

Courtenay House Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Courtenay House Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Courtenay House Surgery on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach 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.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Staff felt supported by management and 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.

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.
- There was an effective system in place for prescribing, recording and dispensing medicine.
- 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 high exception reporting for two mental health indicators. Overall, patient outcomes were at or above average for the locality and compared to the national average. The practice achieved 99% of the total points available compared with 95% locally and 94% nationally.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice higher than others for several aspects of care. For example, 100% of respondents had confidence and trust in the last nurse they saw or spoke to.

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 84 carers identified. There was a nominated Carers' champion who promoted a carers pack which included information and advice about local support groups and services available.

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 CCG 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 accident and emergency unit.
- The practice provided a dispensary service for patients who were residents in rural areas within the practice catchment area. The practice dispensed medication to approximately 850 patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a vision, however not all staff were aware of this and their responsibilities in relation to it.
- 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.

Good



Summary of findings

- The senior partner was a member of a local federation and affiliated group which had been created as a think tank to address the development of local primary care services.
- There was an overarching governance framework which aimed to support 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 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 was active.

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, this included enhanced services for end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- Weekly visits to a local care home were carried out by named GPs for continuity of care and emergency visits were also provided when needed. A named GP carried out daily visits to people in an intermediate care unit. Staff members at these services told us that the practice was good at managing the needs of their residents and the GPs were familiar with the patients' history. Staff members told us that the practice was very responsive to emergency visit requests and that they were happy with the service provided by the practice.
- The practice had completed 254 health checks for patients aged over 75 since October 2014, which was 50% of this population group.
- 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.

Good



People with long term conditions

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

- Nursing staff were trained in spirometry and patients at risk of hospital admission were identified as a priority.
- An anti-coagulation service was provided to patients at the practice on a weekly basis.
- Performance for diabetes related indicators was above the CCG and national average. The practice had achieved 94% of the total number of points available, compared to 89% locally and 89% nationally.
- 76% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the national average of 75%.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- 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 who were potentially at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and facilities at the practice were suitable for children and babies.
- We saw positive examples of joint working with midwives who held a weekly clinic at the practice.

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 carried out routine NHS health checks for patients aged 40-74 years.
- The practice's uptake for the cervical screening programme was 84% which was in line with the national average of 82%. Bowel and breast screening rates were higher than local and national averages.
- The practice was proactive in offering online services such as appointment booking and repeat prescriptions services, as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- It offered an appointment reminders using a text messaging service and appointment times were extended three mornings each week, until 8pm once a month and from 8.45am to 12pm on the first Saturday of each month.

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 had completed 11 out of 16 learning disability health checks between 2014 and 2015.
- It offered annual health checks for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was higher than the national average of 86%.
- It held a register of patients experiencing poor mental health and offered same day contact.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients were referred to a counselling service which was provided at the practice.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We looked at the national GP patient survey results published on 7 January 2016. The results showed the practice was performing above local and national averages. There were 265 survey forms distributed and 110 were returned. This represented a response rate of 42%.

- 83% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards. Overall, 34 people had provided positive comments about the standard of care received, one person commented on the wait to be seen after their appointment time and three people commented on the length of time it took to make an appointment. Two of these comment cards also included positive comments about the care and treatment received. Patients commented staff acted in a professional and courteous manner and described the staff and services provided as excellent. Patients commented on how clean the practice was and how satisfied they were with the reception staff and the quality of care provided by the doctors and nurses.

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

Areas for improvement

Action the service SHOULD take to improve

Review the process and systems for patient screening and recall for hard to reach groups.

Courtenay House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor.

Background to Courtenay House Surgery

Courtenay House Surgery provides primary medical services, including minor surgery, to approximately 6,690 patients from premises at Bancroft Court, 30-35 Bancroft, Hitchin, Hertfordshire.

The practice serves a lower than average population of those aged between 15 to 29 years, and higher than average population of those aged between 35 to 44 years. The population is 89% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of three GP partners and one salaried GP; three GPs are male and one is female. There are two practice nurses, one dispenser, a practice manager and nine administration and reception staff.

The practice is open to patients between 8.30am and 6.30pm Monday to Friday. Appointments with a GP are available from 9am to 12pm and from 2pm to 3.20pm, and from 4.10pm to 6.10pm Monday to Wednesday. Appointments with a GP are available from 9am to 12pm and from 4.10pm to 6.10pm on a Thursday and from 9am to 12pm on a Friday. Patients are able to contact an emergency telephone number for the practice between 8am and 8.30am.

The practice offers extended opening hours between 7.30am and 8am every Tuesday, Wednesday and Thursday. Extended opening hours are also offered between 6.30pm and 8pm on the third Monday of each month and from 8.45am to 12pm on the first Saturday of each month.

Emergency appointments are available daily with the duty doctor. A telephone consultation service is also available for those who need urgent advice. Home visits are available to those patients who are unable to attend the surgery and the practice is also able to offer home visits via the Acute In Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital. 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 on the practice website and telephone line.

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.

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 17 February 2016. During our inspection we:

- Spoke with three GPs, one practice nurse, one dispenser, the practice manager and two receptionists.
- Spoke with four patients and observed how staff interacted with patients.
- Reviewed 36 comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from 15 members of the patient participation group (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.
- The practice carried out a thorough analysis of the significant events. 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 at a partners' meeting, which took place weekly. Information and learning would be discussed at staff meetings.

We reviewed safety records, incident reports, patient safety alerts, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice received a MHRA alert in relation to risks associated with a specific medicine taken during pregnancy. The practice carried out a search on their system 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 took the necessary action to ensure referrals made to a rapid response service were included on the daily triage list for urgent action by the doctor.

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. One of the GP partners was the trained to Level 3 in safeguarding and was the safeguarding lead for the practice. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all staff attended an annual training session provided by the safeguarding lead within the locality.

- A notice in the waiting room advised patients that chaperones were available if required. All staff members who acted as chaperones were trained for the role and a risk assessment was in place for circumstances in which staff acted as a chaperone without having a disclosure and barring check (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 had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken on a six monthly basis and the most recent audit had been completed in February 2016.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and daily logs were completed. Spillage kits were available and 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, dispensing, recording, handling and storing of medicines. The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice dispensed medicine to approximately 850 patients and a named GP was responsible for providing effective leadership for the dispensary. Standard Operating Procedures were in place for dispensary staff to follow, and the practice had a clear system of monitoring this.

Are services safe?

- The dispensary was open between 9am and 12pm Monday to Friday. During our inspection we found the door to the dispensary was unlocked and the practice had not completed a risk assessment of the dispensary door during its opening hours.
- The practice completed a dispensary audit annually as part of the Dispensing Service Quality Scheme and was able to describe changes to practice as a result of these audits to improve the accuracy of the dispensing process.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). For example controlled drugs were stored in a suitable controlled drugs cupboard, access to them was restricted and keys held securely. The correct legal records were made when stock was received or dispensed to patients and stock levels of all controlled drugs were checked and countersigned at each occasion of dispensing. Expiry dates were also recorded.
- Prescriptions were securely stored and there were systems in place to monitor their use.
- We reviewed five 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The fire equipment was checked by an external contractor on an annual basis. Fire alarms, intruder alarms and emergency lighting were checked by an external contractor on a six monthly basis. All electrical equipment was checked in May 2015 to ensure the equipment was safe to use and clinical equipment was checked in April 2015 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), infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice leased the building and we saw evidence to confirm the practice was taking the necessary action to manage the maintenance of the premises.
- 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 all the different staffing groups to ensure that enough staff members were on duty. The practice had two reception staff on duty at all times and planned cover arrangements during staff leave. Staff had a flexible approach towards managing the day to day running of the practice and all staff, including the practice manager, would cover reception as and when needed. The practice had a locum GP information pack in place and would use the same locum GP if required and completed the necessary recruitment checks.

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. The practice also had panic buttons in all of the treatment rooms and in the practice manager's office.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen 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 medicines we checked were in date and fit for use.
- 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 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 accident and emergency attendance, emergency admissions to hospital, outpatient attendance and bowel and breast screening uptake. 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.
- The practice worked closely with a local multidisciplinary team that provided a rapid response service to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.

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 99% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for diabetes related indicators was above the CCG and national average. The practice had achieved 94% of the total number of points available, compared to 89% locally and 89% nationally.
- Performance for hypertension related indicators was above the CCG and national average. The practice had achieved 100% of the total number of points available (with 2% exception reporting), compared to 98% locally and 98% nationally.
- Performance for mental health related indicators was above the CCG and national average. The practice had achieved 100% of the total number of points available (with 6% exception reporting), compared to 95% locally (12% exception reporting) and 93% nationally (11% exception reporting).

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer reviews.
- Findings were used by the practice to improve services. For example, one of these audits looked at the prescribing of certain antibiotics to ensure there was consistency with local prescribing guidelines and adherence to the management of infection guidelines. This audit identified areas of improvement and learning points which were monitored through an action plan.
- The practice completed an audit on antibiotic prescribing for uncomplicated urinary tract infections to review their prescribing against local guidelines. This audit identified good practice and the repeated audit highlighted an increase in the number of correct first choice antibiotics prescribed and correct treatment duration.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as health and safety, fire safety, infection control, confidentiality, data protection and customer service.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for

Are services effective?

(for example, treatment is effective)

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 online resources and discussion at practice meetings. The practice nurses received regular updates and information from a nurse tutor mentor employed by the CCG. Regular meetings also took place and included educational updates on topics such as smoking cessation and nurse revalidation.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, chaperoning and learning disability awareness. Staff had access to in-house training and training provided by the local CCG.
- Practice nurses were trained in carrying out a spirometry test (a simple test used to help diagnose and monitor certain lung conditions).
- The practice supported staff in their personal development. Two members of administrative staff had been supported towards completing the appropriate course to become qualified dispensers.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to

secondary care through the Choose and Book 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).

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that Gold Standards Framework meetings for palliative care took place on a six weekly basis and care plans were routinely reviewed and updated. These meetings also included a local multidisciplinary team that provided a rapid response service to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.

Patients were referred to a counselling service which was provided at the practice. The practice carried out weekly visits to a local residential care home for older people and to an intermediate care unit for older people who had been discharged from hospital and required care in the community. We spoke to the managers of each care home and they told us that the practice was good at managing the needs of their residents and the GPs were familiar with the patients' history. The managers told us that the practice was very responsive to emergency visit requests and that they were happy with the service provided by the practice.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant service.
- The practice held a register of patients with a learning disability and offered these patients annual health checks and vaccinations. The practice had completed 11 out of 16 learning disability health checks between 2014 and 2015.

The practice's uptake for the cervical screening programme was 84%, 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 encouraged uptake of the screening programme by ensuring a female clinician was available. The practice also encouraged its patients to attend national screening programmes for

bowel and breast cancer screening. The practice had screened 63% of patients for bowel cancer, aged 60 to 69, in the last 30 months compared to 58% locally and 58% nationally. The practice had screened 75% of female patients for breast cancer, aged 50 to 70, in the last 36 months 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 97% to 100% and five year olds from 91% to 97%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. The practice had completed 254 health checks for patients aged over 75 since October 2014, which was 50% of this population group. New patients were offered a health check upon registering. 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.

- The practice had separate examination rooms and 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 36 CQC patient comment cards and 34 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We received feedback from 15 members of the patient participation group. 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 patients needed help and provided support when required.

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

- 93% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 89% 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 95%, national average 95%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

- 95% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey results 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 higher than local and national averages. For example:

- 94% 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%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. However there were no notices in the reception areas informing patients that this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice had information boards promoting mental health and carers support.

The practice's computer system alerted GPs if a patient was also a carer. A receptionist was the nominated Carers' champion and had created a carers' pack which included information and advice about local support groups and services. The practice had identified 84 patients as carers which was approximately 1% of the practice list and was planning on doing further work to identify carers on their practice list.

Are services caring?

The practice maintained a bereavement register. Staff told us that if families had experienced 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, One of the GPs performed vasectomies at the practice for patients within Hertfordshire and Bedfordshire. Two nurses from a local practice provided an anti-coagulation service to patients at the practice on a weekly basis. The practice participated in the 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 accident and emergency unit. The practice had offered 54 additional appointments between 1 December 2015 and 31 January 2016.

- The practice offered extended hours three mornings each week, one evening each month and on one Saturday each month for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- There were facilities for the disabled, including a hearing loop.
- There was good access into the practice for wheelchairs and prams and the practice had equipment to assist patients with mobility needs.
- Staff were aware of the need to recognise equality and diversity and acted accordingly.
- The practice had baby changing facilities, sufficient space for prams, a suitable place available for baby feeding, and reading and play areas for children.
- There was a lift and an electronic check-in kiosk available for patients in the main entrance.

Access to the service

The practice was open to patients between 8.30am and 6.30pm Monday to Friday. Appointments were from 9am to 12pm and from 2pm to 3.20pm, and from 4.10pm to 6.10pm Monday to Wednesday. Appointments with a GP

were available from 9am to 12pm and from 4.10pm to 6.10pm on a Thursday and from 9am to 12pm on a Friday. Extended surgery hours were offered between 7.30am and 8am every Tuesday, Wednesday and Thursday, and were also offered between 6.30pm and 8pm on the third Monday of each month and from 8.45am to 12pm on the first Saturday of each month. 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.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 83% of patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 74% of patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them, and the practice offered flexible appointment duration based on individual need.

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, in the patient waiting area and in the practice leaflet.

We looked at five complaints received since April 2014 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. Apologies were offered to

Are services responsive to people's needs? (for example, to feedback?)

patients when required. Lessons were learnt from concerns and complaints and action was taken as a result to

improve the quality of care. For example, the practice reviewed and changed the system for managing sensitive prescriptions and patient messages in order to promote patient confidentiality.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement but this was not displayed in the practice and not all of the staff were aware of this and their responsibilities in relation to it. The practice had a strategy which reflected the vision and values of the practice

Governance arrangements

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:
- There was a clear staffing structure and 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice 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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support and a verbal and written apology.

- They 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.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident to do so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG worked with the practice and made improvements to the website, made changes to the appointment system, created a patient newsletter, a PPG noticeboard and managed the information available to patients in the waiting areas.
- The practice had gathered feedback from staff through meetings, appraisals and a staff comments box. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff feedback resulted in a review of general administrative work being undertaken at reception and led to a change in process. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Senior staff regularly attended meetings with peers within their locality.

Are services well-led?

Good 

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

The partners had increased their sessions to meet patient demand and the practice was attempting to recruit an additional GP. The practice worked closely with other

practices to meet local needs and the senior partner was a member of a local federation and affiliated group which had been created as a think tank to address the development of local primary care services.