of 98% and the national average of 98%.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of available points, with 6% exception reporting, compared to the CCG average of 96% and the national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last year, both 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 included the circulation of guidance for the management of urinary tract infections to all GPs.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. A member of the community nursing team was present on the day of the inspection and they confirmed the practice worked well with the multi-disciplinary team. They commented that the GPs and nursing staff were available at times outside of the meetings to offer support and advice and to discuss concerns regarding patients.

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.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The nursing staff were trained to give smoking cessation advice.
- The practice used social media to communicate health information advice to their patients.

The practice's uptake for the cervical screening programme was 90%, which was better than the CCG average of 83% and the national average of 82%. 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. For example,

- 68% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 72%.
- 64% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 97% and five year olds from 95% to 99%. The CCG average ranged from 96% to 98% and 94% to 97% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.
- If patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.
- There was a lowered reception desk so patients in wheelchairs could discuss their needs with the reception staff.

All of the seven patient Care Quality Commission comment cards we received were positive about the care they received at the practice, with all levels of staff complimented. There were two cards with additional comments about aspects of the service that they felt were not as good. These included booking appointments and obtaining repeat prescriptions. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 85%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on 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 in line with local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%)
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

We were informed that telephone translation services were available for patients who did not have English as a first language with longer appointments made available for these patients.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. There was an identified member of staff who was the carer's champion and they had received training for this role from the local CCG. Written information was

Are services caring?

available to direct carers to the various avenues of support available to them and they offered carers a referral to local support groups, for example, Carers in Hertfordshire. In addition carers were offered an annual health check and a flu vaccination.

Staff told us that if families had suffered bereavement, the practice sent them a condolence letter. This was followed by a patient consultation at a flexible time and location to meet the family's needs if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they had plans in place to extend the building to provide more consulting rooms and provide accommodation for the local community services.

- The practice offered extended opening hours on Tuesday and Wednesday evenings until 7.30pm and alternate Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. A member of the nursing team carried out home visits for older patients with complex needs or those who had had an unplanned admission to hospital.
- Telephone triage appointments were available with the GPs and practice nurses.
- Same day appointments were available for children and those with serious medical conditions.
- Appointment times were available outside of school hours for children.
- Routine appointment booking and repeat prescription requests could be made online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities including wide automatic doors at the entrance to the practice and an access enabled toilet.
- All consulting and treatment rooms were on the ground floor. The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs.
- A hearing loop, translation services and brail literature were available.
- A phlebotomy service was available for frail and elderly patients who found it difficult to attend the hospital.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available during these times.

Extended surgery hours were offered from 6.30pm to 7.30pm on Tuesdays and Wednesdays and alternate Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks 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 mixed when compared to local and national averages.

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 44% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them but they sometimes had difficulty getting through to the practice by telephone.

The practice had implemented an action plan in response to patient feedback which included an increase in pre-bookable appointments and promotion of online appointment booking. They had also recruited six new GPs in the previous 12 months.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example there was a complaints poster and leaflets in the reception area and information on the practice website.

We looked at 12 complaints received in the last 12 months and we found these were satisfactorily handled and dealt

Are services responsive to people's needs? (for example, to feedback?)

with in a timely way. We noted there was openness and transparency when dealing with complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values 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
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of risk assessments when staff members were required to chaperone without a Disclosure and Barring Service Check (DBS) and when completing control of substances hazardous to health risk assessment for the cleaning products used by the cleaning staff for the control of substances hazardous to health.

Leadership and culture

The practice was led by the GP partners with the support of the practice manager. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice reviewed the appointment and telephone system in response to feedback from the PPG. They also had a virtual PPG and had increased the membership using social media websites to increase this to over 700 members with a broad mix of age groups including university students and young people.

- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they felt able

Are services well-led?

Good 

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

to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. For example, they were part of a federation of GP practices within the local area that collaborated with other health and social care providers to provide services locally.

The practice had recognised the constraints of their premises and had plans in place to extend and refurbish the building and provide accommodation to the local community services.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found that the provider had not implemented a process to audit that medicine alerts were acted upon to show continued actions were taken for patients to receive treatment in accordance with best practice.</p> <p>This was in breach of Regulation 12 (1) and (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found the provider had not carried out a control of substance hazardous to health risk assessment for the cleaning products used in the practice.</p> <p>This was in breach of regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>