

# Burvill House 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 Burvill House Surgery On 3 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- The practice offered a daily triage service by a duty GP which enabled them to direct patients to the most appropriate member of the healthcare team for their care and treatment. This system allowed the practice to manage the volume of patients seeking appointments most effectively and safely on a daily basis.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Commission the recently acquired defibrillator.
- Continue to monitor the changes made to the appointment system to ensure patients access to services is improved.

# Summary of findings

- Continue to engage its patients so a Patient Participation Group is active in the practice.

**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.

Good



- 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 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 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.
- Emergency equipment and medicines were available and all staff knew of their location.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect.
- Patients said they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered a daily triage service by a duty GP which enabled them to direct patients to the most appropriate member of the healthcare team for their care and treatment. This system allowed the practice to manage the volume of patients seeking appointments most effectively and safely on a daily basis.
- Each patient had a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Annual health checks were available for these patients.
- All of these patients had a named GP.
- The practice worked with four local care homes and had a dedicated GP for each care home.
- The practice worked with two locally commissioned dementia support workers to support the needs of this population group.
- The practice maintained a carer register and had a dedicated carer's champion to advise them and signpost them to various services that were available to them.

### People with long term conditions

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

Good



- Nursing staff supported by a GP had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, The percentage of patients on the practice diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 85% which was comparable to the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided opportunistic health promotion for this population group such as Chlamydia screening.
- We saw positive examples of joint working with midwives and health visitors, for example the health visitor was based on site at the practice and staff were able to communicate directly with them on patient care issues.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- On the day telephone triage by a duty GP and extended hours appointments were available for those that could not attend during normal working hours.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice worked with a local homeless shelter and looked after the health needs of the residents as well as offer support and healthcare to other homeless people in the local area.

**Good**



# Summary of findings

- The practice worked with Women's Refuge in St Albans and Welwyn Garden City to support anyone affected by domestic abuse and look after their health needs.
- The practice offered longer appointments for patients with a learning disability.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.

## 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).

- There was a lead GP for mental health.
- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is similar to the national average of 84%.
- 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 and worked with two locally commissioned dementia support workers to support the needs of this population group.
- The practice worked with a locally commissioned 'Isolated Community Worker' to support the needs of the homeless and traveller population.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice provided care to residents of a local care home which provided care for people with mental health needs.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was mostly performing in line with local and national averages. 308 survey forms were distributed and 112 were returned. This represented a return rate of 36%.

- 58% of patients found it easy to get through to this practice by phone compared to the CCG average of 63%.
- 51% 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 71%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 82%.

- 69% 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 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards. 32 of the cards were wholly positive. There was a common theme running across all cards which described the care as friendly listening and unrushed. Comments in four cards referred to the difficulty in getting through to the practice to make an appointment.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were caring and treated them with dignity and respect. The patients said they were given enough time during consultations and felt involved in decisions regarding their care and treatment options.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Commission the recently acquired defibrillator.
- Continue to monitor the changes made to the appointment system to ensure patients access to services is improved.
- Continue to engage its patients so a Patient Participation Group is active in the practice.

# Burvill House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Burvill House Surgery

Burvill House Surgery situated in Hatfield, Hertfordshire, is a GP practice which provides primary medical care for approximately 9700 patients living in Hatfield, Colney Heath, Smallford, Eastern St Albans, Welham Green, Brookmans Park and Southern Welwyn Garden City. The practice has a branch; the Colney Heath Surgery situated in Colney Heath Hertfordshire. We did not inspect this branch at this time.

Burvill House Surgery provides primary care services to local communities under a Primary Medical Services (PMS) contract, which is a locally agreed contract between general practices and NHS England for delivering primary care services to local communities. The practice provides training to doctors studying to become GPs. The practice population is predominantly white British but the practice also serves a small ethnic population of Asian, Afro Caribbean and Eastern European origin. The practice has a large working age population.

The practice has five GPs partners (one male and four female) and one salaried GP. There are four practice nurses including a nurse practitioner who are supported by two

health care assistants. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice operates from two storey premises. Patient consultations and treatments take place on the ground floor. The first floor is mainly used by administrative staff. There is a car park outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8.30am to 6.30pm. Between 8am and 8.30am patients can contact a GP through a dedicated telephone line if needed. The practice offers extended opening on two evenings per week and alternate Saturday openings. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided 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.

# Detailed findings

## 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 March 2016.

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.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. We saw an example where reception staff had reported safeguarding concerns about a vulnerable adult patient. We saw evidence that the practice had taken appropriate actions with partner agencies and addressed the concerns raised.
- The practice carried out a thorough analysis of the significant events which were documented and reviewed regularly.

We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed. The practice had recorded 21 significant events that had occurred during the last 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had changed the way it communicated with patients about the need for a medication review following the investigation of a medication incident.

### 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 was a lead GP for safeguarding. Weekly clinical meetings were held to highlight new or existing concerns for both vulnerable children and adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child and adult safeguarding.

- A notice in the waiting room advised patients that chaperones were available if required. Clinical 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). Reception staff who acted as chaperones were not DBS checked but a risk assessment with appropriate controls was in place for them to perform this duty.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP was the infection control lead supported by a practice nurse. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example the audit of repeat prescribing requests in January 2016 showed that the practice was following agreed guidelines in this respect. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses was a Nurse Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

## Are services safe?

- 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 reviewed six personnel files including two locum GP personal 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 annual fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. The practice operated a leave policy for clinical staff to ensure adequate staffing. The practice used two regular locum GPs to cover any shortfalls. We saw that there was flexibility within the practice staff covering absence and holidays.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had recently acquired a defibrillator which was yet to be commissioned. The practice manager told us that in the interim the practice would continue to use the 999 service for any emergencies. Oxygen with adult and children's masks was available. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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 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 94% of the total number of points available with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the practice diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 85% which was comparable to the national average of 88%.
- Performance for mental health related indicators was similar to the national average, for example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 84% which was the same as the national average.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- In all instances we found that the practice had taken appropriate actions to make improvements. For example, following safety alert the practice had audited patients prescribed a medicine for the management of urinary frequency, urgency, and incontinence and introduced measures to regularly monitor their blood pressure to avoid a known side effect of this medicine.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- 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, attending CCG hosted training updates 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: health and safety, safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training including regular 'Target' training hosted by the local CCG.

# Are services effective?

## (for example, treatment is effective)

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- 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. For example the practice worked with four local care homes and each of these homes had a dedicated GP who reviewed patients at these care homes through a weekly ward round.
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example the practice worked with the community matron and locality commissioned dementia support workers in the management of patients with long term conditions that lived in their own homes or in care homes.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- Patients over 75 years of age had a named GP and were offered regular health checks.

The practice's uptake for the cervical screening programme was 74%, which was slightly below the CCG average of 83% and the national average of 82%. The practice was taking action to improve the uptake rate. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe 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 result of abnormal results.

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 90% to 97% and five year olds from 81% to 89%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74 and over 75 years health checks. 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.

We reviewed 36 CQC comment cards completed by patients prior to the inspection. Thirty two of the cards were wholly positive. There was a common theme running across all cards which described the care as friendly listening and unrushed. Comments in four cards referred to the difficulty in getting through to the practice to make an appointment.

The practice did not currently have an active patient participation group (PPG) but were planning to have one very soon.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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 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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% 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 national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

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



## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified a carer champion whose role was to facilitate and direct carers to the various avenues of support available to them. The practice had identified 270 patients as carers (2.7% of the practice list).

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered late appointments on alternate Tuesday and Thursday evening until 8pm and on alternate Saturdays from 8.30am till 12 noon for working patients and others who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice worked with a local homeless shelter and looked after the health needs of the residents as well as offer support and healthcare to other homeless people in the local area.
- The practice worked with Women's Refuge in St Albans and Welwyn Garden City to support anyone affected by domestic abuse and look after their health needs.

### Access to the service

The practice was open between 8.30am to 6.30pm Monday to Friday. Appointments were available from 8.30am to 6.30pm Monday to Friday. Between 8am and 8.30am patients could contact a GP through a dedicated telephone line if needed. Extended hours appointments were offered on alternate Tuesday and Thursday evening until 8pm and on alternate Saturdays from 8.30am till 12 noon. In addition to pre-bookable appointments that could be booked from three days to six weeks in advance, urgent appointments were also available for people that needed them.

- The practice offered a daily triage service by a duty GP which enabled them to direct patients to the most appropriate member of the healthcare team for their care and treatment. This system allowed the practice to manage the volume of patients seeking appointments most effectively and safely on a daily basis.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 73%.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 63%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice was aware of the difficulty expressed by patients in the GP patient survey and had made changes to the appointment system which included the daily triage service by a duty GP. The practice manager told us that they were monitoring the effectiveness of this system.

### 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and at reception.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint investigation, we saw that the practice had taken action to amend the way it responded to repeat prescription requests and had clarified the various ways patients could request these.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the overall values which were to work in partnership with patients and staff to provide evidence based care working within local and national governance, guidance and regulations.
- The practice aimed to provide health care that focussed on prevention of disease, promotion of health and wellbeing and offering care and advice in partnership with patients, their families and carers.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice computer system.
- There was a comprehensive understanding of the performance of the practice such as through the monitoring of the Quality and Outcomes Framework (QOF).
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Significant events and complaints were investigated with lessons learnt shared with staff.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour which was demonstrated through their significant events and complaints management processes (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.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at staff meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- There were lead members of staff identified for many roles for example, there was a lead GP for diabetes, one for dementia and leads for safeguarding children and vulnerable adults.

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

- The practice made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
- The practice had gathered feedback from staff through staff meetings appraisals and regular 'Target' training days which was held three times a year for the whole practice staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels within the practice.

## Are services well-led?

Good 

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

- Being an established training practice of over 20 years, there was a commitment to train the future generation of GPs.

The practice promoted a culture of learning and on-going personal development allowing all staff to reach their potential.