

The Elms Medical Practice

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	10

Detailed findings from this inspection

Our inspection team	11
Background to The Elms Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Elms Medical Practice on 3 March 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 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 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.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. The practice had completed 26 different clinical audits within the last 2 years.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing well when compared to other practices locally and nationally. For example, the practice had one of the lowest rates for accident and emergency attendance rates within the locality.
- The practice employed a Physician Associate who specialised in minor illness and chronic disease management. We were told that this person actively engaged in local schemes to improve patient care such as unplanned admission prevention and dementia care services. Care plans were put in place for patients who had unplanned admissions into hospital. Local data showed accident and emergency attendance rates and unplanned admissions into hospital had been reduced by over 30% over the last two years.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice.

Summary of findings

- The practice had GPs with a special interest (GPwSI) in Ear Nose and Throat (ENT) services, Urology, Gynaecology and Dermatology. GPs were commissioned by the local Clinical Commissioning Group (CCG) to accept clinical enquiries from GPs in West Hertfordshire in Urology and ENT, in an initiative to improve patient care and manage patients effectively in primary care.
- GPs worked alongside ENT consultants from local hospitals and provided ENT services at the practice and in community clinics for patients in West Hertfordshire.
- The practice nurses were trained in minor illness and the management of long term conditions and held minor illness clinics on a daily basis.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 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.
- Patients said they found it easy to make an appointment with urgent appointments available the same day. The practice had two duty doctors available to see patients every Monday.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- Regular visits to five local care homes were carried out by named GPs for continuity of care and emergency visits were also provided when needed.
- The practice completed annual reviews for patients aged over 75 and started offering over 75 health checks in January 2016.
- 77% of patients aged 65 and over had received a flu vaccination in 2014/2015.
- 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.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held regular cardiovascular and respiratory clinics.
- The practice was proactive in providing a comprehensive annual review for patients with diabetes. Performance for diabetes related indicators was above the local Clinical Commissioning Group (CCG) and national averages.
- The practice nurses were trained in minor illness and the management of long term conditions and held minor illness clinics on a daily basis.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- The practice's uptake for the cervical screening programme was 94% which was above the national average of 82%.
- Ultrasound scans were performed at the practice by local consultant radiologists. Regular clinics were held on the premises for patients from the local area.
- The practice had dedicated pages on their website for children and young people. It offered free condoms at reception for all teenagers, irrespective of where they were registered, and had chlamydia self-test kits available in the patient toilets.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 77% 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%.
- 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 the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, a local nursery and a children's centre.

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



- 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.
- It carried out routine NHS health checks for patients aged 40-74 years.
- 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.
- The practice provided an electronic prescribing service (EPS) which enables GPs to send prescriptions electronically to a pharmacy of the patient's choice.

Summary of findings

- Patients could contact the surgery using an email address advertised in the practice and on the practice website.
- It offered an appointment reminder text messaging service and appointment times were extended one morning and one evening each week and from 8.30am to 11.30am on the third 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.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- A named GP worked with a local substance misuse keyworker and provided monthly clinics for patients.
- It offered annual health checks for people with a learning disability.
- The practice held a register of carers. There was a nominated carers' champion who promoted a carers pack which included information and advice about local support groups and services available.
- 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.

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).

Good



- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was comparable with the national average.
- The practice worked closely with a local mental health service which offered appointments to patients at the practice between Monday and Friday.
- Regular visits to five local care homes were carried out by named GPs for continuity of care and emergency visits were also provided when needed.

Summary of findings

- It held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was close working with the local community mental health team and patients were referred to a counselling service which was provided at the practice twice weekly.
- 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.
- Performance for mental health related indicators was above the local Clinical Commissioning Group (CCG) and national averages.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 257 survey forms distributed and 123 were returned. This represented approximately 1% of the practice's patient list.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, 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 90 comment cards. 89 people provided positive comments about the standard of care received and one person commented on their condition which had not been resolved. Patients said 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 five patients during the inspection. All five patients said they were happy with the care they received and described staff as approachable, committed and caring. The practice had received 71 responses to the NHS Friends and Family Test (FFT) between December 2015 and January 2016. The FFT asks people if they would recommend the services they have used and offers a range of responses. One person said they were 'neither likely or unlikely' to recommend the practice and 70 people who responded said they were either 'extremely likely' or 'likely' to recommend the practice.

The Elms Medical Practice

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 and a practice manager specialist advisor.

Background to The Elms Medical Practice

The Elms Medical Practice provides primary medical services, including minor surgery, to approximately 14,700 patients from premises at 5 Stewart Road, Harpenden, Hertfordshire. The practice premises are modern and purpose built and services are provided on a General Medical Services (GMS) contract.

The practice serves a lower than average population of those aged between 20 to 34 years, and higher than average population of those aged between 40 to 54 years. The population is 94% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of eight GP partners and two regular locum GPs. Seven GPs are female and three GPs are male. There are four practice nurses, one minor illness nurse, a physician associate, one health care assistant, a team of secretaries, a practice manager, 11 receptionists and a team of administration staff.

The practice is open to patients between 8am and 6.30pm Monday to Friday. Appointments with a GP are available from 8.30am to 12pm and from 3.30pm to 6.30pm. The

practice offers extended opening hours between 7am and 8am every Friday, between 6.30pm and 8pm every Monday and from 8.30am to 11.30am on the third 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. Daily minor illness clinics are provided by the nurses. Home visits are available to those patients who are unable to attend the surgery. 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.

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 3 March 2016. During our inspection we:

Detailed findings

- Spoke with six GPs, three nurses, two receptionists and the practice manager.
- Spoke with five patients and observed how staff interacted with patients.
- Reviewed 90 comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with two members of the patient participation group (this was a virtual 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 were recording forms available in the staff room and on the practice's computer system.
- The practice carried out a thorough analysis of 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 and cascaded to team leaders for circulation to all staff.

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 learnt 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 the daily dose of medication used to treat allergic conditions. The practice carried out a search on their system for patients who had been prescribed this medicine 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 made changes to the way they contacted patients when making a request for them to make an appointment with a GP or nurse. This was to ensure that there was clear communication and an understanding of why the practice was making the request.

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 children and adults 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 had received training relevant to their role. GPs were trained to the appropriate level.

- A notice in the waiting room 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 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 had arrangements in place to maintain appropriate standards of cleanliness and hygiene. However, during our inspection we found dust on electrical equipment under the desk in the treatment rooms. The practice took immediate action and we saw evidence to confirm that they had contacted the cleaning company and formulated an action plan to prevent this from happening again.
- There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken on an annual basis and we saw evidence that action was taken to address any improvements identified as a result. The nursing team leader was the infection control lead at the practice.
- 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,

Are services safe?

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. Prescriptions were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- 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 ensure patient and staff safety. There was a health and safety policy available with a poster in reception area 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 October 2015 to ensure the equipment was safe to use and clinical equipment was checked in September 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. Team leaders were responsible for managing staff rotas for all the different staffing groups to ensure that enough staff were on duty. The practice had 11 part-time reception staff who would provide additional cover as and when required. Team leaders would manage additional responsibilities and arrangements were in place to cover senior staff when required. The practice had a locum GP information pack in place and would use two regular locum GPs and completed 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 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.
- 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 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical

targets. The practice monitored its QOF activity on a regular basis and used data analysis software to monitor activity trends and referral rates. We checked the exception reporting system and saw that the practice had an effective recall system in place and a systematic approach for recording exceptions. 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 91% 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 5% exception reporting), compared to 98% locally (3% exception reporting) and 98% nationally (4% exception reporting).

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, compared to 96% locally and 93% nationally. Exception reporting for mental health indicators was above local and national averages. We checked these indicators and the exception reporting system in place. The practice had an effective recall system in place and systematic approach for recording exceptions.

The practice held regular cardiovascular and respiratory clinics. The practice employed a Physician Associate who specialised in minor illness and chronic disease management. We were told that this person actively engaged in local schemes to improve patient care such as unplanned admission prevention and dementia care services. Care plans were put in place for patients who had unplanned admissions into hospital and accident and emergency attendance rates and unplanned admissions into hospital had been reduced by over 30% over the last two years as a result. The practice had 36 accident and emergency attendances between February 2015 and February 2016 compared to 55 attendances for the previous 12 months. The practice had 90 emergency admissions between February 2015 and February 2016 compared to 134 admissions for the previous 12 months.

Clinical audits demonstrated quality improvement.

Are services effective?

(for example, treatment is effective)

- There had been 26 clinical audits undertaken in the last two years, 15 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, peer reviews and research.
- 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 had reduced the prescribing of antibiotics over the last five years and had one of the lowest rates for antibiotic prescribing rates within the locality.
- GPs completed audits on the appropriateness of patient referrals into secondary care, and the practice completed regular audits on the appropriateness and time taken to action electronic patient documentation. These audits identified good practice and areas for further improvement which were discussed during staff meetings and acted on.

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, information governance and safeguarding.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

- Staff received training that included: safeguarding, fire procedures, basic life support, chaperoning and infection control. Staff had access to on line training modules, in-house training and training provided by the local CCG.
- The practice had GPs with a special interest (GPwSI) in Ear Nose and Throat (ENT) services, Urology, Gynaecology and Dermatology. GPs were commissioned by the local Clinical Commissioning Group (CCG) to accept clinical enquiries from GPs in West Hertfordshire in Urology and ENT, in an initiative to improve patient care and manage patients effectively in primary care.
- The practice nurses were trained in minor illness and the management of long term conditions and held minor illness clinics on a daily basis.

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.

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 bi-monthly basis and care plans were routinely reviewed and updated. The practice worked 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.

- 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

Are services effective?

(for example, treatment is effective)

secondary care through the E-referral system (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

- The practice had purchased an ultrasound machine and scans were performed at the practice by local consultant radiologists (an ultrasound scan can be used to monitor an unborn baby). Regular clinics were held on the premises for patients from the local area.
- Ear, Nose and Throat (ENT) services were provided at the practice and in community clinics across West Hertfordshire on a regular basis. Daily clinics were held at the practice for patients within the locality. The team included ENT consultants from local hospitals who worked alongside the practice GPs. The practice had a sound booth which enabled audiology consultants to carry out hearing tests.
- We saw positive examples of joint working with midwives, health visitors, a local nursery and children's centre. The practice manager held monthly meetings with a health visitor to manage patient care. Midwives held weekly clinics at the practice and the practice had trained nursery staff on the safe use of an EpiPen (a disposable, pre-filled automatic injection device that administers epinephrine in the event of a severe allergic reaction).
- A named GP worked with a local substance misuse keyworker and provided monthly clinics for patients.
- The practice worked closely with community navigators. This community based service was provided by the local CCG and aims to manage patient needs by providing re-enablement beds within the community and provides care packages for assisted living and care in the home.
- Patients were referred to a NHS counselling service which was provided at the practice twice weekly.
- The practice carried out regular visits to five residential care homes for older people, a residential home for disabled adults and an inpatient service for older people experiencing poor mental health. We spoke to the senior staff at each service and they told us that they had a good working relationship with the practice. Staff told us that the practice was good at managing the needs of their residents and the GPs were familiar with

the patients' history. Staff told us that the practice was very responsive to emergency visit requests, was easily contactable 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. GPs had completed training in mental capacity and had access to a decision making tool.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients 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 28 out of 38 learning disability health checks since April 2015.

The practice's uptake for the cervical screening programme was 94%, which was above the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

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 99% and five year olds from 94% to 97%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people

aged 40–74 years and had completed 474 in the last 12 months. The practice had started offering health checks for patients aged over 75 since January 2016. 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.

- 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 and they could offer them a private room to discuss their needs.

We received 90 CQC patient comment cards and 89 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 two members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

- 94% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 88%, 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 87%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

- 96% said they found the receptionists at the practice helpful (CCG average 89%, 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 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 mostly higher than local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, 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 an information board promoting support for carers.

The practice's computer system alerted GPs if a patient was also a carer. The patient services lead 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 131 patients as carers which was approximately 1% of the practice list and the practice was planning on doing further work to identify carers on their practice list.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had arrangements in place for blood samples to be taken at a nearby centre by a phlebotomist four times a week. The practice participated in the CCG winter resilience scheme and offered more consultations. 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 provided 672 additional patient consultations since September 2015.

- 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 and the practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.
- 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 a reading and play area for children.
- There was an electronic check-in kiosk available in the main entrance which patients could use in a number of different languages.
- The practice was located between two schools and had dedicated pages on their website for children and young people. They offered free condoms at reception for all teenagers, irrespective of where they were registered, and had chlamydia self-test kits available in the patient toilets.
- Patients had access to a blood pressure monitor which was located in the patient waiting area.

- Patients could contact the surgery using an email address advertised in the practice and on the practice website.
- Translation services and British Sign Language (BSL) services were available. The practice also used a webcam for remote interpreter services during ENT consultations.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

Access to the service

The practice was open to patients between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm and from 3.30pm to 6.30pm. Extended surgery hours were offered between 7am and 8am every Friday, 6.30pm and 8pm every Monday and from 8.30am to 11.30am on the third Saturday of each month. In addition to pre-bookable appointments that could be booked up to four 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 mostly above local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 86% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 50% of patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 59%). The practice had increased the online booking system from two to four weeks to increase patient choice. We checked the availability of a number of GPs for pre-bookable appointments. Appointments were available between a one and two week period. The practice offered a range of urgent, telephone, home visit and advance routine appointments each day.

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

Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This information was available on the practice website and in the patient waiting area.

We looked at eight complaints received since January 2015 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 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 made changes to the system for managing the availability of appointment slots for patient clinics. This was done to ensure sufficient appointment slots were made available in a timely way to meet patient needs.

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 which was displayed in several places and staff knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice held business and future strategy meetings on a regular basis.

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 away days were held on an annual basis.
- 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 a virtual Patient Participation Group (vPPG), Friends and Family test, information on the NHS Choices website, through comments and complaints received and from the national GP patient survey results. The practice acted on the feedback it received. For example, it increased the number of phone lines and created a queuing system within the practice telephone system. The practice had improved the signage for the disabled car parking bays, built community information pages and improved the design and content on the practice website. The practice had also made improvements to the information made available on the patient information screen in the waiting area.
- The practice had gathered feedback from staff through meetings, appraisals and away days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff feedback resulted in improvements to the staff

Are services well-led?

Good 

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

facilities and working environment. The practice had developed a system of staff members shadowing other teams for increased knowledge and understanding of how systems and processes worked across the practice. 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.

One of the GP partners represented four local practices at Local Medical Committee meetings. GPs were in the process of attending a cardiology up-skilling course. The practice manager was a member of a CCG information technology group and shared information and learning during practice manager locality meetings.

The practice worked closely with other practices to meet local needs and the practice was a member of a local federation.