

Bennetts End Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bennetts End Surgery on 3 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However some aspects of managing high risk medication needed strengthening.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However there was not an accessible summary of training records for the practice.
- All staff had received an appraisal within the last 12 months.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had established systems to support carers.
- Patient satisfaction with telephone access to appointments was lower than CCG and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are:

- Develop a comprehensive approach to assessing infection control compliance.
 - Continue to monitor the recently implemented system to manage patients that were offered anticoagulants but were not taking this medicine including evidence of any reasoning and or rationale.
 - Develop a record keeping system so staff training records are readily available.
 - Continue to identify and support carers.
- Continue to monitor measures implemented to improve national patient survey results, for example satisfaction results in relation to telephone access to appointments.
 - Continue to encourage patients to attend cancer screening programmes.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However some aspects of managing high risk medication needed strengthening.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example 91% of patients with a history of stroke or similar illness had control of their blood pressure within acceptable range compared with the CCG and national average of 88%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had worked with the National Association of Citizens Advice Bureaux (CAB) in developing an anti-poverty strategy and had plans to provide a CAB outreach clinic on site.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Patient satisfaction with telephone access to appointments was lower than CCG and national averages. For example 57% of patients said they could get through easily to the practice by phone compared to CCG average of 78% and the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The Herts Hearing Advisory Service provided a monthly drop-in clinic at the practice which was arranged by the Friends of Bennetts End Surgery (FOBES) through their links with the voluntary sector.
- 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 as appropriate.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a vision and plans to deliver high quality care and promote good outcomes for patients. Staff were knowledgeable about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group called the Friends of Bennetts End Surgery (FOBES) was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named accountable GP.
- All these patients were offered an over 75s health check.
- The practice had identified 2% of the frailest patients at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with community services in planning support.
- There was a home phlebotomy service including testing for patients who received anticoagulants.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported a local care home and visited twice a week to carry out a ward round.

Good



People with long term conditions

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

- Nursing staff supported by GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- Performance for diabetes related indicators were comparable to the CCG and national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months (01/04/2015 to 31/03/2016), was 68%, compared to the CCG average of 77% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Good



Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered newly diagnosed patients with diabetes a 20 minute lifestyle consultation with the practice nurse which emphasised the need for lifestyle changes and regular monitoring.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a drop in clinic called 'Teen Screen' for adolescents to discuss health matters.
- We saw positive examples of joint working with midwives and health visitors.
- The practice provided a variety of health promotion information leaflets and resources for this population group.
- The practice offered referrals to family planning and related screening such as chlamydia screening.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- This population were given priority appointments focussed on early morning and late afternoon.
- The practice opened each Saturday from 8am till 12.30pm.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- The practice held regular health visitor liaison and multi-disciplinary team meetings to discuss the care needs of specific patients.
- The practice held regular review meetings involving district nurses, GPs and the local palliative care nurses for people that required end of life care and those on the palliative care register.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 201 patients as carers (approximately 1% of the practice list). The practice had identified two carer's champions who provided information and directed carers to the various avenues of support available to them.
- The practice had established regular Carers Health Check Clinics to support carers and offer health checks and flu vaccinations

Good



Summary of findings

- The practice had worked with the National Association of Citizens Advice Bureaux (CAB) in developing an anti-poverty strategy and had plans to provide a CAB outreach clinic on site.

People experiencing poor mental health (including people with dementia)

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

- 99% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- The practice offered annual reviews to all patients on the mental health register which included physical checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations including the community drugs and alcohol team.
- Patients could self refer to the local Wellbeing Team through the practice reception.
- Patients attending the hospital memory clinic with a diagnosis of dementia and who were stabilised on their medication were managed by the practice avoiding frequent visits to the hospital clinic.
- The practice hosted a shared care clinic with Hertfordshire's Drug and Alcohol Recovery Service (The CGL Spectrum) to support drug dependant patients.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had installed dementia friendly white lighting. This lighting was recognised as being beneficial for patients with dementia, by enabling them to enhance their sensory abilities and engage more actively in their consultations.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with national averages. There were 262 survey forms distributed and 113 had been returned. This represented 43% return rate (less than 1% of the practice's patient list).

- 57% of patients found it easy to get through to this practice by phone compared with a CCG average of 78% and a national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared with a CCG average of 87% and a national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with a CCG average of 85% and a national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 20 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients felt the practice offered a welcoming friendly and caring service and staff were approachable and understanding and had treated them with dignity and respect. Two comment cards noted the difficulty in obtaining an appointment with a GP through the telephone appointment system.

We spoke with eight patients during the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded sympathetically when they needed help and provided support when required.

Areas for improvement

Action the service SHOULD take to improve

- Develop a comprehensive approach to assessing infection control compliance.
- Continue to monitor the recently implemented system to manage patients that were offered anticoagulants but were not taking this medicine including evidence of any reasoning and or rationale.
- Develop a record keeping system so staff training records are readily available.
- Continue to identify and support carers.
- Continue to monitor measures implemented to improve national patient survey results, for example satisfaction results in relation to telephone access to appointments.
- Continue to encourage patients to attend cancer screening programmes.

Bennetts End Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor a Deputy Chief Inspector and a practice manager specialist advisor.

Background to Bennetts End Surgery

Bennetts End Surgery situated in Gatecroft, Hemel Hempstead, Hertfordshire is a GP practice which provides primary medical care for approximately 17,400 patients living in Hemel Hempstead and surrounding areas.

Bennetts End Surgery provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian Afro Caribbean and Eastern European origin.

The practice has ten GPs partners (six female and four male) one salaried GP (female) and one female retainer GP (the retainer scheme facilitates GPs to maintain their clinical skills through part-time working with educational and mentoring support). There are three practice nurses. The nursing team is supported by two health care assistants. There is a managing partner who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice provides training to doctors studying to become GPs. Additionally the practice facilitates the training of nurses, managers, administrative staff and work experience students.

Patient consultations and treatments take place on ground level. There is a car park outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm. On Saturday morning the practice is open between 8am and 12.30pm. There are a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

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

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 3 November 2016.

Detailed findings

During our inspection we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The staff we spoke knew the reporting process used at the practice and there was a recording form available. Staff would inform the managing partner or a GP of any incidents. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. There was a consistent approach to investigations.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, the practice had strengthened their procedures for sending communications to patients by post following an investigation of a patient identity incident.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We reviewed a safety alert related to patients at lifelong risk of developing acute coronary conditions which could result in death or severe harm and found the practice had identified these patients and included an alert in their individual patient records.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There were separate GP leads for safeguarding adults and children. The GPs provided reports, attended safeguarding meetings and shared information with other agencies where necessary. There were regular meetings with the Health Visitor to discuss patients who were on the child protection register. Staff demonstrated they understood their responsibilities. For example we saw that staff had referred a concern about a child with suspected abuse to the local authority and Police. Staff had received the appropriate level of safeguarding training for their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Hand wash facilities, including soap dispensers were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice undertook mini infection control audits for example a risk assessment of infection prevention and control in a clinical environment. We saw action had been taken following such audits. However we did not see evidence of a comprehensive annual infection control audit.
- 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. The practice carried out regular medicines audits, with the support of the NHS Herts Valleys CCG medicines management team to ensure prescribing was in line with best practice guidelines for safe prescribing. For example the practice had worked

Are services safe?

with the CCG in ensuring the prescribing of gluten free products were in line with current guidelines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed the system in place to assess and manage risks to patients on high risk medicines. The practice operated a system which ensured patients were monitored to ensure they had the necessary checks including any blood tests to keep them safe. The lead GP for managing patients on anticoagulants (medicines that work to prevent blood clotting) talked us through the process for managing such patients which included related clinical audits to ensure the process met current guidelines. However we could not see clarity in the patient records as to why a small number of patients identified as at increased risk of stroke were not taking anticoagulation medication. After our inspection, the practice wrote to us and confirmed that they had now amended their process to ensure review of all such patients including an offer of an annual review.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The

practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). As part of their redevelopment plan the practice had installed dementia friendly white lighting. This lighting was recognised as being beneficial for patients with dementia, by enabling them to enhance their sensory abilities and engage more actively in their consultations.

- There was a rota system in place for the different staffing groups to ensure enough staff were on duty. Practice staff covered for each other during times of annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. We saw this system in action when it was activated during our inspection to deal with a medical emergency in reception to which all GPs and other colleagues responded promptly.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice held regular clinical meetings including attendance by external speakers to discuss relevant NICE and other guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

Data from 2015/2016 showed other QOF targets to be similar to local and national averages:

Performance for diabetes related indicators was comparable to the Hertfordshire Valleys Clinical Commissioning Group (CCG) and national averages.

- For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2015 to 31/03/2016), was 68%, compared to the CCG average of 77% and the national average of 78%. Exception reporting for this indicator was 5% compared to a CCG average of 12% and the national average of 13%. (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).

Performance for mental health related indicators was comparable to the CCG and national averages.

- For example, the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 95% where the CCG average was 92% and the national average was 89%. Exception reporting for this indicator was 12% compared to a CCG average of 10% and national average of 11%.

We reviewed the exception reporting and found that the practice was not a high user of exception reporting and had made every effort to ensure appropriate decision making including prompting patients to attend for the relevant monitoring and checks. For example the practice was aware that it could improve patient compliance of routine diabetic monitoring and offered newly diagnosed with diabetes a 20 minute lifestyle consultation with the practice nurse which emphasised the need for lifestyle changes and regular monitoring.

There was evidence of quality improvement including clinical audit.

- There had been 13 clinical audits undertaken in the past two years, two of these were completed audits where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example an audit of the use of Dermoscopy (an examination of the skin using skin surface microscopy, which is mainly used to evaluate pigmented skin blemishes) had shown that patients had benefited from this in-house service avoiding unnecessary referrals to specialist care and skin surgery.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New starters were facilitated with reviews at three and six monthly intervals.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes, COPD (chronic obstructive pulmonary disease) and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Training records were present in staff files. However there was not an accessible summary for the practice. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They had access to and made use of e-learning training modules and in-house training as well protected learning lunch time sessions called 'Team Talk' which occurred weekly.
- The GP registrar told us that they were well supported by the GPs other clinical staff and by the whole practice team.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients with palliative care needs to other services including with the out of hours service and community nursing services.

- There was a process to communicate with the district nurse and health visitor. The pathology service were able to share patient clinical information and results electronically. There was a system to review patients that had accessed the NHS 111 service overnight and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending Herts Urgent Care.

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

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.
- The practice gained written consent for minor surgery which were scanned and maintained in the patient's records.
- Verbal consent was obtained prior to insertion of an intrauterine device (IUD or coil) which was recorded on the patient's records.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition, those patients with mental health problems and patients with learning difficulties. Patients were offered regular health reviews and signposted to relevant support services.

Are services effective?

(for example, treatment is effective)

- We saw a variety of health promotion information leaflets and resources both in the practice and on their website. For example, on smoking cessation sexual health and immunisations.
- The practice provided a variety of health promotion information leaflets and resources for children and young people for example the provision of chlamydia testing.
- Patients newly diagnosed with diabetes were offered a 20 minute lifestyle consultation with the practice nurse.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Results showed:

- 57% of patients attended for bowel screening within six months of invitation compared to the CCG average of 59% and the national average of 58%.
- 44% attended for breast screening within six months of invitation which was below the CCG average of 72% and the national average of 73%.

The practice was aware of the lower number of patients taking up the invitation for breast screening and were targeting eligible patients opportunistically when they attended for a GP appointment to encourage them to attend.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% and five year olds from 90% to 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 20 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients felt the practice offered a welcoming friendly and caring service and staff were approachable and understanding and had treated them with dignity and respect. Two comment cards noted the difficulty in obtaining an appointment with a GP through the telephone appointment system.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 87% 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 87%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 86% 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%.
- 97% 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%.
- 79% 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 felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% 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%.
- 80% 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%.
- 85% 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%.

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

- Staff told us that translation services were available for patients who did not have English as a first language as well as a signage service for people with impaired vision.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 201 patients as carers (1% of the practice list). The practice had identified two carer's champions who provided information and directed carers to the various avenues of support available to them. This included referral to Carers in Hertfordshire which supported people in their caring role. There were

regular Carers Health Check Clinics through which the practice offered annual health checks as well as vaccination to carers. Flexible working arrangements were available for staff who had caring commitments. Previously the practice had worked in a carer's support pilot project with the Royal College of General Practitioners. The practice was aware that there was potential to increase the number of carers based on its practice list size and were actively working towards this aim.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had worked with the National Association of Citizens Advice Bureaux (CAB) in developing an anti-poverty strategy and had plans to provide a CAB outreach clinic on site.

- The practice was open on Saturday from 8am till 12.30pm.
- The practice provided telephone triage and ring back service at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a home phlebotomy service including testing for patients who received anticoagulants.
- The practice nurse offered domiciliary visits to housebound patients.
- The practice supported a local care home and visited twice a week for a ward round.
- Patients over 75 had a named accountable GP and were offered the over 75 health check by a dedicated nurse.
- The Herts Hearing Advisory Service offered a monthly drop-in clinic in the practice.
- The practice had identified 2% of the frailest patients at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked with community services in planning support.
- The practice hosted a shared care clinic with Hertfordshire's Drug and Alcohol Recovery Service (The CGL Spectrum) to support drug dependant patients.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There was a drop in clinic called 'Teen Screen' for adolescents to discuss health matters.
- The practice offered referrals to family planning and related screening such as chlamydia screening.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available. There was a hearing loop available.
- Online services were available for booking appointments and request repeat prescriptions.
- Through the Electronic Prescribing System (EPS) patients could order repeat medications online and collect the medicines from a pharmacy near their workplace.

Access to the service

The practice was open Monday to Friday from 8am to 6.30pm. On Saturday morning the practice was open between 8am and 12.30pm. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 79%.
- 57% of patients said they could get through easily to the practice by phone compared to CCG average of 78% and the national average of 73%.

The practice was aware that patient satisfaction with telephone access was low. Through the NHS Estates and Technology Transformation Fund (ETTF) the practice was planning to upgrade the telephone system to provide more access lines. There was also work being undertaken to reduce the number of patients who do not attend for a scheduled GP appointment (DNA) thereby releasing more appointment slots. Patients were also being encouraged to use the online appointment booking facility. In addition the practice had introduced a triage system whereby a GP would offer a ring back telephone consultation at the patient's request where appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

- The managing partner was the responsible person who handled all complaints in the practice.
- We saw there was a poster in the waiting area that informed patients of the complaints procedure together with a complaints information leaflet which outlined the complaints procedure. There was also information on the practice website.

There were 21 complaints (including one verbal complaint) logged in the last 15 months. We looked at six complaints received in that period and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action had been taken as a result to improve the quality of care. For example the practice had improved signage within the practice so patients knew where to attend for their appointment following a complaint investigation.

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.

- It aimed to provide high quality care to all with a high standard of service.
- The practice had supporting plans which reflected the aims and objectives and were regularly monitored.
- The practice held annual business planning meetings to discuss and agree improvements to the service provided. This was followed up by quarterly reviews and updates.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff electronically on their desktops.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However some aspects of managing high risk medication needed strengthening.

Leadership and culture

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

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

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

The practice had systems in place to ensure that when there were unexpected safety incidents:

- The practice gave affected people reasonable support and explanation.
- They kept written records of verbal interactions as well as written correspondence.
- The practice had a learning culture turning lessons learnt into an improvement loop.

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

- The practice had good engagement of all staff groups through a meaningful and useful meeting and communication structure.
- There was a regular schedule of practice meetings in addition to those for individual staff groups and multi-disciplinary teams 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 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. For example there were nominated GP leads for safeguarding, diabetes, asthma and chronic obstructive pulmonary disease (COPD). There were also nurse led clinics for patients with respiratory conditions such as asthma and COPD, coronary heart disease and diabetes. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) called the Friends of Bennetts End Surgery (FOBES) and through surveys and complaints received. We spoke with a member of the PPG who told us that they had worked with the practice on several initiatives. For example they had raised funds to provide patient care equipment such as a spirometer (equipment used for lung function test) and communal blood pressure recording machine available at reception. Further the FOBES provided a tea bar on weekday mornings in the patient waiting area. The FOBES had good links with the voluntary sector and had arranged for the Herts Hearing Advisory Service to provide a monthly drop-in clinic on site. At the time of our inspection FOBES were involved in a pilot with the National Association for Patient Participation (NAPP) to develop and test 'Building better participation' which was to help PPGs and their practice to reflect on their work, and to become even more effective.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run. The practice arranged in-house training every six weeks using external trainers such as the Medical Defence Union. These meetings provided opportunities for training and discussions about practice and related health and social care matters.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. We saw the practice encouraged staff to upskill so they could take emerging opportunities within the practice.
- The practice encouraged continuous learning and development demonstrated by high staff retention levels; including low staff turnover and re-employment of previous staff.