

# Bridge Cottage Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bridge Cottage Surgery on 10 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

The areas where the provider should make improvement are:

- Monitor and assess systems and processes to ensure regular appraisals for all staff and the monitoring and management of staff training.
- Continue to identify and support carers.
- Ensure a fire drill is completed at both premises on a regular basis.

**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 learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### 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. For example, the practice had achieved 97% of the total number of points available, with 8% exception reporting which was in line with the local and national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was proactive in ensuring staff learning needs were met.
- 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.

- Data from the National GP Patient Survey results published on 7 January 2016 showed patients rated the practice higher than others for several aspects of care. For example, 98% of respondents said they had confidence and trust in last GP they saw or spoke to compared to the CCG and national average of 95%.
- The practice offered flexible appointment times based on individual needs.

Good



# Summary of findings

- 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 held a register of carers with 180 carers identified which was just over 1% of the practice list. The practice had taken steps to identify more carers and there was a nominated Carers' champion who promoted a carers pack. This pack included information about local support groups and services.

## 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 participated in the local Clinical Commissioning Group winter resilience scheme, offering additional appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local A&E unit.
- A Phlebotomist from the local hospital visited the main practice four times a week, and the branch surgery once a month to take blood samples from patients for required testing.
- Urgent appointments were available on the same day and the practice was reviewing their appointment system in response to patient and staff feedback.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear 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.
- The practice 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 identifying 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 started in March 2016.
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices, a local GP Federation and the local CCG.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- Regular visits to local nursing homes were carried out by GPs and emergency visits were also provided when needed. We spoke with one of the nurses at one of these nursing homes who told us that the practice provided a good service.
- The practice worked closely with a rapid response service in place to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.
- The practice was pro-active in providing flu vaccinations for older people and at risk groups.
- The practice had completed 938 health checks for patients aged over 75 in the last 12 months, which was 60% of this population group.

### People with long term conditions

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

Good



- A nurse practitioner had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held a multidisciplinary diabetic clinic for patients two times a week, providing all aspects of diabetes management. The practice worked closely with secondary care and all diabetic patients were invited to attend an annual review with the diabetes consultant.
- Performance for diabetes related indicators was in line with the CCG and national average. The practice had achieved 92% of the total number of points available, compared to local and national average of 89%.
- 72% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the local and national average of 75%.

# Summary of findings

- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible 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.
- 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 was registered as a C-Card service provider. This is a service where people aged 13-24 can access confidential sexual health and family planning services and speak to trained professionals, obtain free condoms and advice around contraception, consent and sexually transmitted infections.
- The practice's uptake for the cervical screening programme was 83% which was comparable with the national average of 82%.
- Appointments were available on the same day and outside of school hours. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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 provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.

Good



# Summary of findings

- Bowel and breast cancer screening rates were above and comparable with local and national averages. Data showed 74% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and 72% nationally.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- The practice offered a virtual travel clinic which enabled patients to submit details of their planned travel on line. The nursing team would then provide detailed information and advice to the patient via e-mail and would arrange an appointment accordingly.
- The practice had a room available for patients to complete health questionnaires and monitor their height, weight and blood pressure independently. A computer would record details into the clinical system and patients would be alerted if they needed to make an appointment. This room was accessible to patients from 7am to 10pm Mondays to Saturdays and between 10am and 8pm each Sunday.

## 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.
- It offered longer appointments and annual health checks for people with a learning disability. The practice had completed 42 health checks out of 59 patients on the learning disability register since April 2015.
- The practice provided services to four residential homes for people with a learning disability. We spoke with staff at three of these homes who told us that GPs were responsive to urgent requests and provided a good standard of care and treatment.
- The practice had a system in place to identify patients with a known disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access various support groups and voluntary organisations.

Good





# Summary of findings

- The practice worked closely with a local women's refuge centre and fast tracked new registration and urgent medication requests for these patients.
- Staff had accessed safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff members were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was above the local average of 86% and national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice had access to a NHS counsellor who held weekly appointments at the practice.
- The practice would refer patients to the Improving Access to Psychological Therapies service (IAPT) and would encourage patients to self-refer.
- Performance for mental health related indicators was in line with the CCG and national average. The practice had achieved 95% of the total number of points available (with 11% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting).
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended 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

We looked at the National GP Patient Survey results published on 7 January 2016. The results showed the practice was performing above national averages. There were 262 survey forms distributed and 125 were returned. This represented a 48% response rate and approximately 1% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the local average of 63% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 71% and national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the local average of 82% and national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 77% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received three comment cards. Two comments were positive about the standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as excellent. One patient commented on the difficulties they have had in getting a pre-booked appointment. The practice told us that they were constantly reviewing their appointment rota and amending the availability of the different types of appointments and when they were released.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and described staff members as approachable, committed and caring. Three patients also told us that it was difficult to get through to the surgery on the telephone. The practice had changed their appointment system in November 2015 from holding two walk-in clinics daily to having designated same day appointment slots. The practice told us that they were listening to patient and staff feedback and were continuing to review the appointment system and had identified the need to improve their telephone system to improve access.

## Areas for improvement

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

- Monitor and assess systems and processes to ensure regular appraisals for all staff and the monitoring and management of staff training.
- Continue to identify and support carers.
- Ensure a fire drill is completed at both premises on a regular basis.

# Bridge Cottage Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to Bridge Cottage Surgery

Bridge Cottage Surgery provides primary medical services, including minor surgery, to approximately 16,200 patients from two premises in Hertfordshire. Bridge Cottage Surgery is the main site located in Welwyn and Kimpton Surgery is a branch surgery located approximately five miles away in the village of Kimpton, Hertfordshire. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). Bridge Cottage Surgery shares its premises with a local pharmacy which the GP Partners set up five years ago. The pharmacy is no longer owned by the GPs and the pharmacy now operates as a separate legal entity.

The practice serves a lower than average population of those aged between 0 to 4 years and 20 to 39 years, and a higher than average population of those aged 45 years and over. The population is 95% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of six GP Partners, three GPs are female and three are male. There are four salaried female GPs. There are two nurse practitioners, who are qualified to prescribe certain medications, one practice nurse (who also works as an assistant to the practice manager) and

one Health Care Assistant. The non-clinical team consists of a practice manager, a reception manager, four members of the administration team, and seven members of the receptionist team.

The practice told us that two GP partners had retired and one GP partner had emigrated within the last 12 months. The practice was in the process of actively recruiting GPs and had recently employed two salaried GPs.

Bridge Cottage Surgery has been approved to train doctors who wish to undertake additional training (from four months up to one year depending on where they are in their educational process) to become general practitioners. The practice currently has one ST3 GP trainee (GPs in their third year of speciality training).

The main surgery is open to patients between 8am and 6pm Mondays to Fridays. Patients can telephone the practice between 8am and 6:30pm Mondays to Fridays. Appointments with a GP or nurse are available from 8am to 12pm and from 2pm to 5pm Mondays to Fridays. Emergency appointments are available daily with the duty doctor. A telephone consultation service is also available for those who need urgent advice. Kimpton surgery is open between 9am and 12pm Mondays to Fridays and appointments with a GP are available between 10am and 11:30am.

Home visits are available to those patients who are unable to attend the surgery and the out of hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice, on the practice website and telephone line.

# Detailed findings

## 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 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 contacted NHS East and North Hertfordshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 10 May 2016. We inspected the main surgery and during our inspection we:

- Spoke with four GPs, the practice manager, the practice nurse, two nurse practitioners, the reception manager and four members of the reception team.
- Spoke with nine patients and observed how staff interacted with patients.

- Reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from the Chairperson and three members of the Patient Participation Group (PPG). (This was a group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events.
- Staff would complete a significant event record form. We were told that the event would be discussed with the GP partners as soon as possible and acted on and also discussed during business or clinical meetings, which took place monthly. Information and learning would be circulated to staff.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, the practice received a safety alert for a type of inhaler. The practice carried out a search on their system to see if any patients were using that particular device and then took the appropriate action.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice created a new template for two week wait referral letters to ensure all letters were correctly created, recorded and sent.

### 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 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 was a lead member of staff for safeguarding adults and children. The GPs attended safeguarding meetings when possible and

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their roles. All GPs and nurses were trained to an appropriate level to manage safeguarding children (level 3) and adults.

- The practice displayed notices in the waiting and treatment rooms which 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 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 visibly clean and tidy. One of the nurse practitioners was the infection control clinical lead who accessed regular training to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken annually and we saw evidence that action was taken to address any improvements identified as a result.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the

## Are services safe?

practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

### 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 along with a poster in the staff area which included the names of the health and safety lead at the practice. A health and safety assessment was completed in January 2016. The practice had up to date fire risk assessments. Fire alarms were tested weekly. The practice did not complete regular fire drills. Following our inspection, we received evidence to confirm a fire drill had been completed at both premises and a protocol was in place which stated fire drills would take place on a regular basis. All electrical equipment was checked in April 2016 to ensure the equipment was safe to use and clinical equipment was due to be checked in May 2016 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 (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff members were on duty. The practice had a system in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required. The practice had a locum GP information pack in place and would complete the necessary recruitment checks on those individuals when necessary.

### 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 which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had oxygen available with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date.
- 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. A copy of this plan was available on the staff intranet and additional copies were kept off the premises.



# 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 people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on A&E attendance, emergency admissions to hospital and outpatient attendance levels. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

### 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 showed the practice achieved 97% of the total number of points available, with 8% exception reporting which was in line with the local and national average. (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 not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was above the CCG and national average. The practice had achieved 92% of the total number of points available, compared to local and national average of 89%.
- The percentage of patients aged 45 years or over who have a record of blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 86% of the total number of points available, compared to 90% locally and 91% nationally.
- Performance for mental health related indicators was in line with the CCG and national average. The practice had achieved 95% of the total number of points available (with 11% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting).

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits undertaken in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- Findings from audits were used by the practice to improve services. For example, one of these audits looked at the management of patients who had undergone a Splenectomy to ensure these patients were being managed in accordance with national guidelines. (A Splenectomy is surgical procedure to remove the spleen. The spleen is an organ which helps fight infection and filters unneeded material, such as old or damaged blood cells). The practice audited the number of patients who had received vaccinations in the required intervals. This audit was repeated every two months between October 2014 and February 2015 and the practice had contacted all of these patients. The audit results showed an increase in the number of patients that were being correctly managed.
- The practice also completed an audit on three day antibiotic prescribing for uncomplicated urinary tract infections (UTIs) to review prescribing adherence to national guidelines. The practice identified areas of good practice and learning points which included better access to local antibiotic guidelines for prescribers and further information for locum GPs.
- The practice participated in local audits, national benchmarking and peer reviews.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

- 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, confidentiality, information governance, basic life support, infection control, health and safety and fire safety.
- 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. 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 on line resources, attendance to educational sessions, conferences and discussions at nurse meetings which took place weekly. The lead nurse also attended a practice nurse forum within the locality.
- Staff had received training that included: safeguarding, infection control, chaperoning, basic life support, information governance and confidentiality. Staff had access to and made use of e-learning, monthly educational meetings and Clinical Commissioning Group (CCG) led training days. The nursing team told us that the GP Partners encouraged and supported their professional development. For example, the GP Partners had recently agreed to fund a master's degree in contemporary nursing for one of the nurses which would enable them to become qualified as an advanced nurse practitioner.
- The practice did not have a system in place to monitor the learning needs of non-clinical staff. Practice staff meetings did not take place on a regular basis however the practice did have plans to arrange regular staff meetings for the non-clinical team. Appraisals had not been linked to personal development plans and not all of the non-clinical team had received an appraisal within the last 12 months. Staff had access to a wide range of training courses to meet their learning needs including e-learning however, at the time of our inspection, there was no log in place to monitor staff training. Following our inspection, we received evidence from the provider to confirm that all outstanding

appraisals had been arranged and a staff meeting had taken place. A training log to record staff training was also created and monitored through the practice's e-learning system.

- A nurse practitioner was trained as a specialist in asthma, chronic obstructive pulmonary disease and diabetes.
- We were told that the practice had close links with the University of Hertfordshire who provided nurse training modules and updates on NICE guidelines, childhood immunisations, cervical screening and spirometry.

### 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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary Gold Standard Framework (GSF) team meetings took place on a one to two month basis for vulnerable patients and



# Are services effective?

## (for example, treatment is effective)

for patients requiring palliative care (The Gold Standards Framework is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis).

### Consent to care and treatment

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

- The practice had a consent policy in place and staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included patients considered to be in the last 12 months of their lives, carers, travellers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant services.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had completed 42 out of 59 learning disability health checks since April 2015.
- The practice was registered as a C-Card service provider. This is a service where people aged 13-24 can access confidential sexual health and family planning services and speak to trained professionals, obtain free condoms and advice around contraception, consent and sexually transmitted infections. Staff followed Gillick Competencies and the Fraser Guidelines to assess the appropriateness of providing contraceptive advice and treatment without parental consent, providing certain criteria was met.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending letters to patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were above and comparable with local and national averages. For example:

- Data published in March 2016 showed 66% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.
- Data showed 74% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and 72% nationally.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 96% and five year olds from 95% to 99%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. New patients were offered a health check upon registering.

The practice offered a comprehensive and detailed health check for all patients aged 75 or over which included a six point dementia assessment. For example:

- The practice had completed 938 health checks for patients aged over 75 in the last 12 months, which was 60% of this population group.

Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We received three CQC patient comment cards. Patients said they felt the practice offered a good service and said staff were helpful, caring and treated them with dignity and respect. One patient commented on the difficulties they have had in obtaining a pre-booked appointment.

We received feedback from four members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

On the day of our inspection, we spoke with nine patients who all told us that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 85%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 97%).

- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%). We spoke to the nurses about this and they told us that each GP and nurse had collected 20 surveys following patient consultations and the results from this survey were very positive.
- 84% 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 from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey published in January 2016 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:

- 80% 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%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 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 were hard of hearing or did not have English as a first language.

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

- Notices in the patient waiting rooms told patients how to access a number of support groups and organisations.

## Are services caring?

- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 180 carers identified which was just over 1% of the practice list. The practice told us that they lost some coding data when they completed a clinical software change and had taken steps to identify more carers. A member of the administration team was the nominated Carers' champion.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the Local Clinical Commissioning Group (CCG) winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local A&E department. The practice had offered 2,505 additional appointments between October 2015 and March 2016.

- The practice offered a virtual travel clinic which enabled patients to submit details of their planned travel on line. The nursing team would then provide detailed information and advice to each patient via e-mail and would arrange an appointment accordingly.
- The practice had a room available to patients to complete health questionnaires and monitor their height, weight and blood pressure independently. A computer would record details into the clinical system and patients would be alerted if they needed to make an appointment. This room was accessible to patients from 7am to 10pm Mondays to Saturdays and between 10am and 8pm each Sunday.
- There were longer appointments available for patients with a learning disability. 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.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- There were disabled facilities, a hearing loop and a patient lift. The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.
- The practice worked closely with a rapid response service in place to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.

- The practice provided services to three nursing homes and four residential homes for people with a learning disability. We spoke with staff at four of these homes who told us that GPs were familiar with the individual needs' of the residents and were responsive to urgent requests. Staff described the practice as responsive and accessible and told us that the practice provided a good service.
- The practice held a multidisciplinary diabetic clinic for patients two times a week, providing all aspects of diabetes management. The practice worked closely with secondary care and all diabetic patients were invited to attend an annual review with the diabetes consultant.
- A Phlebotomist from the local hospital visited the main practice four times a week, and the branch surgery once a month to take blood samples from patients for required testing.
- The practice worked closely with a local women's refuge centre and fast tracked new registration and urgent medication requests for these patients.
- The practice would refer patients to the Improving Access to Psychological Therapies service (IAPT) and would encourage patients to self-refer.

### Access to the service

The main surgery was open to patients between 8am and 6pm Mondays to Fridays. Patients were able to telephone the practice between 8am and 6:30pm Mondays to Fridays. Appointments with a GP or nurse were available from 8am to 12pm and from 2pm to 5pm daily. The practice did not offer extended surgery hours and told us that there was low uptake when they did offer extended appointment hours between 2009 and 2010. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the same day for people that needed them. The branch surgery was open to patients between 10am and 11.30am daily.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was in line with or above local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 78%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients said they could get through easily to the surgery by phone compared to the CCG average 63% and national average of 73%.

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

## **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. This information was available on the practice website and in the patients' waiting areas.

We looked at four complaints received in the last 12 months and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency when dealing with complaints. The practice shared their complaints data with NHS England. Apologies were offered to patients. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice changed their process for the management of patient discharge letters to ensure all letters were date stamped and forwarded to the clinician within 24 hours.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff understood the values of the practice.
- The practice had a strategy and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

### Governance arrangements

The practice had structures and procedures in place which supported the delivery of the strategy and good quality care 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.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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 and training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Following our inspection, the practice had started to hold non-clinical staff team meetings, arranged appraisals for all non-clinical staff and created a staff training log.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues directly to senior staff and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, staff had raised concerns in relation to the new appointment system and senior staff responded by holding an all staff meeting to review the current system and discuss ways to improve the day to day running of 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 Friends and Family Test, the Patient Participation Group (PPG) and through surveys and complaints received. The practice had reviewed patient feedback and the latest National GP Patient Survey results and had created an action plan in February 2016. Key action points included implementing a new telephone system to enable call queuing and call analysis, providing clearer information about patient registration for on line appointment booking and notifying patients if appointments were behind schedule.

# Are services well-led?

Good 

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

- The practice had developed a plan to ensure senior staff gathered feedback from staff through a number of methods including through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues directly with colleagues and senior staff.

## Continuous improvement

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

regularly attended meetings with peers within their locality. One of the GP partners was Chair of East and North Hertfordshire CCG. The practice was one of eight practices that had joined a local GP Federation. This Federation looked at ways of working across the locality to provide joined up services. For example, at the time of our inspection the Federation was exploring the possibility of providing seven day access to patients across the locality.