

Much Hadham Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Much Hadham Health Centre on 17 November 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. However the process of managing high risk medication needed strengthening.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However there was not an accessible summary of training records for the practice.
- Most staff had received an annual appraisal in the past 12 months or had confirmed dates for an appraisal to be completed by 31 March 2016.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had established systems to support carers.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Develop a comprehensive approach to assessing infection control compliance.

Summary of findings

- Develop systems to update the practice patient records with the results obtained through the hospital results system for patients receiving high risk medication.
- Continue to monitor the recently implemented protocol to code children who had failed to attend a hospital appointment (DNA) so they can be easily identified and acted on.
- Develop systems to periodically corroborate through a laboratory check the test results of patients who self monitor their blood when receiving anticoagulants.

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 were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a 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. However the process for managing high risk medication needed strengthening.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average. For example 92% of patients with asthma had received an asthma review in the preceding 12 months which included an assessment of asthma control compared with the CCG and national average of 89%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, for example there had been four clinical audits completed in the last two years.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. For example 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 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.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and East and North Hertfordshire Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice participated in a project in conjunction with the CCG and Hertfordshire County Council to provide patients aged 10-25 years free access to online emotional and mental health support, using a website called Kooth.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Patient satisfaction for telephone access to appointments was higher than CCG and national averages. For example, 94% of patients said they could get through easily to the practice by phone compared to CCG average of 63% and the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a vision and plans to deliver high quality care and promote good outcomes for patients. Staff were knowledgeable about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named accountable GP.
- All these patients were offered an over 75s health check.
- The practice had identified 2% of the frailest patients at high risk of admissions to hospital (patients with multiple complex needs) and worked with community services in planning support. A dedicated GP oversaw the planning and coordination of care needs for these patients.
- The practice offered phlebotomy services for patients unable to travel to hospital.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported a local care home and provided daily telephone triage and visited weekly to provide healthcare for the residents.

People with long term conditions

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

Good



- Nursing staff supported by GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- Performance for diabetes related indicators were comparable to the CCG and national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading showed good control (in the preceding 12 months) was 71%, where the CCG average was 76% and the national average was 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health care professionals to deliver a multidisciplinary package of care.
- The practice had recently employed a diabetic nurse and offered pre diabetic screening which was part of a locality initiative with the CCG.
- The practice held regular review meetings involving district nurses, GPs and the local palliative care nurses for people that required end of life care and those on the palliative care register.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 76% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice provided a variety of health promotion information leaflets and resources for this population group. . For example, smoking cessation, sexual health immunisations and obesity where patients could have access to dedicated slimming programmes through third party services.
- The practice offered referrals to family planning and related screening such as chlamydia screening.

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 proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was open from 7am on Thursday and from 8.30am until 11am one Saturday each month.
- Online services were available for booking appointments and request repeat prescriptions.
- The on-site dispensary which was open until 6.30pm daily enabled patients to collect medication without excessive travel demands.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- The practice held regular health visitor liaison and multi-disciplinary team meetings to discuss the care needs of specific patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 104 patients as carers (2% of the practice list). There was a designated carer's champion who provided information and directed carers to the various avenues of support available to them.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- The practice offered annual reviews to all patients on the mental health register which included physical checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations including the community drugs and alcohol team.
- Patients had access to onsite weekly mental health wellbeing counsellor clinics provided by the local mental health trust.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with national averages. There were 218 survey forms distributed and 114 had been returned. This represented 52% return rate (2% of the practice's patient list).

- 94% of patients said they could get through easily to the practice by phone compared to CCG average of 63% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 71% and a national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared with a CCG average of 82% and a national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with a CCG average of 76% and a national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 38 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients felt the practice offered a friendly and caring service and staff had listened to them and were receptive and supportive to their needs and had treated them with dignity and respect. Two comment cards noted some difficulty in obtaining an appointment with a GP through the telephone appointment system.

We spoke with six patients during the inspection. 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 sympathetically when they needed help and provided support when required.

Areas for improvement

Action the service **SHOULD** take to improve

- Develop a comprehensive approach to assessing infection control compliance.
- Develop systems to update the practice patient records with the results obtained through the hospital results system for patients receiving high risk medication.
- Continue to monitor the recently implemented protocol to code children who had failed to attend a hospital appointment (DNA) so they can be easily identified and acted on.
- Develop systems to periodically corroborate through a laboratory check the test results of patients who self monitor their blood when receiving anticoagulants.

Much Hadham Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Much Hadham Health Centre

Much Hadham Health Centre situated in Ash Meadow, Much Hadham, Hertfordshire is a GP practice which provides primary medical care for approximately 6490 patients. The practice also offers GP consultations at Hunsdon Village Hall, Hunsdon, near Ware and at Little Hadham Village Hall, Shellands, Ware. The practice maintains one patient list and patients can consult at any of the above locations. We did not inspect the Village Hall locations at this time. Together they provide primary medical care to the residents living in Much Hadham and surrounding areas.

Much Hadham Health Centre provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian and Eastern European origin.

The practice has three GP partners (one female and two male). There is a nurse practitioner and a practice nurse who are supported by a health care assistant (all females).

There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

Much Hadham Health Centre is a dispensing practice and has a dispensary which is open during surgery times. There are six dispensers supported by a dispensary manager.

Patient consultations and treatments take place on ground level. There is a car park outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am to 6.30pm. On Thursday the practice is open from 7am. On the first Saturday of each month the practice is open between 8.30am and 11am. There are a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

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

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being assisted.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, the practice had strengthened their procedures for checking patients had received the appropriate checks prior to issuing a repeat prescription following investigation of a missed check.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice had acted on a recent alert concerned with a malfunction of a syringe containing emergency medication for the diabetic patient by advising patients who had the affected type of syringe to change these with the appropriate replacement.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. A GP was the lead for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. There were regular meetings with the health visitor to discuss patients who were on the child protection register. Staff demonstrated they understood their responsibilities. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.

- We reviewed how the practice identified those children who had failed to attend a hospital appointment (DNA). We found the practice did not have a protocol to code DNA notifications from the hospital so they could be easily identified and acted on. Following our inspection the practice confirmed that a protocol was now in place to contact guardians for reason for non-attendance. They further indicated that the six affected patients had now been followed up.
- A notice in the waiting and in clinical rooms advised patients that chaperones were available if required. Clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Hand wash facilities, including soap dispensers were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. There was an infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Specific infection control audits were undertaken for example audits on decontamination, hand hygiene and we saw evidence that actions had been taken to address any improvements identified as a result. However, we did not see evidence of an overall annual infection control audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. The practice carried out regular medicines audits, with the support of the East and North Hertfordshire Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example the practice in conjunction with the CCG had reviewed antibiotic prescribing to ensure such prescriptions were in accordance with CCG guidelines. Blank prescription forms and pads 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 Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed the system in place to assess and manage risks to patients on high risk medicines. Adequate checks were made prior to repeat prescribing including checking on the hospital results information system for those patients whose blood tests and checks were made at a hospital clinic. However we found that the practice did not always update the practice patient records with the results obtained through the hospital results information system. A number of patients that received anticoagulants (a medicine that reduced the body's ability to form clots in the blood) were self testing the required blood monitoring at home. However such home tests were not corroborated through a periodic laboratory test to ensure accuracy.
- There was a named GP responsible for the dispensary. The dispensary was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had appropriate qualifications.
- All medicines incidents or 'near misses' were recorded and shared to ensure learning.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).

Access to these medicines was restricted, the keys to the secure storage held securely and there were arrangements in place for the destruction of controlled drugs.

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a rota system in place for the different staffing groups to ensure enough staff were on duty. Practice staff covered for each other during times of annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice used an electronic system to access clinical guidelines pathways and safety alerts and inform on positive patient outcomes. New guidance and changes in practice were discussed during clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice had reviewed patients receiving nonsteroidal anti-inflammatory drugs (NSAIDs are medicines used for treating conditions such as arthritis) following a medicines safety update to ensure they followed prescribing guidelines on combating side effects.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available.

Data from 2015/2016 showed other QOF targets to be similar to local and national averages.

Performance for diabetes related indicators was comparable to the NHS East and North Hertfordshire Clinical Commissioning Group (CCG) and national averages. For example,

- the percentage of patients with diabetes, on the register, in whom the last blood pressure reading showed good control (in the preceding 12 months) was 71%, where the CCG average was 76% and the national average was 78%. Exception reporting for this indicator was 4% compared to a CCG average of 9% and national average

of 13%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice had recently employed a diabetic nurse and offered pre diabetic screening which was part of a locality initiative with the CCG

Performance for mental health related indicators was comparable to local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 93% where the CCG average was 92% and the national average was 89%. Exception reporting for this indicator was 3% compared to a CCG average of 10% and national average of 13%.

We reviewed the exception reporting and found that the practice was not a high user of exception reporting and had made every effort to ensure appropriate decision making including prompting patients to attend for the relevant monitoring and checks.

We were shown a computer assisted system which used templates to automatically customise individual patient care needs and outcomes and ensured clinicians were guided through the latest best practice guidance when prioritising care.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example antibiotic prescribing.
- Findings were used by the practice to improve services. For example, following an audit of patients who had undergone splenectomy (a surgical procedure to remove the spleen, an organ which helps fight infection and acts as a filter to remove unneeded material) the practice had ensured all such patients had received the necessary vaccination to prevent any infections.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes asthma and COPD (chronic obstructive pulmonary disease).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, and support for revalidating GPs. Most staff had received an annual appraisal in the past 12 months or had confirmed dates for an appraisal to be completed by 31 March 2016. Staff we spoke with confirmed this was a positive productive experience. The nurse practitioner was appropriately supported by the GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They had access to and made use of e-learning training modules and in-house training as well as protected learning afternoons which occurred monthly.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients with palliative care needs to other services including with the out of hours service and community nursing services.
- There was a process to communicate with the district nurse and health visitor. The pathology service were able to share patient clinical information and results electronically. There was a system to review patients that had accessed the NHS 111 service overnight and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending Herts Urgent Care.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other primary health care professionals regularly when care plans were routinely reviewed and updated for patients with complex needs and those that needed end of life 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.
- The practice gained written consent for minor surgery which were scanned and maintained in the patient's records.
- Appropriate verbal consent was obtained for other procedures for example prior to joint injections which was recorded on the patient's records.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers and those at risk of developing a long-term condition, those patients with mental health problems and patients with learning difficulties. Patients were offered regular health reviews and signposted to relevant support services.
- The practice promoted healthy living both in the practice and on their website. For example, smoking cessation, sexual health, immunisations and obesity where patients could have access to dedicated slimming programmes through third party services.
- The practice provided a variety of health promotion resources for children and young people for example the provision of chlamydia testing.

The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 76% and the national average of 74%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were 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 consequence of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Results showed:

- 64% of patients attended for bowel screening within six months of invitation compared to the CCG average of 61% and the national average of 58%.
- 77% attended for breast screening within six months of invitation compared to the CCG average of 75% and the national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 93% to 99%. The CCG averages ranged from 93% to 98% for under two year olds and from 94% to 98% for five year olds.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 38 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients felt the practice offered a friendly and caring service and staff had listened to them and were receptive and supportive to their needs and had treated them with dignity and respect. Two comment cards also noted some difficulty in obtaining an appointment with a GP through the telephone appointment system.

We spoke with three members of the patient participation group (PPG) (PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). They 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 sympathetically when they needed help and provided support when required.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language as well as a signage service for people with impaired vision.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 104 patients as carers (2% of the practice list). The practice had a designated carer's champion who provided information

and directed carers to the various avenues of support available to them. This included referral to Carers in Hertfordshire which supported people in their caring role. The practice offered annual health checks as well as vaccination to carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 NHS England and NHS East and North Hertfordshire Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice participated in a project in conjunction with the CCG and Hertfordshire County Council to provide patients aged 10-25 years free access to online emotional and mental health support, using a website called Kooth.

- The practice was open at 7am on Thursday and from 8.30am until 11am one Saturday each month.
- The practice provided a ring back service by a duty GP at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice supported a local care home and provided daily telephone triage and visited weekly to provide healthcare for the residents.
- Patients over 75 had a named accountable GP and were offered the over 75 health check by a dedicated nurse.
- The practice had identified 2% of the frailest patients at high risk of admissions to hospital (patients with multiple complex needs) and worked with community services in planning support.
- Patients had access to onsite weekly mental health wellbeing counsellor clinics provided by the local mental health trust.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- The practice offered phlebotomy services for patients unable to travel to hospital.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered referrals to family planning and related screening such as chlamydia screening.

- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available. There was a hearing loop available.
- Online services were available for booking appointments and request repeat prescriptions.
- The on-site dispensary which was open until 6.30pm enabled patients to collect medication without excessive travel demands.

Access to the service

The practice was open Monday to Friday from 8am to 6.30pm. The practice was open at 7am on Thursday and from 8.30am until 11am one Saturday each month. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than the local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 79%.
- 94% of patients said they could get through easily to the practice by phone compared to CCG average of 63% and the national average of 73%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

- The practice had an effective system in place for handling complaints and concerns.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- The practice manager was the responsible person who handled all complaints in the practice.
- We saw there was a poster in the waiting area that informed patients of the complaints procedure together with a complaints information leaflet which outlined the complaints procedure. There was also information on the practice website.

There were 9 complaints documented in the last 14 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action had been taken as a result to improve the quality of care. For example the practice had improved the way test results were given to patients on the phone following a complaint investigation.

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 mission to provide a personalised, effective and high quality healthcare service to all patients, carers and visitors in a safe, friendly environment.

It aimed to:

- Provide personalised, effective and high quality services, committed to the health needs of patients.
- Work in partnership with our patients, their families and carers, involving them in decision making about their treatment and care.
- Focus on prevention of disease by promoting health and wellbeing.
- The practice had supporting plans which reflected the aims and objectives and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the business plans 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 electronically on their desktops.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However some aspects of managing high risk medication needed strengthening.

Leadership and culture

The practice prioritised safe, high quality and compassionate care. Staff told us the GPs and the 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when there were unexpected safety incidents:

- The practice gave affected people reasonable support and explanation.
- They kept written records of verbal interactions as well as written correspondence.
- Had a learning culture turning lessons learnt into an improvement loop.

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

- The practice had good engagement of all staff group through a meaningful and useful meeting and communication structure.
- There was a regular schedule of practice meetings in addition to those for individual staff groups and multi-disciplinary teams to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- There were locality target training days which took place four times a year which gave staff the opportunity to learn and progress together.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. For example there were nominated GP leads for safeguarding, diabetes, asthma and chronic obstructive pulmonary disease (COPD). There were also nurse led clinics for patients with respiratory conditions such as asthma and COPD. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

Are services well-led?

Good 

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys including the friends and family test and complaints received. Members of the PPG told us that they had worked with the practice on several initiatives. These included:

- the development of an 'Injured or unwell' leaflet which gave useful information about seeking care other than through an A&E department.
- the development of a carer's card to record information about memory loss and used proactively in managing memory loss.
- good links with the other related sectors, for example the Parish council and regularly contributed to the parish magazine on health and care issues.

There was a dedicated Trust Fund (a registered charity) to facilitate the use of donations to the practice. The trustees periodically allocate funds for items of benefit to patient care. Some improvements made had included improvements to the treatment room, to furniture in the waiting room and the provision of medical equipment such as nebulisers for emergency use by patients.

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

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had recently employed a diabetic nurse and offered pre diabetic screening which was part of a locality initiative with the CCG to improve care for this patient group.
- The practice encouraged continuous learning and development demonstrated by their commitment to implementing learnings and sharing best practice. The practice used a computer assisted system with templates to automatically customise individual patient care needs and outcomes and ensured clinicians were guided through the latest best practice guidance when prioritising care.