Dr Baguant and Partners

Quality Report

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Date of inspection visit: 7 December 2016
Date of publication: 20/03/2017

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Baguant and Partners on 7 December 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.
- The practice had many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However the process for managing pathology test results was insufficient.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The patients we spoke with or who left comments for us were very positive about the standard of care they received and about staff behaviours. They said staff were professional, welcoming, understanding and sympathetic. They told us that their privacy and dignity was respected and they were involved in their care and decisions about their treatment.
- Information about services 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.
- Most patients were positive about access to the practice and appointments. Two of the patients who left comments for us said it could be difficult to get an appointment with a GP of their choice. However, those patients said access to urgent and same day appointments was good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvements is:

Summary of findings

- Ensure a sufficient process is in place and adhered to for the appropriate management of clinical notifications, for example pathology test results.

The areas where the provider should make improvements are:

- Ensure that notices around the practice advising patients that chaperones are available are clearly visible.
- Take steps to ensure that hot water temperatures at the practice are kept within the required levels and a comprehensive water temperature checking process is in place.
- Ensure that the fire risk assessment document is located and available.
- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal and are completing the essential training relevant to their roles, including safeguarding and infection prevention and control training.
- Continue to identify and support carers in its patient population.
- Ensure the practice's area of below average Quality and Outcomes Framework (QOF) performance for diabetes related indicators is improved.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the process for managing pathology test results was insufficient.
- We found that due to their location notices advising patients that chaperones were available may not be seen by patients.
- Risks to patients were assessed and managed. However, hot water temperatures were below required levels and the temperature checking process used was limited in scope. Also, although a plan of action to control and resolve the risks identified from the fire risk assessment was available and completed, staff at the practice could not locate the fire risk assessment document.
- Arrangements were in place to deal with emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly slightly above local and national averages. For example, performance for mental health related indicators was above the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 95% and the national average of 93%. However, performance for diabetes related indicators was below the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff. At the time of our inspection the system of appraisals for nurses and non-clinical staff was behind schedule. However, we saw evidence to show that all staff were scheduled to have an appraisal completed. Whilst some staff were overdue completing some essential training, the practice had a schedule in place to ensure this was completed. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice similar to or slightly above local and national averages for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 151 patients on the practice list as carers. This was approximately 2% of the practice's patient list. Of those, 48 had been invited for and 47 (31%) had accepted and received a health review in the past 12 months. Senior staff at the practice were aware of the low number of carers invited for a health review and could demonstrate they were responding to it.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Herts Valleys Clinical Commissioning Group to secure improvements to services where these were identified.

Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice a mix of below and above local and national averages for access to the practice. Senior staff at the practice were aware of the area of below average satisfaction score and could demonstrate they were responding to it.
- Most patients were positive about access to the practice and appointments. Two of the patients who left comments for us said it could be difficult to get an appointment with a GP of their choice. However, those patients said access to urgent and same day appointments was good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.
- During our inspection we found that the process for managing pathology results was insufficient. However, senior staff at the practice took immediate and comprehensive action to respond. They were able to demonstrate that a full investigation was completed and a revised protocol was implemented within 24 hours of the inspection.
- 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.

Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 1,422 patients aged over 65 years. Of those 953 (67%) had received the flu vaccination at the practice in the 2015/2016 year.
- There was one care home in the practice's local area which included residents with increased needs. There was a nominated GP for the home who completed a scheduled ward round once each week to ensure continuity of care for these patients.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 79% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.
- Performance for diabetes related indicators was below the CCG and national average. The practice achieved 81% of the points available compared to the CCG and national average of 90%. The practice was aware of its below average performance and a plan of action was in place to improve this.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to other practices in the local area for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83% which was similar to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to appointments to meet the needs of working age patients. There was routinely (usually) extended opening from 7.30am to 8am on Thursdays and from 6.30pm to 7.30pm every second Monday and Tuesday. The practice also opened one Saturday each month from 9am to midday for GP pre-bookable appointments.

Summary of findings

- 67% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 28 patients on the practice's learning disability register at the time of our inspection. Of those, all had been invited for and 10 (36%) had accepted and received a health review in the past 12 months. Senior staff at the practice were aware of the low number of patients with a learning disability receiving a health review and could demonstrate they were responding to it.
- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Additional information was available for patients who were identified as carers and there were nominated staff leads for these patients.
- The practice had identified 151 patients on the practice list as carers. This was approximately 2% of the practice's patient list. Of those, 48 had been invited for and 47 (31%) had accepted and received a health review in the past 12 months. Senior staff at the practice were aware of the low number of carers invited for a health review and could demonstrate they were responding to it.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was above the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 95% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- There was a GP lead for mental health.
- Mental health trust well-being workers were based at the practice twice each week on Tuesdays and Fridays. Patients could self-refer to these. A NHS counsellor was available at the practice once each week on Mondays. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with or above local and national averages. There were 247 survey forms distributed and 115 were returned. This was a response rate of 47% and represented 1.5% of the practice's patient list.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 97% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.
- 90% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area compared to a CCG average of 84% and a national average of 78%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards. We also spoke with five patients during the inspection. From this feedback we found that patients were very positive about the standard of care received. Patients said they felt staff were professional, welcoming, understanding and sympathetic and treated them with dignity and respect. They told us they felt listened to by the GPs and involved in their own care and treatment.

Most of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. Two of the patients who left comments for us said it could be difficult to get an appointment with a GP of their choice. However, those patients said access to urgent and same day appointments was good.

Although the NHS Friends and Family Test (FFT) was available at the practice and we found that staff encouraged its use, there had only been one negative return from a patient in the four months from June to September 2016. (The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment).

Dr Baguant and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Baguant and Partners

Dr Baguant and Partners (also known as Redbourn Health Centre) provides a range of primary medical services from its premises at The Health Centre, 1 Hawkes Drive, Redbourn, St Albans, Hertfordshire, AL3 7BL.

The practice serves a population of approximately 7,620. The area served is less deprived compared to England as a whole. The practice population is mostly white British. The practice serves an above average population of those aged from 0 to 14 years, 40 to 49 years and 65 to 69 years. There is a lower than average population of those aged from 15 to 39 years.

The clinical team includes one male and two female GP partners, one male and three female salaried GPs, two practice nurses and one healthcare assistant. The team is supported by a practice manager and 11 other secretarial, administration and reception staff. There is one directly employed cleaner. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The practice is fully open (phones and doors) from 8am to 1pm and 2pm to 6.30pm Monday to Friday. Between 1pm and 2pm daily the doors are closed but the phone lines remain open. There is routinely (usually) extended opening from 7.30am to 8am on Thursdays and from 6.30pm to 7.30pm every second Monday and Tuesday. The practice also opens one Saturday each month from 9am to midday for GP pre-bookable appointments. Appointments are available from 8.30am to 11.30am and 2.30pm to 6.30pm daily, with slight variations depending on the doctor and the nature of the appointment.

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

Why we carried out this inspection

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

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 7 December 2016. During our inspection we spoke with a range of staff including two GP partners, one salaried GP, two practice nurses, one healthcare assistant, the practice manager and members of the reception and administration team. We spoke with five patients. We observed how staff interacted with patients. We reviewed 10 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

Detailed findings

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records and incident reports and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following an incident where expired just in case medicines were found in a patient's home the practice reviewed and modified its processes and procedures for monitoring such patients to prevent recurrence of the incident.

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

Overview of safety systems and processes

The practice had many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, one of the practice's systems and processes designed to keep patients safe was insufficient.

- There were adequate arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was trained to the appropriate level. Whilst some staff were overdue completing adult and child safeguarding training, the practice had a schedule in place to ensure this was completed. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities. GPs were trained to an appropriate level to manage child safeguarding concerns (level three).
- Notices around the practice advised patients that chaperones were available if required. However, we found that due to their location some of these notices may not be seen by patients. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. One of the practice nurses was the infection control lead. There was an infection control protocol in place and infection control audits were completed in March and November 2016. We saw evidence that action was taken to address any improvements identified as a result. Whilst some staff were overdue completing infection control training, the practice had a schedule in place to ensure this was completed. Despite this, all of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank

prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The process for managing pathology test results was insufficient. We saw that 20 abnormal results assigned to one GP dating from September 2015 were still on the system (had not been filed) with no evidence of the action taken in each case.
- The practice responded appropriately and took immediate action to review and contact as appropriate the relevant patients we had identified. We received assurances that for the 20 abnormal results, the GP concerned was aware of each case in detail and the relevance of the results. We saw the practice initiated a significant event and completed a full investigation. The completed incident form and the minutes of the meeting where this was discussed were provided. As a result of the investigation the practice protocol for managing pathology test results was revised and we were shown evidence to demonstrate that all GPs at the practice had received the new protocol and confirmed they would adhere to it with immediate effect

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in a staff area which identified local health and safety representatives. The practice had an up to date health and safety risk assessment and we saw examples of documented health and safety monitoring records. A fire risk assessment had been completed at the practice although the document could not be located at the time of our inspection. However, the plan of action implemented to control and resolve the risks identified was available and from our observations and our review of other fire related documentation it was clear this had been completed. A fire drill was completed annually. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Where risks were identified the practice responded by completing the necessary actions and implementing the appropriate control measures. The practice completed its own water temperature checks; however we found that the checking process used was limited in scope and hot water temperatures were below the required level.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 97% of the total number of points available. Data from 2015/2016 showed;

- Performance for diabetes related indicators was below the CCG and national averages. The practice achieved 81% of the points available with 13% exception reporting compared to the CCG average of 90% with 11% exception reporting and the national average of 90% with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 85% of the points available, with 3% exception reporting, compared to the CCG and national average of 83%, with 4% exception reporting.
- Performance for mental health related indicators was above the CCG and national averages. The practice achieved 100% of the points available with 23% exception reporting compared to the CCG average of 95% with 9% exception reporting and the national average of 93% with 11% exception reporting.

We discussed the below CCG and national average performance for diabetes with senior staff during our inspection. We found the practice was aware of its performance in this area and the reasons for this, some of which were beyond its control. Where the practice was able to influence its performance in this area it was taking steps to rectify this. For example, the practice had identified an issue with the lack of appropriate coding of patients in this category and was rectifying this.

We discussed any areas of above CCG and national average exception reporting for the 2015/2016 year with senior clinical staff during our inspection. We also looked at individual examples of why patients had been exempted. For example, the practice's exception reporting for mental health was 23%, compared to the CCG average of 9% and the national average of 11%. We found that in the cases we looked at the exception reporting was clinically appropriate.

Clinical audits demonstrated quality improvement.

- We looked at six clinical audits undertaken in the past two years. These were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Findings were used by the practice to improve services. For example, the practice completed an audit to check if patients were appropriately referred using the cancer two week wait system. By analysing the results, the practice concluded there was an overuse of the system and was modifying its approach to the management of these patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as health and safety, fire safety and confidentiality.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis. At the time of our inspection the system of appraisals for nursing and non-clinical staff was behind schedule. However, we saw evidence to show that all staff were scheduled to have an appraisal completed.
- Most staff had received training that included: safeguarding, infection control, fire safety and basic life support. Most of the training was provided by the use of an e-learning facility or in-house on a face-to-face basis. Whilst some staff were overdue completing some essential training, the practice had a schedule in place to ensure this was completed. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities.

Coordinating patient care and information sharing

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

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

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

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme in the 2015/2016 year was 83%, which was similar to the CCG and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were

Good

Are services effective?

(for example, treatment is effective)

systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a consequence of abnormal results.

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

- 64% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 57% and the national average of 58%.
- 67% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%.

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

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 93% to 99%. The CCG averages were 94% to 97% and 92% to 96% respectively.

The practice participated in targeted vaccination programmes. This included the flu vaccination for children, people with long-term conditions and those aged over 65 years. The practice had 1,422 patients aged over 65 years. Of those 953 (67%) had received the flu vaccination at the practice in the 2015/2016 year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 85% and national average of 84%.
- 79% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 75% and the national average of 76%.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The 10 patient Care Quality Commission comment cards we received were very positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a very good service and staff were professional, welcoming, understanding and sympathetic and treated them with dignity and respect.

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

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

- 96% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 92% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to or slightly above local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 151 patients on the practice list as carers. This was approximately 2% of the practice's patient list. Of those, 48 had been invited for and 47 (31%) had accepted and received a health review in the past 12 months. We spoke with senior staff about the low rate of inviting carers for health reviews. They told us they were aware of their performance in this area and that this year's focus would be to complete carer health reviews.

Good

Are services caring?

A dedicated carers' notice board in the waiting area provided information and advice including signposting carers to support services. A carers' pack containing similar information was available from reception. Information was also available online (through the practice website) to direct carers to the various avenues of support available to them. Two members of non-clinical staff were the practice's carers' leads (or champions) responsible for providing useful and relevant information to those patients. In June 2016 the practice hosted a carers' lunch event and representatives of a local carers' advice and wellbeing service attended to provide information and support. The Patient Participation Group (PPG) also hosted a carers' support group once each month. From these events, the idea for a male carers group developed and this was progressing at the time of our inspection.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is a NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 115 patients (2% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability and there was a GP lead for these patients.
- There were 28 patients on the practice's learning disability register at the time of our inspection. Of those, all had been invited for and 10 (36%) had accepted and received a health review in the past 12 months. We spoke with senior staff about the low uptake of health reviews by patients with a learning disability. They told us a newly implemented system was in place for the management of these patients which included a role for the nurses in engaging with the patients' carers to build relationships and encourage uptake of the services provided at the practice.
- Home visits were available for older patients and patients who would benefit from these.
- There was one care home in the practice's local area which included residents with increased needs. There was a nominated GP for the home who completed a scheduled ward round once each week to ensure continuity of care for these patients. For two small units for patients with a learning disability the GPs visited as and when required.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible toilets with baby changing facilities for all patients, a hearing loop was provided and translation services including British Sign Language (BSL) were available.
- There was step free access to the main entrance. The waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. A working lift was provided to the first floor.
- There were six week post-natal checks for mothers and their children.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- A community navigator (a source of advice and practical support relating to health and social well-being) was based at the practice once each month.
- Counselling services were available for patients with mental health issues and there was a GP lead for these patients. Mental health trust well-being workers were based at the practice twice each week on Tuesdays and Fridays. Patients could self-refer to these. A NHS counsellor was available at the practice once each week on Mondays. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs.

Access to the service

The practice was fully open (phones and doors) from 8am to 1pm and 2pm to 6.30pm Monday to Friday. Between 1pm and 2pm daily the doors were closed but the phone lines remained open. There was routinely (usually) extended opening from 7.30am to 8am on Thursdays and from 6.30pm to 7.30pm every second Monday and Tuesday. The practice also opened one Saturday each month from 9am to midday for GP pre-bookable appointments. Appointments were available from 8.30am to 11.30am and 2.30pm to 6.30pm daily, with slight variations depending on the doctor and the nature of the appointment. In addition to GP pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 86% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 76% of patients said they always or almost always saw or spoke to the GP they preferred compared to the CCG average of 62% and national average of 59%.

Most of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. Two of the patients who left comments for us said it could be difficult to get an appointment with a GP of their choice. However, those patients said access to urgent and same day appointments was good.

We discussed the below CCG and national average satisfaction score with senior staff during our inspection. They were aware of the practice's below average satisfaction score for opening hours. The staff we spoke with said they were continuing to publicise their extended opening times to ensure they were widely known by patients. They told us the practice had also moved the start of their afternoon GP and nurse surgeries from 3.30pm to 2.30pm to allow for more access to appointments, particularly for those patients who may have children to collect from school.

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

Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There were two designated responsible people who handled all complaints in the practice. These were the practice manager and one of the GP partners.
- We saw that information was available to help patients understand the complaints system. An overview of the practice's complaints procedure was detailed on its website and a complaints leaflet was also available from reception.

We looked at the details of eight complaints received since December 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following a complaint from a patient about the difficulty in finding out if one of their test results had been received, the practice reviewed and reinforced with staff its process for checking receipt of that type of test result.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose detailing its aims and objectives. These included providing a high standard of care by suitably qualified and skilled staff. The practice aimed to involve patients in their care and treatment and ensure they were treated with dignity and respect.
- The practice's website displayed its mission statement along with a patients' charter detailing what patients should expect from the practice in providing their care and treatment.
- The weekly partners' meeting attended by the GP partners and the practice manager was used to monitor the strategic direction of the practice throughout the year. A documented 2016/2017 business plan was in place to support the practice in achieving its strategic aims, objectives and values. The main area of strategic focus of the practice for the coming year was to continue to review its appointment provision following the progress made in this area in the past year.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

During our inspection we found that the process for managing pathology results was insufficient. However, senior staff at the practice took immediate and comprehensive action to respond. They were able to demonstrate that a full investigation was completed and a revised protocol was implemented within 24 hours of the inspection. This was to ensure there were no imminent risks to the health, safety and welfare of patients.

Leadership and culture

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

The provider had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

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

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

- There was a regular schedule of meetings at the practice for multi-disciplinary teams, senior staff and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. All staff were involved in discussions about

Are services well-led?

Good

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

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.

- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with respiratory conditions, diabetes, learning disabilities and mental health issues. There were also nurse led clinics for patients with diabetes and respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities.

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

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

The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through comments and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. In January 2016 the PPG completed a waiting room survey in which members of the group spoke with patients to obtain their views on the practice and the services provided. We found that the practice responded to the group's findings and since the survey a daily duty doctor system had been implemented. Also at the time of our inspection the practice was switching to providing its pre-bookable appointments up to six weeks in advance instead of the previous four weeks in advance. In June 2016 the PPG had also assisted in organising an open morning at the practice which included the GPs presenting on health related issues such as diabetes and the nurses providing sessions on alcohol awareness and blood pressure monitoring.

Although the NHS Friends and Family Test (FFT) was available at the practice and we found that staff encouraged its use, there had only been one negative return from a patient in the four months from June to September 2016. The senior staff we spoke with said the FFT was poorly used at the practice which is why they encouraged the PPG to be as active as possible. (The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment).

We saw there was a comments and suggestions box available for patients to use in the reception/waiting area. There was also an online comments facility for patients to use accessible through the practice website. Any comments and suggestions made were reviewed by the practice manager.

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

Continuous improvement

The practice team was forward thinking and there was a focus on continuous improvement at all levels within the practice. In September 2015 the practice had renovated its reception area to improve the privacy of patients. Previously one large open area, the reception desk and patient waiting area were now separate from the administration area where all patient telephone calls were taken. Conversations taking place in the administration area could not be overheard in the patient waiting area.

We saw the practice's 2016/2017 business plan highlighted that its local area was allocated for major housing development over the next decade. The plan included the practice's initial preparations for how it would meet any future demand created by the development.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered person had not fully protected people against the risk of inappropriate or unsafe care and treatment. The process for managing pathology test results was insufficient. We saw that 20 abnormal results assigned to one GP dating from September 2015 were still on the system (had not been filed) with no evidence of the action taken in each case. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.