Suthergrey House Medical Centre

Quality Report

37a St Johns Road
Watford
WD17 1LS
Tel: 01923 224424
Website: www.suthergrey.com

Date of inspection visit: 18 January 2017
Date of publication: 01/03/2017

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Suthergrey House Medical Centre on 18 January 2017. The overall rating for this service is good.

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

- The practice was aware of and provided services according to the needs of their patient population.
- Risks to patients were assessed and well managed.
- Patients told us they were treated with dignity and respect and that they were fully involved in decisions about their care and treatment.
- There were processes and procedures to keep patients safe. These included a system for reporting and recording significant events, keeping these under review and sharing learning where this occurred. However, reported accidents should be reviewed to identify any changes to practise and potential learning opportunities.
- The practice was aware of the requirements of the duty of candour and systems were ensured compliance with this.
- Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Regular meetings and discussions were held with staff and multi-disciplinary teams to ensure that patients received the best care and treatment in a coordinated way.
- There was a clear leadership structure and staff told us they felt supported by management.
- There was a culture of openness and accountability.
- The practice had an active Patient Participation Group (PPG). The PPG was proactive in representing patients and assisting the practice in making improvements to the services provided.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and patients told us that they knew how to complain if they needed to.

However, the area where the provider should make improvement is:

- Take action to ensure that all accidents are reviewed so that all learning opportunities are maximised.

Summary of findings

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events.
- Lessons learned were shared at meetings so that improvements to safety in the practice were made and monitored.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice was aware of the requirements of the duty of candour and systems ensured they complied with this.
- The practice had systems, processes and practices to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- The practice assessed risks to patients and had systems for managing specific risks such as health and safety, infection control and medical emergencies.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.
- There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

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 comparable to the local and the national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care teams and there were systems to ensure appropriate information was shared.
- The practice had improved the quality of care and treatment it provided through clinical audit and on-going monitoring.
- Staff we spoke with during the inspection demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Staff received appraisals and had personal development plans in place.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Results from the National GP Patient Survey published on 7 July 2016 showed that the practice was in line with local and national averages for results in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse.
- Patients were complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses.
- Information to help patients understand and access the local services was available. Information was also available in alternative formats such as Braille, large print and easy read where needed.
- The practice kept a register of all patients who were also carers (2% of patient population) and signposted them to support organisations. The practice offered additional services to carers which included annual flu vaccinations and health checks.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Suthergrey House Medical Centre reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to the services they provided. For example, the practice provided an enhanced service for those patients at the end of their life.
- Although national survey results showed lower than average results for patient access to appointments, practice survey results indicated that the majority of patients preferred the walk in clinic approach. The practice had changed to walk in appointments for all GP clinics as a result.

Summary of findings

- Patients said they appreciated the walk in service offered at the practice and were always able to see a GP when they needed. Appointments were bookable up to two weeks in advance for patients to see specific GPs.
- The practice had responded quickly to complaints and issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

Good

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

- There was a clear vision and strategy to provide high quality care for all their patients. Staff were clear about the strategy and their role to achieve this.
- There was a clear leadership structure and staff understood their roles and responsibilities. Governance systems ensured that services were monitored and reviewed to drive improvement within the practice.
- The practice had systems for responding to notifiable safety incidents and shared this information with staff to ensure appropriate action was taken.
- Formal clinical meetings and full team meetings were held to share best practice or lessons learnt.
- The practice was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients and from the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care.
- Staff felt supported by management. They reported that should they have any concerns they felt comfortable raising these as everyone at the practice was easy to talk to and approachable.

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 patients.

- The practice offered personalised care to meet the needs of the older patients in its population. It was responsive to the needs of older patients.
- Home visits and rapid access appointments were offered for those patients with enhanced needs.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- Monthly multi-disciplinary meetings were held and included discussions on patients receiving end of life care.
- Visits to patients were made to provide flu vaccinations for those patients who were unable to attend the practice.
- Nationally reported data showed that outcomes for patients were in line with local and national standards for conditions commonly found in older patients.

People with long term conditions

Good

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

- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received appropriate training in chronic disease management, such as asthma and diabetes.
- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- Clinical staff had close working relationships with external health professionals to ensure patients received up to date care.
- NHS health checks were offered for early identification of chronic disease and there was proactive monitoring.
- The practice patient leaflet provided information about other organisations and websites patients could access.
- Although the practice provided diabetes clinics at the practice, performance for diabetes related indicators was slightly below average. The practice explained that this because they had a higher than average ethnic population.

Summary of findings

Families, children and young people

Good

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

- Walk in clinics meant that same day appointments were available to all children under the age of five.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were considered to be at risk of harm. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice worked with midwives and health visitors to coordinate care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- The practice offered a number of online services including requesting repeat medicines and booking appointments.
- There was a children's area, baby changing and breast feeding rooms available to those who needed it.

Working age people (including those recently retired and students)

Good

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

- The practice was proactive in offering a full range of health promotion and screening services that reflected the needs of this age group.
- Health promotion advice was offered such as smoking cessation and nutrition.
- The practice offered online appointment booking and the facility to request repeat prescriptions online.
- Telephone consultations were available for patients who did not feel they required a physical consultation or who had difficulty in attending the practice during opening hours.

Summary of findings

- Extended hours appointments were available for pre-bookable appointments from 7.40am to 8am and 6.30pm to 7pm on Mondays and Tuesdays; from 7.40am to 8am on Wednesdays; 7.50 to 8am and 6.30pm to 7pm on Thursdays and from 7.40am to 8am on Fridays.

People whose circumstances may make them vulnerable

Good

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

- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had concerns. There was a lead GP for safeguarding adults and children. GPs were trained to an appropriate level in safeguarding adults and children. All safeguarding concerns were discussed at the weekly GP meetings.
- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability.
- Longer appointments were available for patients with a learning disability. The practice had carried out annual health checks for 52% of the patients on their register for 2015/2016.
- Vulnerable patients were informed how to access various support groups and voluntary organisations.
- Sign language interpreters could be booked for face-to-face consultations for patients with hearing impairments.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were added to patients records for staff awareness so that longer appointments could be allocated.
- The practice offered additional services to carers such as a free annual flu vaccination and health check. There was a dedicated carer's information board in the patient waiting area and the practice manager was also a carer's champion.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Advanced care planning and annual health checks were carried out for patients with dementia and poor mental health.

Summary of findings

- Nationally reported data showed that outcomes for patients were in line with national average for conditions commonly found for patients with poor mental health.
- Patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding was in line with the local and national averages.
- Patients experiencing poor mental health were advised how to access various support groups and voluntary organisations. There was a system to follow up patients who had attended accident and emergency departments where they may have been experiencing poor mental health.
- Clinical staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed there were 108 responses to 260 surveys sent to patients which represented a response rate of 42% (compared with the national rate of 38%). This represented 1% of the practice's patient list.

In most areas the practice was rated lower than the Clinical Commissioning Group (CCG) and the national averages for access to appointments. Results showed:

- 69% of patients found it easy to get through to this practice by telephone compared to the CCG average of 78% and the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 78%.

Although national survey results showed lower than average results for patient access to appointments, practice survey results indicated that the majority of patients preferred the walk in clinic approach. The practice had changed to walk in appointments for all GPs as a result.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all extremely positive about the services provided by the practice, although four patients commented on the long wait for their appointment. Patients commented that the practice provided an excellent service with GPs and nurses who always took the time to make patients feel comfortable.

We spoke with three patients during the inspection, one of whom was also a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. They were very positive about the service they received. They told us this was an excellent practice and that all the staff were helpful and supportive.

Areas for improvement

Action the service SHOULD take to improve

- Take action to ensure that all accidents are reviewed so that all learning opportunities are maximised.

Suthergrey House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP, a practice manager and a practice nurse specialist advisors.

Background to Suthergrey House Medical Centre

Suthergrey House Medical Centre is a purpose built building in the town of Watford. At the time of the inspection the practice served a population of 11,482 patients in the town. The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is an active member of the Hertfordshire Clinical Commissioning Group (CCG), and has a patient group of children and adults of working age which is slightly higher than the national average. The patient groups are of mixed nationalities including Sri Lankan, Polish, Italian, Portuguese and West Indian.

There are six GP partners (two male and four female) and two salaried GPs (one male and one female) at the practice. The GPs are supported by a practice manager, a finance manager, two practice nurses, a healthcare assistant, administration staff and reception staff.

Opening hours are from 8am to 6.30pm on Monday to Friday each week with appointments between these times. The practice provides walk in appointments only in the mornings for all GP clinics. Patients said they appreciated the walk in only appointments offered at the practice and were always able to see a GP when they needed. The practice is closed at weekends. Extended hours appointments are available for pre-bookable appointments from 7.40am to 8am and 6.30pm to 7pm on Mondays and Tuesdays; from 7.40am to 8am on Wednesdays; 7.50 to 8am and 6.30pm to 7pm on Thursdays and from 7.40am to 8am on Fridays.

The practice does not provide an out-of-hours service but has alternative arrangements for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Hertfordshire Urgent Care) is available in the patient practice leaflet and on the website.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book appointments with GPs.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as lung diseases, asthma, and diabetes. Other appointments are available for health checks, childhood vaccinations and contraception advice. The practice minor surgery for cryotherapy (a treatment to remove skin lesions) and joint injections.

Detailed findings

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. This inspection was planned to check whether the provider was 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.

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

How we carried out this inspection

Before our inspection of Suthergrey House Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 18 January 2017. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection.
- Spoke with a range of staff that included four GPs, the practice manager, a practice nurse, a healthcare assistant, and reception and administration staff.
- Looked at procedures and systems used by the practice.
- Spoke with three patients one of whom was a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.
- Observed how staff interacted with patients who visited the practice.
- We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

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 are provided for specific groups of patients' and what good care looks 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).

Good

Are services safe?

Our findings

Safe track record and learning

Suthergrey House Medical Centre used an effective system for reporting and recording significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- All incidents were reported to the practice manager in the first instance.
- Staff told us they were encouraged to report any incident and there was a no blame culture to support this. They knew how to access the appropriate form which was available on the practice intranet. The recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Guidance was available for staff to follow and this included escalating incidents locally and nationally.
- There had been eight significant events recorded in the last 12 months. The practice had responded promptly to each event, they had carried out a thorough investigation and had taken appropriate action when necessary. We saw where changes to practise had been made as a result of these investigations. For example, a referral had been made with incorrect patient details recorded. Changes were made and a new dictation system which connected to the appropriate patient records on the practice's computer system had been implemented.
- Learning outcomes had been clearly identified and dates of meetings where learning had been shared were detailed on the significant event analysis form.
- We saw from the accident book that incidents had not been reported as significant events. For example, a needle stick injury had been recorded and all procedures followed but this had not been reviewed as a significant event to determine learning opportunities. The practice confirmed they would review their procedures with immediate effect.
- When things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence.

Patient safety alerts were effectively managed.

- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- These were coordinated by the practice manager who ensured actions taken had been recorded and that these were discussed in weekly clinical meetings.
- GPs and nurses described examples where changes had been made as a result of alerts. For example, following guidance from the MHRA on prescribing a medicine for anti-sickness guidance, a two cycle audit had been carried out on 25 August 2014 and 5 December 2015. A two cycle audit had been carried out which demonstrated improvement in prescribing and monitoring of these medicines.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from the risk of abuse which reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding adults and children and staff confirmed they knew who this was. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs had completed training in safeguarding adults and children to level three. Safeguarding concerns were discussed at weekly practice clinical meetings and monthly meetings with the health visitor. Children and families were discussed and alerts were raised where there were concerns about their safety. Minutes of meetings showed that discussions had taken place about adults and children who were considered to be at risk of harm. Staff told us they would not hesitate to share any concerns they had about patients and demonstrated their awareness of signs and indicators of potential abuse.
- Chaperones were available for patients when requested. A notice was displayed in the waiting room and in all consultation rooms advising patients of this service. Staff we spoke with and training records confirmed that staff who acted as chaperones were trained for the role. Disclosure and barring checks (DBS) had been

completed for staff members who acted as chaperones. (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy during the inspection. The practice nurse was the clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Infection control audits were carried out annually and we saw that action was taken to address any improvements identified as a result. The last audit had been completed in January 2017.

There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant and nurses were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. We noted that staff confirmed the collectors name and date of birth when patients or their representatives collected controlled drugs prescriptions but this had not been documented. Following the inspection we received confirmation that systems had been revised and this information was recorded.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records and saw that appropriate blood tests had been carried out for patients prescribed high risk medicines within the correct timescales. These records showed that appropriate monitoring was maintained.
- We found that improvements were needed to systems for monitoring blank prescription forms. Although records were kept they were not detailed enough to show how individual prescriptions (rather than batches) were tracked through the practice to ensure they were kept securely at all times. The practice responded immediately and revised their prescription protocol to address this.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary.
- The collection of clinical waste was contracted to an external company and there was suitable locked storage available for waste awaiting collection.

The practice had appropriate recruitment policies and procedures.

- We looked at staff files which included a locum GP, a salaried GP, a receptionist, a secretary, a healthcare assistant and a practice nurse. Recruitment checks had been carried out in line with legal requirements. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- There was a system to check and monitor clinical staff registrations and professional membership regularly.
- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly on sick leave. The practice manager told us that staff within the administration and nursing teams were multi-skilled to help with staff cover arrangements.

Monitoring risks to patients

There were procedures for monitoring and managing risks to patient and staff safety.

- Staff told us the practice was well equipped.
- All electrical and clinical equipment was checked by an external agency to ensure it was safe to use and that it was working properly. The latest electrical and equipment checks had been done in June 2016. These included equipment such as blood pressure monitoring machines, thermometers, syringes and weighing scales.

Good

Are services safe?

- The practice also had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella risk assessment had been reviewed in June 2016.
- There was a health and safety policy available for staff with a poster in the practice which listed the contact details for local health and safety representatives.
- Staff had completed fire training during 2015/2016. Regular fire safety checks were carried out including weekly alarm checks. The most recent check had been completed on 11 January 2017. An external company had been employed to carry out a fire risk assessment with the latest assessment done in June 2016. An action plan was in place and showed that all required work had been completed, such as fire routes clearly marked to avoid possible confusion during emergency evacuation of the building.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on all the practice's computers which alerted staff to any emergency.
- All staff had received annual basic life support training.
- A first aid kit and an accident book were available.
- Emergency medicines and equipment were available and easily accessible to all staff. All medicines we checked were in date and stored securely. Medicines were available to treat a range of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar.
- There was a system of checks to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate pads and masks for adults and children.
- There was a business continuity plan to deal with a range of emergencies that may affect the daily operation of the practice which included procedures to guide staff should the need for alternative premises become necessary. Copies of the plan were kept within the practice and offsite by key members of the practice (GPs and practice manager). Contact details for all staff were included. We noted that the plan needed to be updated to reflect the recent staff and role changes within the practice.

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.

- There were systems to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- We checked a sample of recent NICE updates and saw that action had been taken where appropriate, for example by conducting clinical audits and random sample checks of patient records. Clinical staff discussed updates during clinical meetings.

Management, monitoring and improving outcomes for patients

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.
- The most recent published results for 2015/2016 showed the practice had achieved 94% of the total number of points available, compared with the local average of 96% and the national average of 95%. The practice's exception reporting at 4% was lower than the Clinical Commissioning Group (CCG) average of 5% and the national average of 6%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data showed the practice performed mainly in line with or slightly lower than local and national levels:

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans was 90% which was slightly lower than the CCG average of 92% and in line with the national average of 89%. The practice exception rate was 5% which was 5% below the CCG and 8% below the national averages.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86% which was in line with the local and national averages of 85% and 84% respectively. The practice exception rate was 10% which was 4% above the CCG average and 3% above the national average of 7%.

We asked the practice manager why the exception rating for dementia was higher than average. They said they had identified a total of 11 patients who had been excepted and of these six were excepted for failure to respond to invitations for care reviews or patients receiving palliative care.

- Performance for diabetes related indicators was slightly below average. For example, patients who had a blood glucose level within the acceptable recommended range was 71%, which was lower than the CCG and the national average of 77% and 78%. The practice exception rate of 5% was below the CCG and the national averages of 12% and 13%. Although the practice had a diabetic nurse who provided diabetes clinics at the practice the practice explained that their results were below average because they had a higher than average ethnic population. For example, their black and ethnic minority was 18% compared with the CCG and national averages of 11%.

The practice had a system for completing clinical audits where they considered improvements to practise could be made. Audits demonstrated that where improvements had been identified they had been implemented and monitored.

- We saw six single cycle audits which had been completed during the last year. These covered a range of clinical activities such as audits based on guidance from the Faculty of Sexual and Reproductive Health (FSRH) on the complications associated with the removal of contraceptive devices. Repeat audits were scheduled to be carried out during 2017.
- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits we looked at. For example, an

Good

Are services effective?

(for example, treatment is effective)

audit had been carried out on the use of a medicine for those patients with atrial fibrillation (an abnormal heart rhythm characterised by rapid and irregular beating) following guidance from NICE. The original audit was completed in November 2016 and re-audited in January 2017. Both audits identified patients with atrial fibrillation. Their medicines were reviewed as a result of the audits which determined that all patients were appropriately prescribed.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- There was an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and infection control.
- The learning needs of staff were identified through appraisals and reviews of practice development needs. This included ongoing support during meetings, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- There was a comprehensive, well-structured training programme for all staff. Staff received appropriate training to meet their learning needs and to cover the scope of their work. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. The practice nurses attended annual updates for cervical screening. Staff who administered vaccines kept up to date with changes to the immunisation programmes through access to online resources and discussion at practice meetings.
- Staff had access to and made use of e-learning training modules and in-house training. This included safeguarding, fire procedures, basic life support and confidentiality.

Coordinating patient care and information sharing

The practice had systems to provide staff with the information they needed through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Memory assessments were offered and 207 patients had a memory assessment recorded in the last year. Where appropriate, patients were referred to the memory clinic for diagnosis and further support. The practice told us they carried out annual follow up reviews with patients to discuss their advanced care plans with them and review their medicines.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this. Annual reviews had been carried out for 56% of the 52 patients with learning disabilities.

There were systems to enable the practice to work effectively with other services to provide the care patients needed.

- Clinical staff worked 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. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- Monthly multi-disciplinary meetings were held to discuss patients with palliative care needs and were attended by GPs, a health visitor, district nurses, the community matron and palliative care nurses.

Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- Staff had access to guidance on obtaining consent for treatment, immunisation or investigation.
- We saw evidence that showed informed consent was documented. Completed forms were scanned to patient records.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Good

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- The practice kept a register of all patients with a learning disability (52 patients were registered) and ensured that longer appointments were available for them when required. Reviews of their health were carried out annually and 56% of the patients on their register had received a care review in the past year.
- The practice ran smoking cessation clinics and offered dietary advice to patients who needed it.

Cervical screening and child immunisation results showed the practice were comparable to the local and national averages.

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% which compared with local averages of 90%. Five year olds ranged from 92% to 97% which was above national averages of 88% to 94%.
- The practice's uptake for the cervical screening programme was 82% which was in line with the local average of 82% and the national average of 81%. The practice exception rate of 5% was in line with the local rate of 6% and the national rate of 7%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were in line or slightly lower than local and national averages.

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 67% which was slightly lower than the local and the national averages of 72%.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months at 55% was in line with the local average of 57% and the national average of 58%.

It was practice policy to offer a health check to all new patients registering with the practice, to patients who were 40 to 75 years of age and also some patients with long term conditions. The practice nurse carried out health checks and the practice had achieved 40% (299) of their target of patients eligible for health checks for the year 2016/2017. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years.

There were processes for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. GPs described the processes they would follow to schedule further investigations if needed.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were treated with dignity and respect.

- We spent time in the waiting area observing how staff engaged with patients. We saw that staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone.
- Curtains were provided in most consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. The practice told us they would review their provision of curtains and screens for all consultation rooms.
- Consultation and treatment room doors were closed during consultations and we observed that conversations taking place in these rooms could not be overheard. We noted however, that the siting of a notice board near to the nurses room meant that patients reading notices may overhear conversations in the nurses room. The practice told us they would review the position of the notice board to ensure confidentiality was maintained at all times.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 42 comment cards all of which were very positive about the standard of care received by patients. Patients were very complimentary about the practice and felt that they offered an excellent service, and that staff were helpful, caring, considerate and treated them with dignity, compassion and respect.

We spoke with three patients including a member of the Patient Participation Group (PPG) who also spoke highly of the practice and told us they were satisfied with the care and the treatment they received. They said they were always seen by their GP when they needed and that the GPs were professional and always approachable.

Results from the National GP Patient Survey published in July 2016 showed that the practice scored results that were in line with local and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they were fully involved in their treatment including making decisions about their care and treatment options.

- They commented that they were given time during their consultations with the clinical staff to help them make an informed decision about treatment options available to them.
- Care plans were completed for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns.
- Interpreter and translation services were provided should patients need these.

Results from the National GP Patient Survey published in July 2016 showed that patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment, although results for nurses were lower than average. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

Good

Are services caring?

- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

The practice provided support for patients and carers in a number of ways:

- There were notices and leaflets available in the waiting area which explained to patients how to access a number of support groups and organisations. Information was also available on the practice website.
- The practice maintained a register of those patients who were also carers and the practice's computer system alerted GPs if a patient was also a carer. The register showed that at the time of the inspection 233 carers were registered with the practice (2% of the practice population).
- Health checks were offered to carers, with 55% completed in the past year.
- Carers were also signposted to Carers in Hertfordshire for further support and information. There was a GP lead for carers.
- The practice manager was the carers champion and promoted carers information packs and liaised with Age Concern.
- Flexible appointments were offered to carers.
- Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a patient consultation at a time to meet the family's needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.

- The practice understood the needs of the patient population and had arrangements in place to identify and address these.
- The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma and heart disease.
- The practice accessed the local Prime Minister's GP Challenge winter hours pressures fund to employ a long term locum GP to improve access for patients during the busy winter periods.
- Routine appointments were offered at weekends using the nearby hub service provided by Watford Care Alliance.
- Same day appointments were available for all patients including children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Home visits were available for patients who were too ill to attend the practice for appointments. This included visits to administer flu vaccinations to patients who were unable to visit the practice independently.
- Telephone consultations with the duty GP were available to patients who did not require a physical consultation.
- There was an online service which allowed patients to order repeat prescriptions and book appointments.
- Extended hours appointments were available from 7.40am to 8am and 6.30pm to 7pm on Mondays and Tuesdays; from 7.40am to 8am on Wednesdays; 7.50 to 8am and 6.30pm to 7pm on Thursdays and from 7.40am to 8am on Fridays. These were pre-bookable appointments which were helpful to patients who worked.
- Recent changes to afternoon appointment times from 1.30pm to 2.40pm had been made to accommodate mothers and young children.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this. Annual reviews had been carried out for 56% of the 52 patients with learning disabilities.
- Alternative communication formats were available for patients such as easy read, Braille and larger print.
- Patients with hearing impairments were offered communication with the practice by email where using the telephone was not possible.
- Translation services were available.
- Access was suitable for patients who used wheelchairs and baby changing and breast feeding facilities were available.

Access to the service

Opening hours were from 8am to 6.30pm on Monday to Friday each week with appointments between those times. The practice provided daily walk in appointments on a first come first served basis. The practice was closed at weekends. Appointments were available for booking up to two weeks in advance.

Suthergrey House Medical Centre does not provide an out-of-hours service but had alternative arrangements for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Hertfordshire Urgent Care) was available in the practice patient information leaflet and on the website.

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

- 69% of patients said they could get through easily to the practice by telephone which was below the CCG average of 78% and the national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 67% of patients described their experience of making an appointment as good which was below the CCG average of 78% and the national average of 73%.
- 59% of patients said they usually waited 15 minutes or less after their appointment time which was below the CCG and the national averages of 65%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.

In response to the survey results the practice conducted a survey of their patients which determined their preference for the walk in clinic system. This had previously operated with one GP and following the survey results the practice took the decision for all GPs to provide walk in appointments. The practice told us that the change was working well and proving to be more successful in meeting patients' needs.

Patients we spoke with told us they were happy with the appointment system and were able to see a GP without any difficulty. They told us they could always see a GP if the appointment was urgent. We received 42 comment cards which were positive about the walk in appointment system and appointment availability at the practice. Three patients commented however, that there were difficulties with booking appointments with the GP of their choice within two weeks and four patients commented that waiting time could be lengthy at the walk in clinics. The practice told us that patients were given an appointment slot when they checked into the clinic so they were aware of the time when they would be seen and could leave and return for their appointment if they preferred.

The practice had a system to assess requests for a home visit. This included deciding whether a home visit was clinically necessary and the urgency of the need for medical attention. All visit requests were assessed by GPs as they were received. Appropriate arrangements were made according to the assessment. There were protocols in reception for staff to follow and staff were clear about their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person for responding to all complaints.
- Accessible information was provided to help patients understand the complaints system at the practice.
- We found that there was an open and transparent approach towards complaints.
- The practice maintained a log for complaints with14 complaints recorded for the period January to December 2016 and trends identified.
- We looked at three clinical complaints that had been recorded in May 2016, which demonstrated a consistent approach to complaints received. Complaints had been responded to in an open and transparent way. They had been fully investigated in accordance with the practice's complaints policy and procedure.
- The procedures for handling complaints ensured that where lessons were learned these were recorded and shared accordingly. Where trends had been identified from complaints changes to procedures had been made. Eight complaints had been about appointments and three were about reception staff. Changes had been made as a result such as amendments to appointment times and customer care training for staff.

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

There had been significant staff changes within the practice during 2016. The previous practice manager had retired at the end of 2016 and the practice had recruited a replacement who took up their post two weeks prior to the inspection. The partners at the practice recognised they were in a position of change which provided the opportunity for a review of their systems, for future development and updates.

Suthergrey House Medical Centre aimed to provide high quality medical care to all their patients, treating all patients equally, with respect and provide a high level of care for all population groups according to their individual needs.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff worked as a team and were committed to support each to provide the best care for their patients.
- Practice specific policies were implemented and were available to all staff. Staff were aware of their content and where to access them. The practice had recognised the need to review all policies and procedures to make sure these were all up-to-date. They told us plans were in place to carry out the review following the inspection of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing mostly in line with local and national standards. We saw that QOF data was regularly discussed at clinical meetings with action taken to maintain or improve outcomes.
- Appropriate arrangements were made for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

During the inspection the GPs and the practice manager demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- They told us they prioritised safe, high quality and compassionate care.
- Staff told us that GPs were approachable, that they felt valued by the practice and were able to contribute to the progress and development of services.
- There were systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included providing staff with additional training or support when incidents had occurred and a training need had been identified as a result.
- The practice encouraged a culture of openness and honesty.

The GPs and the practice manager were visible in the practice:

- Staff told us that they were approachable and always took the time to listen to all members of staff.
- Staff told us that they worked together and supported each other to provide the best care for patients.
- Staff confirmed that there was an open culture within the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG). The PPG is a group of patients registered with a practice who worked with the practice to improve services and 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)

- The practice manager told us that they would meet with the PPG to establish regular meetings. We saw that minutes of previous meetings were available on the practice website for patents to access, this included minutes for the last meeting held in July 2016.
- GP patient surveys were carried out and the results were made available to patients. Survey results for March 2016 showed positive feedback from patients but also identified areas where improvements could be made. For example, online booking of appointments was not clearly advertised on the website and patients preferred the walk in clinic arrangements to remain. Patients had also requested additional chairs in the waiting room which had been provided.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion.

- Staff told us they were confident they would be supported if they needed to raise any issues or concerns.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- They felt involved and engaged to improve how the practice provided services for patients.