

# Ashwell Surgery

## Quality Report

Lawyers Close, Gardiners Lane  
Ashwell, Baldock  
Hertfordshire  
SG7 5PY

Tel: 01462 417377

Website: <http://www.ashwellsurgery.co.uk/index.aspx>

Date of inspection visit: 17 February 2016

Date of publication: 13/06/2016

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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Ashwell Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ashwell Surgery on 17 February 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 in place for reporting and recording significant events.
- 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- 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.

We saw one area of outstanding practice:

The practice provided a community anticoagulation service. This is a local service for the monitoring of patients on blood thinning medication, for those patients that can attend the practice and for the housebound. The practice offered this service to patients registered with 10 out of the 12 practices in the Local CCG area, which enabled the patient to receive a local service without the need to attend a hospital clinic. This service was provided by a lead GP supported by dedicated qualified anticoagulation nurses.

# Summary of findings

The areas where the provider must make improvement are:

- Ensure staff that act as chaperones are risk assessed for the need of a Disclosure and Barring Check (DBS) and those that require one receive a DBS check.
- Ensure that the healthcare assistant has patient specific instructions from a prescriber before administering medicines.
- Ensure an appropriate system is implemented for the safe management of controlled drugs.

The areas where the provider should make improvement are:

- Introduce a system to risk assess the need for a DBS check at recruitment and for long standing staff.
- Complete the delivery of the appraisals for non clinical staff and competency assessments for dispensary staff in line with the programme schedule; completion date 31 March 2016.
- Carry out periodic fire drills.
- Complete the revision of the business continuity plan.

**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 requires improvement for providing safe services.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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 the practice:

- Had not risk assessed the need for a DBS check for those staff that performed chaperone duties.
- Had not put in place adequate safeguards when a healthcare assistant administered vaccines.
- Had not implemented an appropriate system for the safe management of controlled drugs.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- 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.

Good



# 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. For example the practice had worked with the CCG to improve the community anticoagulation service which is a local service to monitor patients on blood thinning medication.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice provided a community anticoagulation service. This is a local service for the monitoring of patients on blood thinning medication, for those patients that can attend the practice and for the housebound. This service allowed the patient to receive a local service in the practice or in their home without the need to attend a hospital clinic.
- 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.

- Staff were clear about the practice vision and their responsibilities in relation to this.
- There was a supportive leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a framework which supported the delivery of appropriate patient care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



# Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice offered health checks to patients over 75 years of age and worked with them to avoid unplanned admissions to hospital.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice assigned named GPs to specific frail elderly patients for home visits and the practice liaised with the HomeFirst service which is a rapid response service that operated in Lea Valley and North Hertfordshire areas and helped people stay well and independent.

Good



### People with long term conditions

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

- GPs had lead roles in chronic disease management supported by the practice nurses.
- 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.
- Patients with complex needs were offered a holistic review to include all conditions.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.

Good



# Summary of findings

- The practice monitored and acted on the needs of families, children and young people. For example 71% of patients diagnosed with asthma had received an asthma review in the last 12 months compared with the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the practice offered same day appointments for babies and school age children. The practice facilities were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **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. For example the practice offered telephone consultations and early morning appointments for commuters.
- 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.

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 regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had a vulnerable adult lead GP. There were systems in place for staff to identify and report concerns about patients who may be vulnerable including how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of patients with a learning disability and offered regular health checks for these patients. They were also offered longer appointments.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked closely with involved staff in the community such as the district nurse and palliative care nurse, to ensure patient care was coordinated.

Good





# Summary of findings

- The practice held a carers register and had a system to identify carers at the time of registration. There was also a carers' champion who supported carers and acted as a key contact for carer information.

## **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).

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. For example the practice was participating in a pilot scheme for direct referral to a consultant for dementia diagnosis and treatment. The intent was to check if GPs could initiate dementia treatment locally within the community.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including how to access the improving access to psychological therapies (IAPT) service.
- 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 results of the national GP patient survey published in January 2016 showed the practice was performing better than the national average. 233 survey forms were distributed and 116 were returned. This represented 50% return rate.

- 88% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 92% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 94% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were both positive about the standard of care received. The comments noted that the staff were helpful, kind and treated them with dignity and respect. Also noted was the personal service received from the practice in a caring and helpful way.

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

## Areas for improvement

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

- Ensure staff that act as chaperones are risk assessed for the need of a Disclosure and Barring Check (DBS) and those that require one receive a DBS check.
- Ensure that the healthcare assistant has patient specific instructions from a prescriber before administering medicines.
- Ensure an appropriate system is implemented for the safe management of controlled drugs.

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

- Introduce a system to risk assess the need for a DBS check at recruitment and for long standing staff.
- Complete the delivery of the appraisals for non clinical staff and competency assessments for dispensary staff in line with the programme schedule; completion date 31 March 2016.
- Carry out periodic fire drills.
- Complete the revision of the business continuity plan.

## Outstanding practice

We saw one area of outstanding practice:

The practice provided a community anticoagulation service. This is a local service for the monitoring of patients on blood thinning medication, for those patients that can attend the practice and for the housebound. The practice offered this service to patients registered with 10

out of the 12 practices in the Local CCG area, which enabled the patient to receive a local service without the need to attend a hospital clinic. This service was provided by a lead GP supported by dedicated qualified anticoagulation nurses.

# Ashwell 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 a practice manager specialist adviser and a member of the CQC medicines team.

## Background to Ashwell Surgery

Ashwell Surgery situated in Lawyers Close, Gardiners Lane, Ashwell, Baldock provides primary medical care for approximately 7900 patients living in village of Ashwell and surrounding areas. A branch of this practice is located at Spring Lane, Bassingbourn, Royston and serves the village of Bassingbourn and surrounding areas. The practice maintains one patient list and patients can access either practice. We did not inspect the Bassingbourn branch at this time.

Ashwell Surgery provides services under a General Medical Services (GMS) contract agreed nationally. The practice population is made up of predominantly white British however the practice also serves a small ethnic population mostly of Eastern European origin.

The practice has four GPs partners; three males and one female. There is a practice nurse who is supported by a health care assistant. There are three anticoagulant nurses and two anticoagulant health care assistants who provide a community anticoagulation service to patients in ten out of the 12 GP practices in the local area. There is a practice manager who is supported by a team of administrative and

reception staff. The local NHS trusts provide health visiting and community nursing services to patients at this practice. This practice trains new GPs and currently has two trainee GPs.

The main practice (Ashwell Surgery) 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 free car parking outside the surgery with adequate disabled parking available.

Ashwell Surgery is a dispensing practice and has a dispensary which is open during surgery times. There are three staff attached to the dispensary.

The practice is open Monday, Wednesday, Thursday and Friday between 8.30am and 12.45pm and between 1.45pm and 6.30pm. On Tuesdays the surgery is open in the morning only between 8.30am and 1.30pm. Patients can access the Bassingbourn branch during Tuesday afternoon. The practice also offers telephone appointments as well as telephone consultations, early morning appointments at 7am once a week and Saturday morning appointments once a month.

When the practice is closed services are provided via the 111 service.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 February 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 and members of the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

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 a system in place for reporting and recording significant events. The practice used two different forms, one for reporting non clinical incidents and another for reporting clinical incidents. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of clinical meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example in an incident related to wound care, we saw that the patient had been contacted and the situation had been explained to them honestly with an apology and reassurance given.

### Overview of safety systems and processes

We looked at the systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were separate GP leads for safeguarding 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 role specific training. GPs were trained to an appropriate level to manage safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse, the healthcare assistant and on some occasions two receptionists acted as chaperones. Staff who acted as chaperones were trained for the role. However we did not see evidence that a risk assessment had been made on the need for a disclosure and barring check (DBS) for

such staff. 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. The practice manager was the designated infection control lead who told us that this role was temporary until a more substantive lead was identified. This was due to the previous lead leaving their employment with the practice. An infection control policy was in place and staff had received up to date training. Infection control audits were undertaken and the practice manager told us that they planned to replace the carpets throughout the surgery with vinyl flooring in the coming months. The treatment room had vinyl flooring and there were appropriate arrangements in place for the safe disposal of sharps and clinical waste.
- We reviewed the arrangements for managing medicines including in the on-site dispensary.

Vaccines used for immunisations and other medicines were obtained, prescribed, handled, stored and administered appropriately.

Blank prescription forms for use in printers and those for hand written prescriptions were stored securely. The practice had recently introduced standard procedures to monitor their use.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Access to these medicines was restricted, the keys to the secure storage held securely and there were arrangements in place for the destruction of controlled drugs. However record keeping was not in line with current legislation and guidance as there was no record of whether the person collecting the prescription was asked for identification and whether identification was provided.

The dispensary was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had appropriate qualifications but there was no record of an annual assessment of competence.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with

## Are services safe?

legislation. The health care assistant was trained to administer vaccinations; however we did not see evidence that they had specific directions approved by a prescriber for each patient.

- We reviewed five personnel files. In two 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. For example a trainee dispenser. We were told that DBS risk assessments 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. Other recruitment checks such as, proof of identification, references, qualifications, registration with the appropriate professional body had been undertaken prior to employment.

### Monitoring risks to patients

We reviewed how risks to patients were assessed and managed.

- The practice manager led on health and safety. The practice had fire risk assessments but the practice had not carried out regular fire drills or evacuations. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There were other risk assessments including one for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and for the control of any hazardous cleaning materials stored within the practice.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had used

additional funding provided by the CCG (winter pressure funding) to add extra GP sessions as needed during the period September 2015 to April 2016. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We saw that there was flexibility within the practice staffing in 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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.

The practice had arrangements in place to deal with major incidents such as power failure or building damage. We saw that staff had ready access to telephone numbers to contact service providers in an emergency. The practice manager told us that they also had buddy arrangements with a neighbouring practice to share premises in case that was needed. The practice manager told us that they were in the process of completing a revision to their business continuity plan which was due for completion shortly.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, and had systems in place to ensure all clinical staff were kept up to date. The GPs told us they accessed NICE guidance and discussed clinical changes and related issues during their partner's meetings. The GP lead for the dispensary passed on medication related guidance and standards to the dispensary staff. Practice staff used this information to deliver care and treatment.

### 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 97% 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 91% which was similar to other practices in the CCG area (national average 89%).
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was similar to other practices in the CCG area (national average 84%).
- Performance for mental health related indicators was 98% which was similar to other practices in the CCG area (national average 95%).

The practice was working proactively with its patients to improve health outcomes. For example the practice had introduced a reminder system on the repeat prescriptions to ask patients to complete all monitoring information needed to help manage a particular respiratory condition.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in 2015/16 which related to antibiotic prescribing, infection rate following minor surgery and prescribing medicines to prevent and treat osteoporosis.
- In all instances we found that the practice had taken appropriate actions to make improvements. For example, recent action taken as a result clinical audit showed that antibiotics for urinary tract infections had been prescribed for the correct recommended number of days.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw that a recently appointed staff member had undergone induction and supported through the programme.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions and those involved in the community anticoagulation service. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings, reviews of practice development needs and at induction. The practice manager told us that appraisals for non clinical staff for this financial year had been scheduled to occur during March 2016. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice encouraged role specific training and updates. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.



# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training including through protected learning time.

### 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice communicated regularly with the district nurse the health visitor the midwife and the palliative care team on specific patient care needs.
- Staff worked together along with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example the practice liaised with the HomeFirst service which is a rapid response service operating in Lea Valley and North Hertfordshire areas, which helped people stay well and independent. We saw evidence that regular multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated.

### 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.
- We saw that consent was obtained when undertaking minor surgical procedures and this was scanned and recorded within the patient's records.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and drug dependency. Patients were signposted to other relevant services if appropriate. For example patients were referred to the Hertfordshire drug and alcohol treatment and recovery service in Royston for further support if needed.

The practice's uptake for the cervical screening programme was 84%, which was comparable to other practices in the local CCG area and against a national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example 71% of eligible women had attended for breast screening in the preceding three years which was comparable to the CCG and national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 92% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice also offered health checks to patients over 75 years of age and worked with them to avoid unplanned admissions to hospital.



# 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.
- When reception staff identified patients who wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice manager told us that they were rearranging the reception area to enhance and improve patient privacy.

The two patient Care Quality Commission comment cards we received were positive about the service experienced. Patients noted that the staff were helpful, kind and treated them with dignity and respect. They commented that they had received a personal service from the practice and that all staff were caring and helpful.

We spoke with two members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and that they received a service which responded to their needs in a rural setting. They stated that the practice was respectful of the group and they felt their views were valued.

Results from the national GP patient survey 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:

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 85%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG and national average 95%).

- 90% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 84%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 above local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. However the GPs told us that this service was rarely used as the population was predominantly rural and English speaking.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice had a system to alert the GPs if a patient was also a carer. The practice had identified 214 patients as carers

## Are services caring?

(2.7% of the practice list). Information was available in the patient waiting area which signposted carers to useful support groups and organisations. Information was also made available to carers through the practice website.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This contact was either followed by a patient consultation at a convenient time and location to meet the family's needs 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 local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example the practice had worked with the CCG to improve the community anticoagulation service which is a local service to monitor patients on blood thinning medication. This service is provided for those patients that can attend the practice and for the housebound and is offered to patients registered with 10 out of the 12 practices in the Local CCG area enabling them to receive a local service without the need to attend a hospital clinic. This service is provided by a lead GP supported by dedicated qualified anticoagulation nurses.

- The practice offered early morning appointments from 7am once a week and Saturday morning appointments once a month for working patients and others who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or with mental health issues.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- Facilities for the disabled were available, and the practice could access a translation services if needed.
- The practice in conjunction with the Patient Participation Group had recently installed sensor controlled electric front doors.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday Wednesday and Friday. The practice opened earlier at 7am on Thursday. On these days the surgery was closed between 12.45 and 1.45pm. The surgery was open between 8.30 and 1pm only on Tuesday. Patients could access the branch surgery in the afternoon if they needed to see a GP. Appointments were available during these hours. The practice was also open one Saturday a month between 8am and 11.30pm for pre booked appointments only. On the day of inspection we saw that routine

pre-bookable appointments were available within two days. Patients could also book a telephone consultation with a GP whereby a GP would call the patient on the telephone number designated by them.

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

- 69% of patients were satisfied with the practice's opening hours which was comparable to other practices in the local CCG area. The national average was 78%.
- 88% patients said they could get through easily to the surgery by phone which was comparable to other practices in the local CCG area. The national average was 73%.
- 42% patients said they always or almost always see or speak to the GP they prefer which was comparable to other practices in the local CCG area. The national average was 36%.

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

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 on notices in the patient waiting area. Patients we spoke with said they were aware of the process to follow if they wanted to complain, although all patients told us they had not needed to do so.

We looked at 13 complaints received in the last 12 months. We saw that the practice had replied to these in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint investigation, the practice had made changes to the way patients were given test results.

# 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 provide the highest standard of medical care, in a safe and effective environment. It endeavoured to treat patients with dignity, respect and honesty.

Staff we spoke showed their commitment to providing a patient centred service that was tailored to individual patient needs and which maintained continuity of care.

### 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. For example there were designated leads for the dispensary and safeguarding.
- Practice specific policies were implemented and were available to all staff. For example, during our inspection we looked at a number of policies including those related to safeguarding, health and safety and complaints management and found that these were relevant and up to date.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice used the Quality and Outcomes Framework (QOF), clinical audit outcomes and other monitoring information to measure its performance. QOF is a national performance measurement tool. A GP led on QOF performance supported by all clinical staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions for most patient related risks. However we found the current arrangements for risk assessing eligible staff for the need of a DBS check, providing the healthcare assistant with authorisation for administering vaccines and the checking process for issuing controlled drugs required further risk assessments and appropriate mitigating actions.

### Leadership and culture

The GP partners provided leadership with the support of the practice manager. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to them.

Through their significant events and complaints analysis the practice demonstrated that they were aware of and complied with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

- There were twice monthly whole practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues during meetings and felt confident in doing so and felt supported if they did. We noted all staff meetings were held quarterly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example the practice in conjunction with the PPG had recently installed sensor controlled electric front doors. The PPG had also organised information events for patients such as for dementia awareness and walking for health.

# Are services well-led?

Good 

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

- 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 and appraisals. Staff told us they felt able 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.

with other practices within the locality to provide training courses for their staff. Twice a year the practice participated in peer review within the locality and reviewed their performance in improving patient care.

The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example the practice was participating in a pilot scheme for direct referral to a consultant for dementia diagnosis and treatment. The intent was to check if GPs could initiate dementia treatment locally within the community.

## Continuous improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>We found the provider had not taken steps for the safe management of medicines.</p> <p>The record keeping was not in line with current legislation and guidance as there was no record of whether the person collecting controlled drugs prescription was asked for identification and whether identification was provided.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p> <p>We found the provider had not taken steps to ensure procedures were in line with current legislation and guidance by not authorising the healthcare assistant with patient specific instructions from a prescriber before administering medicines.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not undertaken risk assessments in the absence of a confirmed Disclosure and Barring Service check (DBS) for staff who undertook chaperone duties.</p>

This section is primarily information for the provider

## Requirement notices

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