

Dr S K Bhardwaj and Dr M R Masood

Quality Report

Symonds Green Health Centre
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Date of inspection visit: 25 August 2016

Date of publication: 24/11/2016

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

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr S K Bhardwaj and Dr M R Masood on 25 August 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice had a process in place to act on alerts that may affect patient safety. However we found the practice process for record keeping was not explicit.
- There was an infection control protocol in place and staff had received up to date training. However we did not see evidence of a recent infection control audit.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff told us that they had received an induction when they were recruited. However we did not see documentary evidence of this induction.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However some policies we reviewed were undated and needed a review.

The areas where the provider should make improvement are:

- Strengthen the recording systems relating to safety alerts so a strategic overview is available.

Summary of findings

- Formalise regular infection control audits.
- Ensure training records related to staff induction are kept up-to-date.
- Review practice specific policies so they reflect current requirements and are dated.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a process in place to act on alerts that may affect patient safety. However we found the practice process for record keeping was not explicit.
- There was an infection control protocol in place and staff had received up to date training. However we did not see evidence of a recent infection control audit.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable 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 told us that they had received an induction when they were recruited. However we did not see documentary evidence of this induction.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients 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.
- The practice had identified 119 patients as carers (3% of the practice list).The practice had identified a carer's champion who provided information and was able to direct carers to the various avenues of support available to them.

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 acute hospital to secure the services of a diabetic consultant to review patients locally at the practice.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had 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 others as appropriate.

Good



Are services well-led?

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However some policies we reviewed were undated and were due for review.

Good



Summary of findings

- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group 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.
- Patients over 75 had a named accountable GP.
- Patients were offered an over 75s health check.
- Patients over 65 years were offered an annual influenza vaccination and pneumococcal vaccination.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with Community Nursing Team and coordinated care at home.
- The practice had identified older patients at high risk of admissions to hospital (patients with multiple complex needs, and involving multiple agencies) and worked community services in planning support.
- The practice provided a vaccination service for the housebound.
- The practice supported a local care home and visited the home for a weekly ward round.

Good



People with long term conditions

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

- Nursing staff supported by the GP had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice supported COPD patients with a rescue pack which is supply of standby medications to use in an emergency thereby avoiding the need to attend an A&E or out of hours service or when a patient could not get to a GP.
- Performance for diabetes related indicators were comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2014 to 31/03/2015), was 69%, compared to the CCG average of 76% and the national average of 78%. Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice followed the NICE pathway on medicines optimisation to ensure safe and effective use of medicines for patients on long term medication.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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 79%, 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 provided a variety of health promotion information leaflets and resources for this population group.
- Family planning service was available for this population group.

Good



Working age people (including those recently retired and students)

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

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



Summary of findings

- The practice offered late evening appointments on Tuesdays from 6.30pm till 8pm for working patients and those who could not attend during normal opening hours. The practice provided telephone triage and ring back service by a duty GP at the patient's request where appropriate.
- The practice offered pre bookable appointments up to two weeks in advance which could be booked in person by telephone or online.
- The practice offered NHS Health checks smoking cessation advice and travel immunisations.
- The practice offered temporary registrations for students attending nearby educational establishments.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- The practice held regular health visitor liaison and multi-disciplinary team meetings to discuss the care needs of specific patients.
- The practice held regular review meetings involving district nurses, GPs and the local palliative care nurses for people that require end of life care and those on the palliative care register.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice identified patients who were also carers and signposted them to appropriate support.
- The practice held a 'TLC' (tender loving care) list which identified patients that needed extra support such as those receiving end of life or palliative care and staff were able to respond to calls from such patients in a prompt sympathetic way.

Good



Summary of findings

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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- The practice offered annual reviews to all patients on the mental health register which included physical checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations including the community drugs and alcohol team.
- Patients could self refer to the local Wellbeing Team through the practice reception.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

national GP patient survey results were published in July 2016. The results showed the practice was performing above the local and national averages. There were 309 survey forms distributed and 109 had been returned. This represented 35% return rate (3% of the practice's patient list).

- 76% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and the national average of 73%.
- 71% 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 the national average of 76%.
- 70% of patients described the overall experience of this GP practice as good compared to the CCG average of 66% and the national average of 73%.

- 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 76% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 58 patient Care Quality Commission comment cards we received were positive about the care experienced. Comments on three cards referred to the difficulty in obtaining an appointment with a GP. Patients felt the practice offered a helpful compassionate service and staff were helpful, caring, supportive, willing to listen and had treated them with dignity and respect. A number commented on high satisfaction with the reception staff.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were helpful discreet and willing to listen.

Areas for improvement

Action the service SHOULD take to improve

- Strengthen the recording systems relating to safety alerts and significant events so a strategic overview of performance is available.
- Formalise regular infection control audits.
- Ensure training records related to staff induction are kept up-to-date.
- Review practice specific policies so they reflect current requirements and are dated.

Dr S K Bhardwaj and Dr M R Masood

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist advisor.

Background to Dr S K Bhardwaj and Dr M R Masood

Dr S K Bhardwaj and Dr M R Masood also known as Symonds Green Health Centre situated in Stevenage, Hertfordshire is a GP practice which provides primary medical care for approximately 4,300 patients living in Stevenage and surrounding areas.

Dr S K Bhardwaj and Dr M R Masood provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian and Eastern European origin.

The practice has two GP partners (one male and one female). There is an independent nurse practitioner. There are two practice administrators (job share) who are supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice is open Monday Friday from 8am to 1pm and again from 2pm till 6.30pm. The practice provides extended

opening on a Tuesday when the practice is open till 8pm. The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

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

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 25 August 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.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, the practice had strengthened their procedures for recall of patients for further treatment or advice following an abnormal test result.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). A GP talked us through a recent safety alert which related to a faulty testing strip used by diabetics to check on their blood glucose levels. They had liaised with the CCG pharmacy lead and identified and contacted affected patients. However we found the practice process was not explicit in relation to record keeping. Following our inspection the practice confirmed that they had strengthened their record keeping so all information related to safety alerts and actions taken were recorded.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. There were regular contacts with the Health Visitor to discuss patients who were on the child protection register. Staff demonstrated they understood their responsibilities. A staff member told us about a child who had raised concerns about their domestic situation which was subsequently referred to local authority as a concern. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting and in clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Hand wash facilities, including soap dispensers were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. There was an infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We did not see evidence of a recent infection control audit but the practice shared with us their future plans, for example the replacement of carpets with hard floors.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the NHS East and North Hertfordshire Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example an audit had shown that the practice performance for prescribing anti-bacterial drugs for the recommended duration had increased from 50% to 87%. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and fire training for staff. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term used for particular bacteria which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure enough staff were on duty. Practice staff covered for each other during times of annual leave. The practice would consider using agency staff to cover unplanned absences and leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. New guidance and changes in practice were discussed daily if appropriate in a short clinical staff meeting and in detail during educational meetings arranged by the GPs. For example a GP told us that through an educational meeting the clinical team had discussed the NICE cancer referral guideline on identifying children, young people and adults with symptoms that could be caused by cancer.
- 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 96% of the total number of points available.

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

- Performance for diabetes related indicators were comparable to the CCG and the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2014 to 31/03/2015), was 69%, compared to the CCG average of 76% and the national average of 78%. Exception reporting for this indicator was 12% compared to a CCG average of 9% and national average of 12%. (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).

The practice was aware of the lower uptake of diabetic monitoring and has introduced joint diabetic clinics with a GP and the nurse practitioner to engage with patients that do not attend this monitoring.

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% where the CCG average was 92% and the national average was 88%. Exception reporting for this indicator was 6% compared to a CCG and national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example following an audit the practice had improved the patient recall system so patients attended the six week follow up clinic after the insertion of an intrauterine device (IUD or coil).

Effective staffing

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

- Staff told us that they had received an induction when they were recruited. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We did not see documentary evidence of this induction. However we saw evidence of regular update training in the core induction topics.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes asthma and COPD (chronic obstructive pulmonary disease).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, and support for revalidating GPs and nurses. All staff had received an annual appraisal and staff we spoke with confirmed this was a positive productive experience. The nurse practitioner was appropriately supported by the GPs.
- Staff received training that included: safeguarding, fire safety awareness basic life support and information governance. They had access to and made use of e-learning training modules and in-house training as well as protected learning afternoons which occurred monthly.

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. The practice used an electronic system communicate with the district nurse and health visitor. The pathology service was able to share patient clinical information and results

electronically. There was a system to review patients that had accessed the NHS 111 service overnight and those that had attended the A&E department for emergency care.

- There was an information sharing system to review patients attending Herts Urgent Care.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other primary health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs and those that needed end of life care. For example the GPs held six weekly meetings attended by palliative care nurses community nurse community matron and practice administrator to review the needs of patients that needed palliative care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We saw that a refresher session on consent for children was discussed during a staff meeting in August 2016.
- 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.
- The practice gained written consent for minor surgery and insertion of an intrauterine device (IUD or coil) which was scanned and maintained in the patient's records.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

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

For example the practice currently referred patients seeking smoking cessation advice to the local pharmacy. They hope to resume providing this service in-house once the newly recruited health care assistant started at the practice in October 2016. The practice had set up an evening event for weight management which included advice on lifestyle exercise and diet to which all patients were invited. Patients could be referred to the local Gym if needed.

- We saw a variety of health promotion information leaflets and resources, for example, on smoking cessation sexual health and immunisations.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 83% and the national average of 82%. 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.

Results showed:

- 59% of patients attended for bowel screening within six months of invitation compared to national average of 58%.
- 81% attended for breast screening within six months of invitation which was similar to the national average of 73%.
- 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 was 97% to 100% and five year olds from 93% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 58 patient Care Quality Commission comment cards we received were positive about the care experienced. Comments on three cards referred to the difficulty in obtaining an appointment with a GP. Patients felt the practice offered a helpful, compassionate service and staff were helpful, caring, supportive, willing to listen and had treated them with dignity and respect. A number commented on high satisfaction with the reception staff.

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

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

For example:

- 88% 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%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% 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:

- 87% 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%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 92% 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 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 through the Language Line provided by Stevenage Borough Council.

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 119 patients as carers (3% of the practice list). The practice had appointed

a carer's champion who provided information and directed carers to the avenues of support available to them. This included referral to Carers in Hertfordshire which supported people in their caring role. Further information was also available on the practice website.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and 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 acute hospital to secure the services of a diabetic consultant to review patients locally at the practice.

- The practice offered late evening appointments on Tuesday till 8pm.
- The practice provided telephone triage and ring back service by a duty GP at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients over 75 had a named accountable GP and were offered the over 75 health check.
- Patients over 65 were offered annual influenza vaccination and pneumococcal vaccination.
- The practice used the NICE pathway on medicines optimisation to ensure safe and effective use of medicines for patients on long term medication.
- The practice supported COPD patients with a rescue pack which is supply of standby medications to use in an emergency thereby avoiding the need to attend an A&E or out of hours service or when a patient could not get to a GP.
- The practice worked closely with Community Nursing Team and coordinated care at home.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A family planning service was available.
- The practice offered temporary registrations for students attending nearby educational establishments.
- The practice supported a local care home and visited the home for a weekly ward round.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice held a 'TLC' (tender loving care) list which identified patients that needed extra support such as those receiving end of life or palliative care and staff were able to respond to calls from such patients in a prompt sympathetic way.
- There were disabled facilities and translation services available. There was a hearing loop available.
- The practice was aware that their reception desk because of its height did not meet the requirements of the Equality Act 2010. The practice had risk assessed current provision against the requirement and had put in place measures to help affected patients.
- Online services were available for booking appointments and request repeat prescriptions.

Access to the service

The practice was open Monday to Friday from 8am to 1pm and again from 2pm till 6.30pm. The practice provided extended opening on a Tuesday when the practice was open till 8pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 79%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.

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

The practice had a system in place to assess:

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

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

Are services responsive to people's needs?

(for example, to feedback?)

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.
- A GP supported by an administrator was the responsible person who handled all complaints in the practice.
- We saw there was a poster in the waiting area that informed patients of the complaints procedure. There was also information on the practice website.

We looked at 3 complaints received in the last 24 months (one during this year) and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, raising awareness for clinical staff to communicate effectively with patients when tests were ordered by third party clinicians so they knew to expect communications related to these tests.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a documented statement of purpose which included their aims and objectives and reflected their mission statement.
- The practice had supporting plans which reflected the aims and objectives and were regularly monitored.

Governance arrangements

- Being a small team the overarching governance framework was overseen by the two GP partners and supported the delivery of good quality care. This outlined the structures and procedures in place and ensured that:
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However some policies we reviewed were undated and needed review.
- A comprehensive understanding of the performance of the practice was maintained through active staff participation and regular review at meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and a verbal and or written apology
- The practice kept written records of correspondence.

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

- Staff told us the practice held regular meetings we saw minutes of these to confirm this. Staff also told us the GPs and the practice administrators kept them informed of practice matters at all times through formal and daily informal discussions.
- An open team culture was evident on account of the small team and staff told us they had the opportunity to raise any issues directly to a GP at any time and during staff meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.
- There were named members of staff in lead roles. For example there was a nominated GP lead for safeguarding palliative care asthma and COPD.

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. We spoke with the chair of the PPG who told us that they had worked with the practice on several initiatives. For example in rearranging the layout of the patient waiting room, updating the information leaflets available and also working with the practice on improving the complaints procedure including the installation of a complaints box.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and evidenced future planning for example, plans to replace the practice manager as well as recruit a health care assistant. The practice was aware of the need to refresh and modernise its premises and had plans to replace all floor coverings in the near future.