

Cassio Surgery

Quality Report

Colne House, 21 Upton Road
Watford, Hertfordshire
WD18 0JP
Tel: 01923 226011
Website: www.cassiosurgery.co.uk

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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 Cassio Surgery on 7 September 2017. 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.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- 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.
- Patient comments highlighted that 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- Continue to encourage patients to attend cancer screening programmes.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the latest Quality and Outcomes Framework (QOF) 2015/2016 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the latest national GP patient survey results published in July 2017 showed patients rated the practice the same as others for some aspects of care.

Good



Summary of findings

- The patients we spoke with or who left comments for us were positive about the standard of care they received and about staff behaviours.
- Staff maintained patient and information confidentiality and patients commented to us on being treated with kindness and respect. We saw evidence to confirm this.
- The practice offered flexible appointment times based on individual needs.
- Information for patients about the services available was easy to understand and accessible in different languages and formats.
- The practice held a register of carers with 58 carers identified which was approximately 2% of the practice list. The practice displayed information on a carers' notice board.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice participated in a Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) pilot study.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- Practice staff reviewed the needs of its local population and engaged with NHS England and Herts Valleys Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered a daily in house phlebotomy service to take blood samples from patients for required testing.
- Information about how to complain was available and evidence from examples we reviewed 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.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- The practice worked closely with other practices and the local Herts Valleys 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of their life.
- GPs involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice worked closely with a local Rapid Response Team (a model of community care delivering an integrated service combining health, social and mental health).
- The practice provided an annual review for patients aged over 75 years and had reviewed 99% of this population group within the previous 12 months.

Good



People with long term conditions

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

- Nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with the local CCG and national average. The practice had achieved 93% of the total number of points available, compared to the local average of 90% and national average of 90%.

Good



Summary of findings

- 72% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable to the local average of 75% and national average of 76%.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and there was a system to recall patients for 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.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

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 relatively high for standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the local average of 82% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a range of family planning services. The practice worked with midwives, health visitors and school nurses in the provision of ante-natal, post-natal and child health surveillance clinics.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was able to offer appointments to patients during extended opening hours at a number of practices across the locality.
- The practice carried out routine NHS health checks for patients aged 40 to 74 years.
- The practice was proactive in offering online services repeat prescriptions, communication using e-mail and an appointment reminder text messaging service, as well as information about a full range of health promotion and screening that reflects the needs of this age group.
- Unverified data from the practice showed:
 - 81% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to the local and national average of 58%.
 - 58% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years which was below the local average of 72% and national average of 73%.

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. Staff worked closely with the local Learning Disability Liaison Nurse. There were nine patients on the practice's learning disability register at the time of our inspection. Of those, eight had been invited for and six (75%) had accepted and received a health review in the past 12 months.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Vulnerable patients had been told how to access support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

Good



Summary of findings

make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

- The practice held a register of carers with 58 carers identified which was approximately 2% of the practice list. The practice displayed information on a carers' notice board.

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).

- The practice carried out advance care planning for patients living with dementia.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2015/2016, which was comparable to the local average of 85% and national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- Performance for mental health related indicators was comparable with the local CCG and national average. The practice had achieved 94% of the total number of points available, compared to the local average of 95% and national average of 96%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we interviewed 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 most recent National GP Patient Survey results published in July 2017. Overall, the results showed the practice was in line with local and national averages. There were 341 survey forms distributed and 109 were returned. This represented a 29% response rate and approximately 4% of the practice's patient list.

- 83% of patients described the overall experience of this GP practice as good compared to the local average of 89% and national average of 85%.
- 66% of patients described their experience of making an appointment as good compared with the local CCG average of 79% and national average of 73%.
- 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 83% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards. All of the comment cards

we received 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 very caring, friendly and comprehensive.

During the inspection we spoke with 11 patients and one member of the Patient Participation Group (PPG). Patients told us that they were very satisfied with the services provided and described the practice as clean and well organised. Patients told us that they felt listened to and cared for and described staff members as professional and committed towards providing a caring and friendly service.

The practice had gathered patient feedback using the NHS Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. The practice had received 78 responses to the FFT between May 2017 and August 2017. The results showed 69 people (88%) who responded were either extremely likely or likely to recommend the service.

Areas for improvement

Action the service SHOULD take to improve

Continue to encourage patients to attend cancer screening programmes.

Cassio Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Cassio Surgery

Cassio Surgery provides primary medical services to approximately 2,500 patients from Colne House, Watford, Hertfordshire. The practice moved into the current premises in 2014 and is part of a team which includes three single handed GP practices also based at the same location. A merger between the four practices is planned to take place in 2017. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice serves a higher than average population of those aged between 25 and 39 years and a lower than average population of those aged from 50 to 85 years and over. The practice has a diverse patient population and high levels of social deprivation within the local area.

The clinical team includes a female team of two GP partners, one salaried GP and one regular locum GP. Patients are able to see a male GP based at the same location. The practice team works across the four GP practices in Colne House and consists of a minor illness nurse, a practice nurse, a health care assistant, a practice manager, four members of the secretarial team and nine members of the administration and reception team.

The practice is open to patients between 8am and 6:30pm Monday to Friday. Appointments with a GP are available from 8.30am to 11am and from 3.30pm to 6.30pm daily.

Emergency appointments are available daily. The practice is a member of Watford Care Alliance and this service enables the practice to offer appointments to patients during extended opening hours at a number of practices across the locality.

Home visits are available to those patients who are unable to attend the surgery and the Out of Hours service is provided by Herts Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

Why we carried out this inspection

We carried out a comprehensive inspection of this service on 7 September 2017 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 Herts Valleys Clinical Commissioning Group (CCG) and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 7 September 2017. During our inspection we:

Detailed findings

- Spoke with the two GP partners, minor illness nurse, health care assistant, the senior secretary, lead receptionist and two members of the reception and administration team.
- Spoke with 10 patients, reviewed a sample of the personal care or treatment records of patients and observed how staff interacted with patients.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed 43 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with a member of the Patient Participation Group (PPG). (This is a group of volunteer patients who work with practice staff on making improvements to the services provided 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 incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed.
- The practice had recorded 12 significant events since January 2017. Information and learning was circulated to staff and the practice carried out an analysis of the significant events over time to identify trends and themes.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had identified a trend with incidents relating to patient prescription requests and had increased their liaison with local pharmacies.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed with the GPs and relevant staff during a practice meeting which took place on a weekly basis. We saw evidence to confirm this.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and patient safety alerts. We saw evidence to confirm actions had been taken to improve safety in the practice. For example, the practice had received a safety alert about a medical device and had completed a patient search and taken the required action. The practice had recorded the action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding adults and children. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had all received training relevant to their role. All GPs and nurses were trained to an appropriate level to manage safeguarding children (level three) and adults.
- The practice had implemented a coding system which enabled the practice to easily identify vulnerable children and adults on their records.
- The practice displayed notices in the waiting area and treatment and consulting rooms which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and a risk assessment was in place for all staff, including circumstances in which staff acted as a chaperone without having a disclosure and barring service 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 were cleaning schedules and monitoring systems in place.
- The minor illness nurse was the infection prevention and control (IPC) clinical lead and kept up to date with best practice. There was an IPC protocol and all staff had received up to date training. The latest IPC audit was undertaken in January 2017 and audits were

Are services safe?

scheduled to be undertaken on an annual basis. We saw evidence to confirm that these audits were comprehensive and action had been taken to address any improvements identified as a result.

- All single use clinical instruments were stored appropriately and were within their expiry dates. Specific equipment was cleaned daily and logs were completed. Spillage kits were available and clinical waste was stored appropriately and collected from the practice by an external contractor on a weekly basis.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, 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 to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- We reviewed five 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

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- 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. The practice had up to date fire risk assessments. Fire alarms were tested weekly and the building landlord carried out a fire drill on a six monthly basis. Fire equipment was checked on a regular basis.

- All electrical equipment was checked in July 2017 to ensure the equipment was safe to use and clinical equipment was checked in June 2017 to ensure it was working properly.
- A Control of Substances Hazardous to Health (COSHH) risk assessment and a variety of other risk assessments were in place for areas including infection control 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 were individual team rotas in place to ensure that enough staff members were on duty. The practice had systems in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required during other absences. The practice used locum GPs and would complete the necessary recruitment checks on those individuals.

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 a defibrillator available 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 emergency medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

Are services safe?

or building damage. The plan was regularly reviewed and 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) evidence based 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 and random sample checks of patient records.
- The practice accessed performance reports from the Herts Valleys 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 received information from the local CCG on A&E attendance, emergency admissions to hospital, prescribing rates and the monitoring of patients referred to secondary care services. 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 recently published results showed the practice achieved 97% of the total number of points available which was comparable with the local CCG average of 96% and national average of 95%. The practice had 0% 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 2015/2016 showed;

- 90% of patients newly diagnosed with diabetes, had a record of being referred to a structured education programme within nine months after entry on to the diabetes register, which was comparable with local CCG average of 94% and national average of 92%.
- 72% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable to the local CCG of 75% and national average of 76%.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2015/2016, which was comparable to the local CCG average of 86% and national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in 2015/2016 which was above the local CCG average of 92% and national average of 89%.

The practice had implemented a number of clinical templates and protocols to support effective medicines management and care planning.

The practice had a system of clinical audits which demonstrated quality improvement.

- There had been three completed clinical audits undertaken in the last two years, 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 had been carried out to assess the family planning services. This led to the development of an updated clinical template and an improvement in chlamydia screening.
- The practice participated in local audits, national benchmarking and peer reviews.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, equality and diversity, infection control, information governance, basic life support, health and safety and fire safety.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff taking blood samples, 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, attendance to educational sessions and workshops.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff had received training that included: safeguarding, equality and diversity, information governance, infection control, basic life support, health and safety and fire safety, mental capacity and chaperoning.
- Staff had access to essential training which was provided through online learning, internal and external training sessions, conferences and CCG led training days, which took place on a six-monthly basis. The practice held educational sessions on clinical topics on a monthly basis.
- 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. System training was included in the induction process and all the staff we spoke with 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 and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis for vulnerable patients, families and for patients requiring palliative care.

Consent to care and treatment

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

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

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).

Are services effective?

(for example, treatment is effective)

long-term condition, homeless people, travellers and those requiring advice on their diet, smoking, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant service.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Staff worked closely with the local Learning Disability Liaison Nurse. There were nine patients on the practice's learning disability register at the time of our inspection. Of those, eight had been invited for and six (75%) had accepted and received a health review in the past 12 months.
- Smoking cessation advice was provided by the local public health and wellbeing team.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the local CCG average of 82% and national average of 81%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by contacting 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. Unverified data from the practice showed:

- 81% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to the local and national average of 58%.

- 58% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years which was below the local average of 72% and national average of 73%. The practice had sent letters out to relevant patients to encourage uptake.

The practice was aware of the below average uptake to the nationally run breast screening programme. The practice had an action plan in place to encourage its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. The practice had achieved 88% which was comparable with the national average of 90%.

Patients had access to appropriate health assessments and checks. New patients were offered a health check. The practice participated in a targeted flu vaccination programme and 67% of patients aged 65 years or over had received a seasonal flu vaccination in the 2015/2016 year. 43% of patients aged over six months to under 65 years defined as at risk had received a flu vaccination in the 2016/2017 year.

The practice provided health checks for patients aged over 75 years and had completed 99 health checks within the last 12 months. 99% of this population group had received a health check. 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. The practice had notices in the patient waiting areas which promoted patient confidentiality.
- The practice had an electronic check-in kiosk available which promoted patient confidentiality.
- Patients could be treated by a clinician of the same sex.

All of the 43 patient Care Quality Commission comment cards we received 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 spoke with 10 patients and one member of the Patient Participation Group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2017 showed the practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 93% said the GP gave them enough time compared to the CCG average of 88% and the national average 86%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 97%.

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 92% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 84% said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

The most recent results from the national GP patient survey published in July 2017 showed the practice was performing in line with local and national averages for patient questions about their involvement in planning and making decisions about their care and treatment. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Patients were also told about multi-lingual staff who could offer support.
- Information leaflets were available in easy read format and different languages.
- A portable hearing loop system was available to patients who were hard of hearing.

Patient and carer support to cope emotionally with care and treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice had dedicated notice boards and information was also displayed in different languages. Information about support groups was also available on the practice website.

- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 58 carers identified, which was approximately 2% of the practice list. The practice offered health checks to carers and had a carer's lead (known as a Carer's Champion). Staff members had received training on carer awareness from the local carer's association. The practice had a carer's noticeboard in the patient waiting area and provided information and advice about local support groups and services available.
- 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 Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in a Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) pilot study having identified an above average prevalence within the locality.

- The practice offered a daily in house phlebotomy service to take blood samples from patients for required testing.
- Patients were able to have their 24 hour ambulatory blood pressure monitoring and an electrocardiogram (ECG) test carried out at the practice (this test checks for problems with the electrical activity of the heart).
- The practice was proactive in offering online services repeat prescriptions, communication using e-mail and an appointment reminder text messaging service, as well as information about a full range of health promotion and screening that reflects the needs of this age group.
- The practice had arrangements in place for the local NHS physiotherapy team to see patients at the practice on a regular basis.
- The practice worked closely with a multidisciplinary team to support older people and patients considered to be in the last 12 months of their lives.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- There was good access into the practice for wheelchairs and prams and the practice had equipment to treat patients and meet their needs. There were interpretation services available.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

- Same day appointments were available for children and those with serious medical conditions.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- Patients we spoke with 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.
- 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.
- The practice had multi-lingual staff across all staff teams who were able to communicate effectively with the diverse patient population. Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP were available from 8.30am to 11am and from 3.30pm to 6.30pm daily. The practice was a member of Watford Care Alliance and was able to offer patients appointments during extended opening hours at a number of practices across the locality. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available at the practice for people that needed them.

Latest results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was mostly comparable with and above local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 77% of patients said they could get through easily to the surgery by phone compared to the CCG average 76% and national average of 71%.
- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 72% of patients said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 56% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 66% and national average of 64%.

The practice had reviewed the latest national patient survey results and had an action plan in place to make improvements where required. The practice was in the process of recruiting a nurse practitioner.

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

The practice had a system to assess:

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

The practice did this by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that

it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling written complaints and concerns.

- The 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.
- Information on how to complain was easily available to patients.

We looked at four complaints received since January 2017 and all of these had been dealt with in a timely way. The practice had taken steps to ensure patient complaints, including the learning from complaints was shared with all relevant staff. 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 had completed a thorough investigation following a complaint about confidentiality and had reviewed and improved their procedures and provided staff with additional training.

The practice shared their complaints data with NHS England. The practice analysed complaints over time to identify key themes and trends and had taken action as a result.

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 statement of purpose which was to provide excellent up-to-date personal health care safely and compassionately without discrimination to all patients, recognising their different needs and responsive to them and their expectations. Staff understood the practice's aims and values which were displayed in the practice. The practice was in the process of completing a merger with the GPs responsible for the practices based at the same location. The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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. GPs and nurses had lead roles in a number of areas such as learning disabilities, safeguarding, mental health, dementia and clinical governance.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The practice held a number of meetings on a regular basis.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager 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). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of correspondence with patients.

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

- The practice held and minuted multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs met with health visitors on a regular basis to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. Minutes were comprehensive and were available for practice staff to view.
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager 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.

- The practice had gathered feedback from patients through the Friends and Family Test (FFT), comments

Are services well-led?

Good 

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

and complaints received, feedback submitted online and through engagement with a Patient Participation Group (PPG). The practice had recently launched a practice newsletter.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice had extended clinics times for patients with long term conditions following feedback from the nursing team.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice worked closely with local practices and carried out engagement activity within the local community. The practice was planning on holding educational sessions at a local school and an open day focusing on minor illness.

The practice had recruited additional clinical staff members, including a pharmacist. Clinical staff hosted regular educational sessions with peers. The practice was an active member of a local management group and staff attended regular meetings with peers within the locality.