Cromwell Medical Centre

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

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 Cromwell Medical Centre on 21 April 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not documented other than a summary.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks, infection control, medicine management DBS checks and health and safety.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average with the exception of diabetic and hypertension indicators which were below CCG and national averages but the practice was acting to make improvements.
- Patients said they were treated with compassion, dignity and respect.
- The January 2016 patient survey results showed that the practice was performing above CCG and national averages in relation to providing a caring and responsive service.
- Some practice specific policies were available to govern activity, but these were not always reflective of current legislation and guidance and dated.
- The oversight of the governance system in place to monitor the quality of the service was not sufficient.

The areas where the provider must make improvements are:

- Maintain accurate records of investigations of safety incidents and complaints.
- Ensure an appropriate system is in place for the safe use and management of medicines including a system for tracking blank prescription forms and pads, having valid and approved Patient Group Directions (PGDs) and Patient Specific Direction (PSDs).

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- Carry out a risk assessment to ensure the appropriateness of emergency medicines stocked.
- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented.
- Ensure that all applicable staff receive a criminal records check and that the required information is available in respect of the relevant persons employed.
- Ensure that all staff employed are supported, receive the appropriate supervision and complete the essential training relevant to their roles and accurate records are kept in respect of the relevant persons employed.
- Make available a business continuity plan.
- Ensure a record of meetings held within the practice is kept.
- Review and date practice specific policies so these are reflective of current legislation and guidance.
- Maintain an oversight of the governance system in place to monitor the quality of the service.

The areas where the provider should make improvements are:

- Make the disabled toilet Equality Act 2010 compliant by providing an emergency call bell.
- Ensure the premises are maintained in reasonable condition pending plans to transfer to purpose built premises.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong staff told us including by examples that reviews and investigations had taken place but these were not documented other than a summary. There was no documented evidence that lessons learned were communicated widely enough to support improvement. There was no evidence that patients had always received a verbal and written apology.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

  For example:
  - Systems to ensure that medicines and related processes were managed appropriately were lacking. Blank prescription forms were not tracked or stored securely. The latest electronic versions of the Patient Group Directions which are written instructions to supply or administer medicines to patients had not been adopted by the practice. Patient Specific Directions for use when medicines were administered by a health Care assistant were generic instruction to be applied to any patient that met the criteria attending clinics on a specific day and not patient specific.
  - Even though the practice talked us through the reasons for the limited stock of medicines kept for use in an emergency the rationale for this decision had not been risk assessed and documented.
  - There were arrangements for continuity of the service in the event of a major incident but these had not been formalised in a written business continuity plan.
  - Infection control processes were lacking, specifically in relation to the adequacy of the examination couches and flooring at the practice.
  - There was minimal health and safety related training, policies and risk assessments.
  - Systems to ensure that all the applicable staff employed at the practice received the relevant criminal records checks were lacking.
  - Staff acting as chaperones had not received the appropriate training.

Summary of findings

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average with the exception of diabetic and hypertension indicators which were below CCG and national averages. The practice has introduced a revised recall system and monitoring system to address this shortfall and was monitoring the effects of the improved system.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Not all staff had received appraisals in the past 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Although the practice kept a summary of seven

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complaints received in the last 12 months they had not kept the details of the investigations and actions taken. There was no evidence that patients had always received a verbal and written apology.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a values statement to provide courteous approachable friendly and accommodating care which reflected a quality of care that was evidence based and maintained through continuous learning and training. Staff knew and understood these values.
- Some practice specific policies were available to govern activity, but these were not always reflective of current legislation and guidance and dated.
- Not all staff had received regular performance reviews.
- Staff confirmed that they had attended practice meetings and internal and external events, but the practice did not keep records of these meetings and events.
- The practice did not hold regular staff and clinical meetings and issues were discussed at ad hoc meetings.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were insufficient.

These included:

- Ensuring eligible staff received a DBS check.
- The arrangements for the management of infection control to ensure the practice met the required standards.
- The management of medicines including the use of PGDs, PSDs, maintaining an adequate supply of medicines for use in an emergency and security and monitoring of blank prescription pads and forms.
- The formalised arrangements in place for the practice to respond to emergencies and major incidents.
- The lack of staff training including records, for example those related to induction, safeguarding, basic life support, information governance, infection control.
- Maintaining records of investigation and evidence of dissemination of lessons learnt relating to significant events, incidents and complaints.
- The adequacy of records of minutes of meetings held in the practice.

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The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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.
- The practice offered health checks for patients aged 75 and over.
- The practice participated in the unplanned admissions enhanced service and had identified the top 2% vulnerable patients on their practice list and aimed to provide them with a review of their care needs and an agreed care plan by March 2016.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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.
- Longer appointments and home visits were available when needed.
- The practice maintained a register of patients with long term condition. 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 including Home First (who are an integrated team of health and social care professionals) to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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 81%, 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.
- We saw positive examples of joint working with midwives and health visitors.
- The practice participated in the tackling childhood obesity (and obesity in general) pilot hosted by the CCG.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered Saturday opening between 9am and 12.30pm for working patients and others who could not attend during normal opening hours.
- The practice offered telephone advice to patients during the hours of 12.30pm and 3pm where patients could ask to speak to a doctor or a nurse to discuss their healthcare needs.
- NHS Health checks, smoking cessation, contraception are also offered to this group.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. All these patients were offered an annual health check.
- 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 various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safety and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%
- The practice regularly worked with multi-disciplinary teams including Home First 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 various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 328 survey forms were distributed and 121 were returned. This represented a response rate of 37% (less than 2% of the practice's patient list).

- 83% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and national average of 73%.
- 76% 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% and national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 82% 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% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Comments in these cards described the service as caring and friendly and noted the staff were facilitative and listening. Comments in four cards referred to the difficulty in getting through to the practice to make an appointment.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Maintain accurate records of investigations of safety incidents and complaints.
- Ensure an appropriate system is in place for the safe use and management of medicines including a system for tracking blank prescription forms and pads, having valid and approved Patient Group Directions (PGDs) and Patient Specific Direction (PSDs).
- Carry out a risk assessment to ensure the appropriateness of emergency medicines stocked.
- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented.
- Ensure that all applicable staff receive a criminal records check and that the required information is available in respect of the relevant persons employed.
- Ensure that all staff employed are supported, receive the appropriate supervision and complete the essential training relevant to their roles and accurate records are kept in respect of the relevant persons employed.
- Make available a business continuity plan.
- Ensure a record of meetings held within the practice is kept.
- Review and date practice specific policies so these are reflective of current legislation and guidance.
- Maintain an oversight of the governance system in place to monitor the quality of the service.

Action the service SHOULD take to improve

- Make the disabled toilet Equality Act 2010 compliant by providing an emergency call bell.
- Ensure the premises are maintained in reasonable condition pending plans to transfer to purpose built premises.

Cromwell Medical Centre

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 and a practice manager specialist advisor.

Background to Cromwell Medical Centre

Cromwell Medical Centre situated in Cheshunt, Hertfordshire, is a GP practice which provides primary medical care for approximately 7647 patients living in Bury Green, Turners Hill, Turnford, Wormley, Broxbourne & Flamstead End.

Cromwell Medical Centre 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 for delivering medical services to local communities. The practice population is mixed consisting of white British and other ethnic backgrounds of Asian, Afro Caribbean, Eastern European, Turkish and Cypriot origin.

The practice has four GPs (one male and three females) consisting of one principal GP two salaried GPs and a locum GP. There are two practice nurses including a nurse practitioner and a healthcare assistant. 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 the practice.

The practice operates from two storey premises. Theses premises are over 30 years old and the structure and layout of the building presented many challenges including space limitations and little scope for extensions or structural alterations. The practice is actively seeking to relocate to a purpose built building. Patient consultations and treatments take place on the ground floor. The first floor is mainly used by administrative staff. There is no onsite parking but there is adequate off site (roadside) parking available. There is reserved space outside the surgery for those patients with mobility issues.

The practice is open Monday to Friday from 8am to 6.30pm. The practice is closed between 12.30pm and 1.30pm each day and patients can contact a GP through a dedicated telephone line during this time if needed. The practice offers extended opening on a Saturday between 9am and 12.30pm. The practice offers a variety of access routes including telephone appointments, on the day appointments, online 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.

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 21 April 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events:

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. They told us that they would report incidents to the practice manager or the senior GP. Two staff members described the process for reporting incidents and gave examples of how they had changed practice as a result of lessons learnt following investigations. One example concerned a specimen sent to the laboratory, where the staff member told us that they had contacted the patient to give an explanation of the incident, offered an apology and instructed them on next steps. They also talked us through changes they had made to their practice to prevent a repetition.
- The practice showed us a summary of seven significant events that had occurred in the past 12 months which included a record of the investigation and lessons learnt. However details of the investigations were limited and the practice was not able to produce minutes of meetings which showed lessons learned had been communicated widely enough to support improvement. We did not see evidence that patients had received a verbal and written apology although the practice manager told us that this was the case always.
- The practice had a system to receive disseminate and act on safety alerts which was managed by the practice manager.

Overview of safety systems and processes

The practice had 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. There was a poster in each clinical room which outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and told us that they had received training for safeguarding children relevant to their role however we did not see documentary evidence of this training. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. We did not see evidence that staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. A risk assessment had not been carried out to assess the need for a 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).
- We looked at the standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules in place and the cleaning records we looked at demonstrated these were adhered to. The Health Care Assistant coordinated infection control activities supported by the practice nurse. Staff had received infection control update training in January 2016. There was an infection control protocol which was undated and contained basic information about disinfection and cleaning. Staff we spoke were knowledgeable about needle stick injuries and what to do in that eventuality. There was a spillage kit and staff knew its location and how to use the kit. The practice did not have written policies on how to deal with a needle stick injury or a body fluid spillage. During our inspection we found two examination couches that needed urgent replacement owing to their wipe clean surfaces being damaged. The vinyl flooring in the treatment room had a gap in the middle that had the potential to be an infection risk. The flooring in the patient's toilet was cracked. A GP consultation room did not have a hand washing sink, and the GP used the sink in the adjoining treatment room to wash their hands. We did not see evidence of a recent infection control audit.
- We looked at the arrangements for managing medicines, including vaccines. 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 a recent audit had shown the practice was not an outlier in meeting the standards set by the CCG for antibiotic prescribing. Blank prescription forms and pads were securely stored but the serial numbers of blank prescription forms were not monitored. The repeat prescription printer in the reception office and printers within consultation rooms were not locked when they were not in use. The practice manager told us that these rooms were never unattended and that the whole building was locked and alarmed when the practice closed minimising any risk of pilferage. Patient Group Directions (PGDs) which are written instructions to supply or administer medicines to patients, were available electronically but these were not signed by the lead GP or an authorised person to allow nurses to administer medicines in line with legislation. The practice showed us the Patient Specific Directions (PSDs) for use when medicines were administered by a health Care assistant. On review we found these were generic instruction to be applied to any patient who may be seen by the healthcare assistant that met the criteria attending clinics on a specific day and not patient specific.

- We reviewed four personnel files including one locum GP personnel file.In three of the files we did not see evidence that the practice had risk assessed the relevant staff to determine if they were eligible for a DBS check. We were told that DBS risk assessments and proof of identity had not been made on longstanding staff that were employed prior to the requirements of the Health and Social Care Act 2008 came into force. For example a qualified nurse. Other recruitment checks such as, references, qualifications, registration with the appropriate professional body had been undertaken prior to employment.

Monitoring risks to patients

We looked at how risks to patients were assessed and managed.

- There was a health and safety policy available but this needed revision to reflect current legislation and guidance for example those related to control of substances hazardous to health and infection control risk assessments. 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 however there was no policy directive on frequency of checks. Clinical equipment was checked to ensure it was working properly. We saw evidence of a recent risk assessment for the control of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We did not see any other risk assessments in place to monitor safety of the premises, for example display screens in workstations.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a small team of practice staff and they operated a rota system to manage sickness and leave.

Arrangements to deal with emergencies and major incidents

We looked at the 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 an emergency.
- The lead GP and staff we spoke with told us that the practice as a team had received basic life support training during a protected time training event (target meeting) and repeated annually but we did not see documentary evidence of this training.
- Limited stock of emergency medicines were available. The lead GP told us that the practice had access to a nearby pharmacy should other medicines be needed in an emergency. However the appropriateness of medicines stocked in the practice to take appropriate action in the event of a clinical or medical emergency had not been risk assessed.
- 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 defibrillator available on the premises and oxygen with adult mask but no child mask. A first aid kit and accident book were available. All staff had attended a first aid course run by the British Red Cross.
- The practice manager told us that they would evacuate to the nearby Wormley Medical Practice (a nearby location of the same practice) in the event of a major

incident resulting in building damage. They also had contact numbers to restore essential services in the event of failure. There were informal arrangements for staff cover. However we did not see evidence of a formal business continuity plan.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE through their intranet and used this information to deliver care and treatment that met patients' needs. Staff also had access to best practice pathways provided by the 'Map of medicine' NHS networks, and local guidelines provided by the CCG.
- 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 93% 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 aware that their performance for diabetic and hypertension indicators was below CCG and national averages. The practice after a review attributed this to patient compliance issues and introduced a revised recall system and monitoring system. The practice was monitoring the effects of the improved system.

Other data from 2015/16 showed:

- Performance for mental health related indicators was similar to the CCG and national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 90% (CCG average 92%, national average 88%).
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 92% (CCG average 91%, national average 90%).

  There was evidence of quality improvement including clinical audit.
- There had been two clinical audits completed in the past year, both were completed audits and demonstrated improvements were implemented and monitored.
- In both instances we found that the practice had taken appropriate actions. For example, recent actions taken as a result included targeted antibiotic prescribing for urinary tract infections and timely referrals for patients suspected of colorectal cancer to secondary care services.
- 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.

- Staff told us that they had received induction on appointment on topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, but we did not see documentary evidence of this.
- 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 through discussion with GPs.
- The learning needs of staff were identified through appraisals, meetings and reviews of practice development needs which were mostly informal. Staff told us that they were supported to access training to meet their learning needs and to cover the scope of their work. Clinical supervision for nurses was provided by the lead GP with facilitation and support for

Good

Are services effective?

(for example, treatment is effective)

revalidating GPs available. Not all staff had an appraisal in the last 12 months. The lead GP told us that appraisals were ongoing and would be completed in the next few weeks.

- Although staff told us that they had received training updates in safeguarding, fire safety awareness, basic life support and information governance we were unable to verify these through training records.

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 Home First, a community based team of health care professionals such as the community matron, physiotherapist, pharmacist and community nurses when planning and providing care for housebound patient. We saw an example of this joint working where the practice had worked with Home First to assess an older person for their end of life care needs, and developed a plan to care for them in their own home. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. For example with the Macmillan and community nurses.

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 cessation were signposted to the relevant service.
- Patients over 75 years of age had a named GP and were offered regular health checks.
- The practice had participated in the CCG hosted tackling childhood obesity project by inviting children (4-5 year olds and 10-11 year olds) identified as being overweight to attend healthy lifestyle review.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 76% and the national average of 74%. 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, 50% attended for bowel screening and 40% attended for breast screening respectively within six months of invitation the national average being 55% (bowel screening) and 73% (breast screening).

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 97% to 98% and five year olds from 94% to 98%.

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.

Good

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 47 CQC comment cards completed by patients prior to the inspection. Forty three of the cards were very positive. Comments in these cards described the service as caring and friendly and noted the staff were facilitative and listening. Comments in four cards referred to the difficulty in getting through to the practice to make an appointment.

We spoke with two members of the patient participation group (PPG). They also told us they were very pleased with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff anticipated care needs and had offered help and support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 99% 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%
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 89% 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 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:

- 90% 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%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% 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 84% 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. We saw notices in the reception areas informing patients this service was available.

Good

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 224 patients as carers (2.9% of the practice list). The practice had a carer champion and supported carers' café where carers could meet and network. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and the NHS East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had worked with the CCG in identifying childhood obesity and participated in a pilot programme.

- The practice offered Saturday opening between 9am and 12.30pm for working patients and others who could not attend during normal opening hours.
- There were longer appointments available for patients that needed them. For example those with a learning disability, those with mental health issues and babies.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered health checks for patients aged 75 and over.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice participated in the unplanned admissions enhanced service and had identified the top 2% vulnerable patients and aimed to provide them with a review of their care needs and an agreed care plan by March 2016.
- There were disabled facilities and translation services available. We noted that the disabled toilet did not have an emergency pull cord.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12.30pm every morning and 3pm to 6.30pm daily. Extended hours appointments were offered every Saturday from 9am till 12.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

- The practice offered telephone advice to patients between 12.30pm and 3pm where patients could ask to speak to a doctor or a nurse to discuss their healthcare needs.

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.

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

We reviewed the system in place for handling complaints and concerns.

- We were shown a complaints policy, however there was no evidence the policy was regularly reviewed and updated.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system as a poster and leaflet at the reception and on the practice website.

We were shown a summary of seven complaints received in the last 12 months and could find details of only one written complaint. The practice could not provide us with details of the other six summarised complaints, so we were unable to review if these were satisfactorily handled, dealt with in a timely way or with openness and transparency. Although the summary listed the lessons learnt we were unsure how effectively these were disseminated as we were unable to corroborate these through practice meeting minutes.

Are services well-led?

Requires improvement

(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 values statement to provide courteous approachable friendly and accommodating care which reflected a quality of care that was evidence based and maintained through continuous learning and training. Staff knew and understood these values.

There was a plan to support the practice in achieving its current challenges which were an increasing patient population, addressing workforce issues in recruiting GPs, modernising equipment at the surgery, as well acquiring larger modern practice premises.

- The lead GP told us that the current premises were over 30 years old and the structure and layout of the building presented many challenges including space limitations and little scope for extensions or structural alterations. Current negotiations with the CCG were advanced with a potential site identified for relocation.

Governance arrangements

Although the practice was small we found the overarching governance framework was insufficient in ensuring the implementation of and adherence to some systems, processes and procedures.

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- There was a good understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators. The practice was aware of its areas of under performance in the QOF and had specific plans to address the issues.
- A programme of continuous clinical audit was used to monitor quality and to make improvements.
- Some practice specific policies were available, but these were not always reflective of current legislation and guidance and dated. Examples include those related to infection control, safeguarding adults, health and safety and equipment check.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were insufficient. These included:
  - Ensuring eligible staff received a DBS check.
  - The arrangements for the management of infection control to ensure the practice met the required standards.
  - The management of medicines including the use of PGDs, PSDs, maintaining an adequate supply of medicines for use in an emergency and security and monitoring of blank prescription pads and forms.
  - The formalised arrangements in place for the practice to respond to emergencies and major incidents.
  - The lack of formal induction training records to verify all newly employed staff were competent in safeguarding procedures, basic life support, information governance and infection control.
  - Maintaining records of investigation and evidence of dissemination of lessons learnt relating to significant events, incidents and complaints.
  - The adequacy of records of minutes of meetings held in the practice.

Leadership and culture

The practice was led by the GP partners with the support of the practice manager. They told us they 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 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. Practice staff we spoke with demonstrated individually that when things had gone wrong they had contacted the patient explained the situation given an apology and offered support. The practice was however unable to provide written records of verbal interactions as well as written correspondence.

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

Are services well-led?

Requires improvement

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

- Staff told us the practice held regular multidisciplinary team meetings. There were also clinical and practice meetings though these were ad hoc. Minutes of meetings were not kept.
- Practice staff attended protected learning time called 'Target meetings' hosted by the CCG every quarter.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in bringing about improvements to patient access to GP appointments, getting the online prescription service running and introducing the carer notice board.
- The practice had gathered feedback from staff through target training days and generally through staff meetings, appraisals and discussion. 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 focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had participated in the Home First (integrated health and social care pilot), tackling childhood obesity (and obesity in general pilot) and was in the process of appointing an in-house pharmacist to manage chronic disease and medication reviews.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** a) The registered person had not assessed the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. The infection control protocol did not reflect current legislation and guidance, two examination couches needed urgent replacement owing to their wipe clean surfaces being damaged. The vinyl flooring in the treatment room had a gap in the middle that had the potential to be an infection risk. The flooring in the patient's toilet was cracked. A GP consultation room did not have a hand washing facilities, and the GP used the sink in the adjoining treatment room to wash their hands. There was no evidence of a recent infection control audit. b) The provider had not taken steps for medicines to be administered accurately, in accordance with any prescriber instructions to make sure that people who use the service were not placed at risk. i) Patient Group Directions (PGDs) which are written instructions to supply or administer medicines to patients were available electronically but these were not signed by the lead GP or an authorised person to allow nurses to administer medicines in line with legislation. Patient Specific Directions (PSDs) for use when medicines were administered by a healthcare assistant were generic instructions to be applied to any patient who may be seen by the healthcare assistant that met the criteria attending clinics on a specific day and not patient specific. ii) The appropriateness of medicines stocked in the practice to take appropriate action if there was a clinical or medical emergency had not been risk assessed.

This section is primarily information for the provider

Requirement notices

iii) Staff had not followed policies and procedures about managing medicines. A system was not in place for tracking blank prescription forms and pads and keeping them safe.

c) The provider had not formalised written plans to respond to and manage major incidents and emergency situations to make sure that people who use services are safe and any risks to their care and treatment are minimised.

Even though the registered manager talked us through the plans we found a written formalised business contingency plan was not available.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** d) The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. The practice had not risk assessed applicable staff including staff acting as chaperones for the need for a criminal records check and made available the required information in respect of the relevant persons employed. e) The provider had not operated effective systems and processes to make sure they assess and monitor their service at all times and in response to the changing needs of people who use the service. i) There were some practice specific policies, but those reviewed did not reflect current legislation or guidance and were not dated.

This section is primarily information for the provider

Requirement notices

ii) While the registered person maintained a summary of the significant events incidents and complaints, details of the investigations, responses, actions taken, lessons learnt and other related correspondence or information were not available.

iii) Records of meeting held within the practice were not available.

iv) The oversight of the governance system in place to monitor the quality of the service was not effective

v) The health and safety policy did not reflect current legislation and guidance, there were no risk assessments in place to monitor safety of the premises.

This was in breach of Regulation 17 (1) and (3) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** f) The provider had not made available appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. An induction programme was not available to prepare staff for their role. Although staff told us that their essential training was up to date no training records were available to verify this training. Appraisals for the current year were not complete. **This was in breach of Regulation 18(2)**