

Rothschild House Surgery

Quality Report

Chapel Street
Tring
Hertfordshire
HP23 6PU
Tel: 01442 822468
Website: www.rothschildhousesurgery.co.uk

Date of inspection visit: 11 January 2017
Date of publication: 27/02/2017

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	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Rothschild House Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rothschild House Surgery on 11 January 2017. Overall the practice is rated as good.

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

- There were effective systems to monitor and maintain patient safety in the practice.
- Staff understood their responsibilities to raise concerns and to report incidents and near misses. Incidents were regarded as opportunities for learning across the practice team and for improving patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment in line with current evidence based guidance.
- Patients said they were treated with kindness, dignity and courtesy and that 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.
- All patients had a nominated GP, which provided continuity of care.
- Patients said that it was easy to make an appointment with a named GP and that they appreciated the continuity of care. Patients could get urgent appointments the same day.
- There was an active Patient Participation Group.
- 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.

The area where the provider should make improvement is:

Summary of findings

- Consider introducing a regular programme of dispensary audits as part of the quality improvement programme.

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



- The system for reporting and recording significant events was effective. Incidents were investigated and logged on a spreadsheet. Staff understood their responsibilities with regard to raising concerns and reporting incidents and near misses.
- 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 a recurrence.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse. All staff had received safeguarding training appropriate to their role.
- The practice assessed risks to patients and had systems for managing specific risks such as fire safety, infection control and medical emergencies.
- We noted that the driver for the medicines delivery service had not had a Disclosure and Barring Service (DBS) check. A risk assessment carried out in July 2014 was provided subsequently which showed that the practice decided that a Criminal Records Bureau check was not required. The practice has since reversed this decision and applied for a DBS check.
- The practice had a comprehensive business continuity plan for major incidents such as power failure, loss of medical records and incapacity of GPs.
- There were sufficient staff on duty to keep patients safe and the practice was visibly clean and tidy.
- Recruitment procedures were followed to ensure that appropriately qualified staff were employed at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out and the findings used to improve the quality of care.

Summary of findings

- Staff had the skills, knowledge and experience appropriate to their roles to enable them to deliver effective care and treatment.
- We saw that appraisals were carried out on an annual basis, which included personal development plans. Staff worked with other health care teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice as average or higher than others for several aspects of care.
- Patients said that they were treated with kindness, dignity and respect and that they were involved in decisions about their care and treatment options. Opinions expressed on the comment cards aligned with these views. We spoke with a manager of a local care home, who said that the level of care was very good and that the weekly ward round by the nominated GP provided continuity of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality. Staff were very polite and helpful to patients both at the reception desk and on the telephone.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients could access appointments and services in a way and at a time that was convenient for them by subscribing to the online facility.
- Extended hours were available which provided flexibility for patients who could not attend during core opening hours.
- Patients said that they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way in which services were delivered in response to feedback from patients and from the Patient

Good



Summary of findings

Participation Group. For example, registration procedures for patients aged 16-18 years were modified in acknowledgement that young people did not always have utility bills (normally required as proof of address).

- A community navigator, employed by the Clinical Commissioning Group (CCG), came to the practice once a month to provide advice and signpost patients to appropriate community services.
- The practice was due to start hosting a weekly Citizen's Advice Bureau service shortly after our inspection, which evidenced the practice's recognition of the link between social and healthcare needs. This service has now started.
- 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 at meetings.

Are services well-led?

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

- The practice had developed a mission statement in consultation with staff. Staff were clear about the mission statement and their responsibilities with regard to achieving it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular business 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 notifiable safety incidents and ensured that this information was shared with staff to ensure appropriate action was taken.
- There was a schedule of regular practice meetings, including business meetings and protected learning time meetings. Staff told us that they were encouraged to develop their skills. This encouragement extended to the trainee GPs, one of whom had become a salaried GP, because of the support and high level of job satisfaction.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. There was an active Patient Participation Group, which met regularly and contributed to practice development.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had signed up to the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission.
- The practice provided care for patients in a local care home which was visited weekly by the nominated GP.
- The practice hosted a weekly podiatry service.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 89%, which was 12% above the CCG average and 11% above the national average.
- All these patients 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.
- The nursing team provided healthy lifestyle advice and NHS health checks.
- A consultant rheumatologist visited once a month.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems 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 accident and emergency 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 82.2% which was in line with the to the CCG average of 82.4% and slightly above the national average of 81%.
- The practice hosted a children's speech and language therapy service and a children's physiotherapy service.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a separate children's area in the main reception area and facilities for children in the first floor reception area.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could book routine GP appointments online as well as request repeat prescriptions at a time that was convenient for them.
- Patients could sign up to a text messaging service, which sent appointment reminders and enabled patients to cancel appointments by text, which was convenient for working people.
- Extended hours appointments were provided which provided flexibility for those patients who could not attend during core opening hours.
- General contraceptive advice was available at the practice as well as coil fittings.
- Health promotion information was available in the reception areas and on the practice website.

Good



Summary of findings

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 homeless people, travellers and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- There were 74 patients on the learning disability register and 17 had a review since April 2016.
- The practice had appointed a member of the reception team to be a Learning Disabilities Champion. The practice was working towards attaining the Purple Star accreditation, which was sponsored by Hertfordshire County Council. This award would be recognition of the staff's achievements in making the practice more accessible for patients with learning disabilities. The assessment visit was scheduled during the week after the inspection, and we were subsequently informed that formal accreditation had been awarded.
- The practice offered longer appointments for patients with a learning disability.
- Letters were sent to patients with learning disabilities in large font, so that they were easier to read.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- There was a flexible shared care substance misuse clinic to accommodate the needs of patients with chaotic lifestyles.
- Staff had attended a female genital mutilation learning event to increase their awareness.
- 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. There was a GP lead for safeguarding adults and a GP for safeguarding children.

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



- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 9% above the CCG average and 10% above the national average.

Summary of findings

- 95% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was 3% above the CCG average and 6% above the national average.
- 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.
- Staff had undertaken online dementia friendly training to increase their awareness.
- The practice hosted a Cognitive Behavioural Therapy clinic once a week, which meant that patients could attend the clinic in familiar surroundings.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. For example, reception staff telephoned patients with dementia on the day before their appointment as a reminder.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 218 survey forms were distributed and 131 were returned. This represented a 60% return rate and 0.7% of the practice's patient list. The average national return rate was 38%, so 60% was a high return.

- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 59 comment cards, 57 of which were very positive about the standard of care received. There were two negative comments about staff attitude and the difficulty with getting through on the telephone. The majority of the comment cards referred to the considerate and respectful staff. Patients wrote that they appreciated the continuity of care and said that they valued the support and understanding of dedicated GPs especially during times of serious illness.

We spoke with four patients during the inspection, who were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. Patients said that they received an excellent service and that all the GPs were very caring.

Areas for improvement

Action the service SHOULD take to improve

The area where the provider should make improvement is:

- Consider introducing a regular programme of dispensary audits as part of the quality improvement programme.

Rothschild House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rothschild House Surgery

Rothschild House Surgery is located in Tring, Hertfordshire. The practice is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services contract with NHS England. The GMS contract is a contract agreed nationally between general practices and NHS England for primary care services to local communities. At the time of our inspection, Rothschild House Surgery was providing medical care to approximately 19,457 patients. The practice has a branch site, Little Rothschild Surgery, at Pitstone, which shares the same patient list as the main site. We did not visit the branch surgery during the inspection.

The Rothschild House Surgery has a dispensary on site and there is a smaller dispensing facility at the branch site.

There is limited car parking available onsite and on the road outside. A public car park is about five minutes' walk from the practice. The practice has facilities for disabled patients and a wheelchair is provided for patients' use. There is an aquarium in the reception area on the ground floor and a separate children's area with a play table, chairs and books. A children's play table, chairs and books are also provided in the upstairs reception area. Air conditioning units are situated on the upper floors.

There are screens in each reception area, which are updated monthly with information that is personalised for the practice. The information includes topics such as opening hours, survey results, health promotion advice and flu clinic details. The screens are also used as calling screens for patient appointments, although the practice also has an intercom system for those patients with poor eyesight.

There are five male GP partners and four female partners, plus two salaried female GPs. They are supported by the practice manager, assistant practice manager, the nursing, dispensary, reception and administrative teams.

Rothschild House Surgery is an approved training practice for trainee GPs and student doctors. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There are currently three trainee GPs and one foundation year two doctor working at the practice.

The practice is also a teaching practice for postgraduate medical students from Oxford University. Medical students have not yet qualified as doctors. The practice accepts two to four students each term in the academic year.

The practice opens from 8am to 8pm from Monday to Thursday. On Fridays the practice is open from 8am until 6.30pm. Appointments are available during these times. The practice is open on Saturdays from 8.30am until 10am. The branch surgery is open from 8am until 1pm and from 2pm until 4.30pm from Monday to Thursday. On Fridays, the branch site is open from 8am until 1pm. The telephone is diverted to the main site when the branch site is closed.

Out of hours cover is provided by Buckinghamshire Urgent Care. Patients can also use the Hemel Hempstead Urgent Care Centre, which is open seven days a week from 8am until 10pm.

Detailed findings

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.

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.

How we carried out this inspection

Before our inspection of Rothschild House Surgery we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed nationally published data from sources including the Herts Valley Clinical Commissioning Group (CCG), NHS England and the National GP Patient Survey published in July 2017.

We reviewed policies, procedures and other information. We also supplied the practice with comment cards for patients to share their views and experiences of the level of services provided at the practice.

We carried out an announced inspection on 11 January 2017. During our inspection we spoke with a range of staff which included GPs, a practice nurse, the practice pharmacist, the practice manager, deputy practice manager and members of the administrative, reception and dispensing teams. We also spoke to the deputy manager of a local care home.

During the inspection we spoke with four members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.

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).

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us that they would inform the practice manager about any incidents. There was a recording form available on the practice's computer system. The incident recording 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 a recurrence.
- The practice carried out a thorough analysis of the significant events at the monthly clinical governance meetings. Learning points were shared with the teams as appropriate. We saw evidence that significant events were also shared with external agencies such as the National Reporting and Learning System when applicable.

There was a system to act on patient safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency (MHRA). MHRA alerts were sent to the practice manager and to the generic dispensary email address. The practice manager would decide which team should receive the alert and request a read receipt. We saw that the practice manager logged the alerts on to a spreadsheet. We tracked a recent alert received in December 2016 concerning certain medicines for heart failure and found that a search had been run to check whether any patients had been prescribed the medicines. Two patients had been contacted as a result of the search and invited to come to the practice.

Overview of safety systems and processes

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

- There were arrangements 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. One GP was the lead for adult safeguarding and another was the lead for children's safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Staff had attended training from the CCG safeguarding lead in March 2016. GPs were trained to child protection or child safeguarding level three. Staff had attended a training session on female genital mutilation to increase their awareness.

- 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 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 visibly clean and tidy. Eleven comment cards referred specifically to the cleanliness of the practice. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last infection control audit was carried out in December 2016.
- There was a needlestick injuries policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that all staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had suitable locked storage for waste awaiting collection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems to monitor their use. Uncollected prescriptions were checked every month with a GP before destruction. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and a pharmacist had recently started work on a consultancy basis for two days a week. All members of staff involved in dispensing medicines had received training to the appropriate level and had opportunities for continuing learning and development. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewarded practices for providing high quality services to patients of their dispensary. Medicines incidents or 'near misses' were recorded, but there was not a system to monitor the quality of the dispensing process at the time of our inspection. We saw one dispensary audit, which concerned the dispensing review of the use of medicines (DRUMS). DRUMS were completed by dispensary staff, who referred any queries to a GP. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice had arranged a medicines delivery service to patients in their own homes, which was valued by those patients who could not collect their medicines in person. The delivery van was owned by the practice and appropriately insured. Suitable arrangements had been made to ensure that prescriptions were tracked between the dispensary and the patients' homes. We noted that the driver had not had a DBS check. A risk assessment carried out in July 2014 was provided subsequently which showed that the practice decided that a Criminal Records Bureau check was not required. The practice has since reversed this decision and applied for a DBS check.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of

their potential misuse) and had procedures to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. There was a comprehensive induction pack for foundation year doctors, GP trainees and locums, which contained information which might be useful. For example, practice policies, clinic details, and instructions on the clinical computer system. The practice had not needed to employ locums since they had employed the last salaried GP.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. A health and safety audit had been carried out in December 2016. We saw that action had been taken to rectify the issue of electrical cabling not being properly concealed or tied up. The practice had up to date fire risk assessments and carried out fire drills twice a year. The most recent fire drill was carried out in August 2016. We viewed the fire and emergency plan, dated May 2016, which included a plan for the evacuation of disabled patients and a Personal Evacuation Emergency Plan sign was on the reception noticeboard. There was a log of the weekly fire alarm checks, but regular visual checks of the emergency lighting were not carried out (we were informed that checks would be introduced). Six staff had been trained as fire wardens. All electrical equipment was checked to ensure the equipment was safe to use. The last check was carried out in November 2016. Clinical equipment was checked to ensure that it was working properly in June 2016. The practice had a variety of other risk assessments 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

Are services safe?

particular bacterium which can contaminate water systems in buildings). We saw that a risk assessment had been carried out in August 2016 and that action had been taken to rectify issues highlighted. For example, a cleaning programme had been put in place to get rid of the limescale deposit on taps and the thermostat temperature in the staff room water heater had been increased to the recommended level.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure that enough staff were on duty. Staff told us that they would provide cover for each other in times of sickness or annual leave.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- Details of annual basic life support training was included in staff training records.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for utilities and staff. A cascade chart was included. Hard copies were held off site by key members of staff and a hard copy was kept in the practice.

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. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- The practice had systems 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 monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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. (The QOF is a system intended to improve the quality of general practice and reward good practice).

Data from 2015/16 showed:

- The practice achieved 100% of the total points available. This was 4% above the Clinical Commissioning Group (CCG) average and 5% above the national average.
- Overall exception reporting was 13%, which was 4% above the CCG average and 3% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 89%, which was 12% above the CCG average and 11% above the national average.
- 95% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was 3% above the CCG average and 6% above the national average.

The practice participated in local audits, national benchmarking, accreditation, and peer review. For example, we saw that the use of antibiotics was sent routinely to the CCG and discussed at medicines management visits. The practice also participated in the National Bowel Cancer Audit.

There was evidence of quality improvement including clinical audit. Nine clinical audits had been completed and re-audited in the last year. We viewed two full cycle audits where improvements had been made and outcomes monitored. For example, the practice had conducted an audit of patients who had started to have an injection for contraceptive purposes to determine whether there was a record in their clinical notes that they had been given advice about osteoporosis (a condition that weakens bones, making them fragile and more likely to break) and whether all patients having the injection had had an annual review with specific reference to osteoporosis. The practice found that advice had not been documented in the majority of cases, so a new protocol was written for the nurses and the issue was discussed with clinical staff. A repeat audit showed that the new system was successful.

We were also shown one dispensary audit of the dispensing review of use of medicines (DRUMS), which had been submitted as part of the evidence for compliance with Dispensing Services Quality Scheme (DSQS) requirements. This was in line with the DSQS conditions, which stipulated that one dispensary audit should be carried out each year. We noted that dispensary audits were not routinely carried out with the exception of the DRUMS audit.

Effective staffing

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

- We saw the comprehensive induction programme for all new staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw comprehensive training records, which listed the statutory, mandatory and recommended training for each member of staff, together with the dates on which the training had been undertaken or was scheduled.
- 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

Are services effective?

(for example, treatment is effective)

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.

- Staff learning needs were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and were expected to make use of e-learning training modules and in-house training.
- Clinical staff had additional expertise in a variety of specialisms, including minor surgery, dermatology, diabetes, substance misuse and anticoagulation (anticoagulants are medicines which are prescribed to help prevent blood clots).
- A GP was the chair of the local federation, including all practices in Dacorum (a local district in Hertfordshire), as well as the prescribing lead for Dacorum and infection control lead for Herts Valley Clinical Commissioning Group (HVCCG).
- A GP was vice chair of the Dacorum locality commissioning group and the musculoskeletal (conditions which affect the muscles and skeleton of the body) clinical lead for the HVCCG.

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 to other services.

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 health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Clinical staff we spoke with demonstrated that they understood the importance of obtaining informed consent and had received training about the Mental Capacity Act (2005) (MCA) at a protected learning time session in November 2016. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves.

Clinical staff were clear about the requirement to assess children and young people using Gillick competence and Fraser guidelines when providing care and treatment. (Gillick competence was used to decide whether a child (16 years or younger) was able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Fraser guidelines relate specifically to contraception and sexual health advice and treatment.)

We saw that consent was properly recorded for minor surgery procedures and that audits of patient records were carried out to check whether consent had been recorded.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82.2% which was in line with the to the CCG average of 82.4% and slightly above the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and ensured that a female sample taker was available. There were systems 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.

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

Are services effective? (for example, treatment is effective)

cancer screening. The uptake for breast cancer screening for women aged 50 to 70 years in the last 36 months was 78%, which was higher than the CCG and national averages of 72%. The uptake for bowel cancer screening for patients aged 60 to 69 years in the last 30 months was 62%, which was higher than the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 95% and five year olds from 93% to 97%. The national target is 90%.

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. 445 patients out of a possible 2015 had a health check since April 2016.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that 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.
- Consultation and treatment room doors were closed during consultations and we noted that conversations taking place in these rooms could not be overheard.
- Radios played music in both the waiting rooms which helped to prevent conversations being overheard.
- There was a notice in reception asking patients to stand back and wait their turn to speak to a receptionist. We saw that this was respected.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared upset they could offer them a private room to discuss their needs. There was a notice on the reception desk to this effect.

The majority of the 59 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said that they felt the practice offered an excellent level of care and that GPs always took time to listen to them. All staff were said to be considerate, respectful and professional. Patients also said that they appreciated having a dispensary onsite.

We spoke with four members of the Patient Participation Group (PPG). They told us that they thought that the level of care provided was excellent and that the GPs and management team were approachable and friendly. They said that the system of having a named GP for all patients fostered trust and continuity of care. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.

- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and 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 88% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in making decisions about the care and treatment options available to them. They also told us they felt listened to and supported by staff and were not rushed during consultations. Comment cards we received were also positive and aligned with these views. We also saw that patients had personalised care plans.

Results from the National GP Patient Survey 2016 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or slightly above local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas, with sections in Polish and Spanish, informing patients that this service was available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

A variety of patient information leaflets and notices were available in the reception areas which told patients how to access 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 298 patients as carers (1.5% of the practice list). A member of the administrative team had been appointed Carers' Champion and they attended the monthly Herts Valley CCG Carers'

Champion meetings. There was a carers' board in reception and a carers' section on the practice website, which provided details of support groups. Carers were offered annual health checks and we were told that a promotional event for carers had been scheduled for March 2017.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone or in person and offered advice on how to find a support service. Bereavement support was also available from the Iain Rennie Grove House service (Iain Rennie Grove House was a hospice).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Herts Valley Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice offered the yellow fever vaccination and we saw that the registration with the National Travel Health Network and Centre (NaTHNaC) was current.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had plans to host the Citizen's Advice Bureau every Tuesday morning. This service started after our inspection and evidenced the recognition of the link between medical and social needs.
- NHS physiotherapy services were provided by HTC Physiotherapy and Tring Physiotherapy and Sports Injury Clinic. Home visits and private appointments were also available.

Access to the service

The practice was open from 8am to 8pm from Monday to Thursday. On Fridays the practice was open from 8am until 6.30pm. Routine and urgent appointments were available during these times. The practice was open on Saturdays from 8.30am until 10am. The branch surgery was open from 8am until 1pm and from 2pm until 4.30pm from Monday to Thursday. On Fridays, the branch site was open from 8am until 1pm. The telephone was diverted to the main site when the branch site was closed.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% 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 to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Patients who wanted to request a home visit were asked to telephone the practice before 11am whenever possible. A member of the reception team would allocate the request to the patient's named GP, who would telephone later. If the request was urgent, the named GP would triage and assess the urgency. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

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

- We viewed the practice complaints policy, dated February 2016 and saw that procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a lead GP for complaints, but the day to day responsibility was devolved to the assistant practice manager.
- Complaints were acknowledged in writing within three working days and a reply was provided within 10 working days, or the patient was given an update and a timescale for a response.
- There was a complaints leaflet in reception, which explained the complaints procedure and details were also on the practice website.

We looked at 12 complaints received in the last 12 months and found that they were satisfactorily handled in a timely manner in accordance with the practice's complaints policy. Complaints were logged on to a spreadsheet, which contained details of the complaint, the subject matter, and the type of action taken. Lessons were learnt from

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

individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff refresher training was arranged in response to a complaint about incorrect information given to a patient.

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

Delivering high quality care and promoting the best outcomes for patients were priorities for the practice team. The practice had developed the following mission statement in consultation with staff: 'The whole team are committed to provide high quality care. We will put our patients first, respecting individuality and dignity'.

The practice actively sought to maximise the potential of their staff by encouraging multi-skilling. For example, a medical secretary was trained in phlebotomy (taking blood) and several reception staff assisted in the dispensary.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Business meetings were held on the first Friday of every month and we saw that these meetings were minuted.
- Clinical meetings were held once a week and there were informal opportunities to discuss clinical issues at morning coffee break. We viewed the calendar for 2016, which listed the topics which had been discussed. The topics included child safeguarding, dementia, significant events, ophthalmology and urology.
- The practice nurses, administrative, reception and dispensary staff all met once a month.
- Protected learning time sessions were held every three months, which provided the chance for the entire team to meet.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and staff knew where to find them on the practice intranet.
- 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 robust arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. However the driver of the medicines delivery service had not had a Disclosure and Barring Service (DBS) check. A risk assessment

carried out in July 2014 was provided subsequently which showed that the practice decided that a Criminal Records Bureau check was not required. The practice has since reversed this decision and applied for a DBS check.

Leadership and culture

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

The provider was aware of and had systems 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.

When unexpected or unintended incidents occurred, the practice explained what had happened and gave a full apology. We saw the log of actions taken.

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

- Each section of staff held their own meeting once a month and we saw that these meetings were documented. Full practice meetings were held every three months and included training sessions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff told us that they appreciated the social events, which provided the opportunity to meet in more informal settings.
- Staff said they felt respected, valued and supported by the GP partners and management team in the practice. 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.

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. We saw that young patients were members of the virtual group. The practice had paid for the PPG to be affiliated to the National Association for Patient Participation, which provided useful information about PPGs. The PPG met every six to eight weeks, and the virtual PPG members received the same Agenda and Minutes as those who could attend in person. The PPG had submitted proposals for improvements to the practice. For example, registration procedures for patients aged 16-18 years were modified in acknowledgement that young people do not always have utility bills (normally required as proof of address).
- The PPG had set up a champion system, whereby members volunteered to support or campaign on behalf of various groups of patients. For example, the champion for disabled people pointed out that the practice wheelchair tyres needed inflating and the champion for the elderly highlighted that hard copies of documents needed to be available for those patients who did not use a computer.
- The PPG had scheduled an event the week after the inspection in January 2017 to raise awareness of the PPG and to increase membership. Promotional materials were on the practice display screens and there was a PPG noticeboard in reception, as well as a section on the practice website.
- The practice carried out its own patient survey between August and December 2016 and produced an action plan in response to the results. For example, the practice noted that 77% of respondents had not used the extended hours service, so information was displayed in the reception areas to promote the service.
- The practice also sought patients' views on the nursing services and the dispensary and took action as a result.

For example, following feedback received from the nursing survey, the practice recruited an additional part time nurse who would be able to offer more appointments, especially for patients with chronic or long term conditions. As a result of the dispensary survey, the practice had removed patient chairs facing the counter to allow more confidentiality when talking to staff and had implemented a text service to dispensing patients to remind them of forthcoming closures.

- The practice gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us that they felt involved and encouraged 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, a GP had helped to set up an integrated team based at the hospital that could provide support to patients with medico-social difficulties.

A GP had been instrumental in developing an infection control app for antibiotic prescribing guidelines for use by the Herts Valley CCG, which was due to go live the week after the inspection. GPs had active roles in the Herts Valley CCG, which brought additional knowledge to the practice and ensured that the partners were aware of new initiatives.

The practice encouraged multi-disciplinary working for their staff, which promoted flexibility and variety, as well as increasing the skillbase. The practice had just employed a pharmacist on a consultancy basis for two days a week, because they recognised the potential contribution to the running of the dispensary and additional expertise to the clinical staff.

One of the salaried GPs was previously a foundation year two doctor at the practice, which evidences the supportive training environment and high level of job satisfaction.