

Hatfield Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

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	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Hatfield Road Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hatfield Road Surgery on 19 September 2017. Overall the practice is rated as requires good.

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

- Risks to patients were assessed and well managed, with the exception of those relating to the need for a defibrillator and certain emergency medicines.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. However, complaints were managed informally and not in accordance with the practice policy or the recognised guidance and contractual obligations for GPs in England.
- The practice had a basic business continuity plan in place. It did not cover actions to take for major incidents such as power failure or building damage. There were no emergency contact numbers in the plan for staff. A copy of the plan was not kept off site for use if the building was not accessible.
- The practice had an up to date fire risk assessment and carried out regular fire drills. However, they did not keep a record of the fire drills that included information such as who was involved, time taken to evacuate the building and any lessons learnt.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had recently moved to new premises and had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had identified 64 patients as carers which equated to approximately 2% of the practice list. There was a carers' champion and the practice had achieved gold level of the Herts Valleys Local Incentive Scheme by completing a survey of their carers to demonstrate satisfaction and an awareness of the carers champion and support available to them.

The areas where the provider must make improvement are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, complete a risk assessment to identify the reasons and mitigating actions, for not having a defibrillator and manage complaints in accordance with the practice policy and the recognised guidance and contractual obligations for GPs in England.

The areas where the provider should make improvement are:

- Keep a record of all fire drills.
- Continue to encourage patients to attend cancer screening programmes.
- Have an effective business continuity plan.

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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Some risk assessments had been completed to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- The practice arrangements to respond to emergencies and major incidents was lacking in some areas. Risk assessments had not been completed to identify the reasons and mitigating actions, for not having a defibrillator and some emergency medicines. The business continuity plan was basic and did not cover actions to take for major incidents such as power failure or building damage.
- The practice had an up to date fire risk assessment and carried out regular fire drills. However, they did not keep a record of the fire drills that included information such as who was involved, time taken to evacuate the building and any lessons learnt.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement. There had been three clinical audits commenced in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills and knowledge to deliver effective care and treatment. Staff had access to and made use of e-learning training modules and in-house training.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparably with others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 64 patients as carers which equated to approximately 2% of the practice list. There was a carers' champion and a carers' noticeboard in the patient waiting area with written information available to direct carers to the various avenues of support available to them.
- Interpretation services were available for patients who did not have English as a first language. Many of the practice staff were multi-lingual.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. They provided extended opening hours.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. However, the practice did not follow recognised guidance and contractual obligations for GPs in England when managing complaints. We did see evidence that learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led.

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, there was no risk assessment in place to assess the need for and identify mitigating actions in the absence of a defibrillator and certain emergency medicines.
- The practice had a basic business continuity plan in place. It did not cover actions to take for major incidents such as power failure or building damage. There were no emergency contact numbers in the plan for staff. A copy of the plan was not kept off site for use if the building was not accessible.
- Complaints were managed informally and not in accordance with the practice policy and the recognised guidance and contractual obligations for GPs in England.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- Staff had received inductions, annual performance reviews, attended staff meetings, and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Requires improvement



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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Annual health checks were offered to all patients over 75 years of age.

People with long term conditions

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

Good



- The GPs supported by the nurses had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the practice achieved 96% with 10% exception reporting compared to the CCG average of 90% with 11% exception reporting and the national average of 90% with 12% exception reporting.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All patients with a long term condition had a named GP and there was a system to recall patients for a structured annual

Summary of findings

review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems 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 (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice facilities were suitable for children and young people. There was a baby changing room that also provided privacy for breastfeeding mothers.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice sent SMS text message reminders of appointments and telephone consultations were available with the GPs.
- The practice was proactive in offering online services such as appointment booking and repeat prescription requests.
- The practice promoted a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

- 63% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 73%.
- 49% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 58% and the national average of 58%.

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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- An annual health check was offered to patients identified as having a learning disability. There were 34 patients on the register and all of these had received a health check in the previous 12 months.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 64 patients as carers which equated to approximately 2% of the practice list. There was a carers champion and a carers noticeboard in the patient waiting area with written information available to direct carers to the various avenues of support available to them. The practice had achieved gold level of the Herts Valleys Local Incentive Scheme by completing a survey of their carers to demonstrate satisfaction and an awareness of the carers champion and support available to them.

Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the practice achieved 100% with 4% exception reporting compared to the CCG average of 95% with 9% exception reporting and the national average of 93% with 11% exception reporting.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could 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 interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages in most areas although below average in some. There were 336 survey forms distributed and 96 were returned. This was a response rate of 26% and represented 2.5% of the practice's patient list.

- 82% of patients described the overall experience of this GP practice as good compared with the CCG average of 89% and the national average of 85%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 67% 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 83% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards, 41 one of which were

positive about the standard of care received. Two cards were less than positive with a comment regarding the wait to be seen by a GP and staff attitude. Generally from the positive cards staff were described as helpful, friendly and polite. Patients commented that the GPs were caring and treated them with dignity and respect. Patients said they could get appointments when needed with their GP of choice and did not feel rushed during consultations.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff professional, caring and helpful. Some patients commented that parking could be an issue at the new premises, as they had to pay to use an adjacent public car park.

The most recent published results from the NHS Friends and Family Test showed 92% of 25 respondents would recommend the practice. The NHS Friends and Family Test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Hatfield Road 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 adviser.

Background to Hatfield Road Surgery

Hatfield Road Surgery provides a range of primary medical services to the residents of St Albans from its purpose built location at 2 The Parade, Ellis House, Charrington Place, St Albans, AL1 3FY. The practice moved to the premises from its former location, 61 Hatfield Road, St Albans AL1 4JE, in April 2017.

The practice population is ethnically diverse. It has a higher than average 30 to 44 year age range and a lower than average over 65 year age range. National data indicates that the area of St Albans is one of low deprivation. The practice informs us that there are areas of high deprivation within the practice catchment area.

The practice has approximately 3,800 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England and GP Practices.

The practice is led by two male GP partners. Nursing services are provided by two regular female locum nurses. There is a team of four reception/administrative staff led by a practice manager.

The practice is open daily from 8.45am to 6.30pm with telephone access from 8am to 6.30pm. Extended opening hours are offered from 6.30pm to 8.30pm on Thursdays.

When the practice is closed, out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 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.

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 visit on 19 September 2017. During our visit we:

- Spoke with a range of staff including GPs, the practice manager and reception staff.
- We spoke with patients who used the service and members of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- The staff we spoke with told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 an analysis of the significant events and they were discussed at the monthly practice meetings that were attended by all staff. The practice also monitored trends in significant events and evaluated any action taken.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient was unwell in the waiting area, the practice reviewed the training needs of all staff and ensured that basic life support training was up to date. They also updated the locum pack used by temporary GPs for information regarding the practice and the local area.

We saw evidence that a process was in place to ensure safety alerts were actioned appropriately. Patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts were received into the practice generic email address and disseminated by the administrative staff to the appropriate staff for action.

Overview of safety systems and processes

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

- Arrangements for safeguarding 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. Contact telephone numbers for local safeguarding teams were also available on the noticeboard in the reception office. One of the GP partners was the lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level for child protection or child safeguarding, level three.
- The GPs and the practice manager met with the health visitor monthly to discuss patients identified as at risk or vulnerable. An alert was placed on the electronic record of these patients to advise staff of patients with safeguarding needs.
- A notice in the waiting room and consultation rooms 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. There were cleaning schedules and monitoring systems in place.
- One of the GPs was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We saw evidence that best practice was followed for example, with the use of elbow taps, pedal bins and wipeable flooring and surfaces. Clinical waste was appropriately stored ready for disposal.
- There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the Herts Valleys clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the locum nurses to administer medicines in line with legislation.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. However, they did not keep a record of the fire drills that included information such as staff involved, time taken to evacuate the building and any lessons learnt. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- 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 particular bacterium which can contaminate water systems in buildings).

- 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 to ensure enough staff were on duty to meet the needs of patients. The reception staff worked additional hours to cover for annual leave and absences. The practice used locum GPs and practice nurses to support the clinicians. Locum packs were available that contained information about the practice and the locality.

Arrangements to deal with emergencies and major incidents

The practice arrangements to respond to emergencies and major incidents was lacking in some areas.

- 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.
- The practice had oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice did not have a defibrillator and there was no documented risk assessment that assessed the need for one and identify mitigating actions to take in the event of an emergency.
- 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. However, essential medicines were not available and the practice had not completed an appropriate risk assessment to identify a list of medicines that were not suitable to stock. For example, the practice did not keep a supply of the following medicines,
 - Glucagon used to treat low blood sugar
 - Glyceryl Trinitrate (GTN) spray or tablets used to treat chest pain of possible cardiac origin
 - Soluble aspirin used to treat suspected myocardial infarction (heart attack)

Are services safe?

- Benzylpenicillin for injection used to treat suspected bacterial meningitis.

The practice immediately ordered a supply of Benzylpenicillin and obtained a supply of the other medicines from the local pharmacy.

The practice had a basic business continuity plan in place. It did not cover actions to take for major incidents such as power failure or building damage. There were no emergency contact numbers in the plan for staff. A copy of the plan was not kept of site for use if the building was not accessible.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- 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.
- The lead GP reviewed the notes of the locum clinicians to ensure best practice guidelines were followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 98% of the total number of points available compared with the Herts Valleys Clinical Commissioning Group (CCG) average of 96% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the practice achieved 96% with 10% exception reporting compared to the CCG average of 90% with 11% exception reporting and the national average of 90% with 12% exception reporting.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the practice achieved 100% with 4% exception reporting compared to the CCG average of 95% with 9% exception reporting and the national average of 93% with 11% exception reporting.
- Performance for dementia related indicators was better than the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose

care plan has been reviewed in a face-to-face review in the preceding 12 months was 100% with 0% exception reporting compared to the CCG average of 85% with 6% exception reporting and the national average of 84% with 7% exception reporting.

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

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an increase in the referral of patients with diabetes to the community diabetes team to help patients with the control and management of their condition. The practice also reduced the amount of prescriptions issued of a particular antibiotic used to treat upper respiratory tract infections. This ensured they were prescribing in line with the local CCG guidelines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. 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.
- The practice used locum nurses for such tasks as administering vaccines and taking samples for the cervical screening programme. Checks were made by the practice to ensure the locum nurses had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

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 made use of e-learning training modules and in-house training.

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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that 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 to, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals every three months when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care were reviewed at the quarterly palliative care meetings and discussions were held regarding ongoing support.
- Carers were offered annual health checks and flu vaccinations.
- Those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. A smoking cessation adviser visited the practice every week.
- A mental health counsellor visited the practice every month. Patients could either self-refer or were referred by their GP.
- Health information posters and leaflets were available in the patient waiting area.
- An annual health check was offered to patients identified as having a learning disability. There were 34 patients on the register and all of these had received a health check in the previous 12 months.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 82% and the national average of 81%. There was a policy to offer telephone, SMS text messages or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using a female sample taker was available. There were failsafe 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 cancer. For example,

- 63% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 73%.

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

- 49% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 58% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to the national averages. For example, rates for the vaccines given to under two year olds ranged from 93% to 96%, which was above the national target of 90%, and five year olds from 96% to 98%.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The GP partners were both male but they made use of female locum GPs to ensure patients could be treated by a clinician of the same sex.

We received 43 Care Quality Commission patient comment cards. There were 41 cards that were positive about the standard of care received. Staff were described as helpful, friendly and polite. Patients commented that the GPs were caring and treated them with dignity and respect.

We spoke with six patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff were professional, caring and helpful.

Results from the national GP patient survey, published July 2017, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 87% 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 86%.
- 94% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 92% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.

Are services caring?

- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Many of the practice staff were multi-lingual.
- A hearing loop was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers which equated to approximately 2% of the practice list. There was a carers noticeboard in the patient waiting area with written information available to direct carers to the various avenues of support available to them. Carers were offered an annual flu vaccination and a health check. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice had achieved gold level of the Herts Valleys Local Incentive Scheme by completing a survey of their carers to demonstrate satisfaction and an awareness of the carers champion and support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and 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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Thursday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. All patients identified on the learning disability register had received a health check in the preceding 12 months.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments for school age children were available outside of school hours.
- Online appointment booking and prescription requests were available.
- The practice sent SMS text message reminders of appointments.
- Telephone consultations were available with the GPs.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included access enabled toilets, electronic entrance doors and wide corridors. There was a disabled parking bay at the front of the practice. All consultation and treatment rooms were on the ground floor.
- A hearing loop and interpretation services available.
- There was a baby changing room that also provided privacy for breastfeeding mothers.

Access to the service

The practice was open between 8.45am and 6.30pm, with telephone access from 8am, Monday to Friday. Appointments were from 9am to 11.30am and from 4pm to

6pm daily. Extended hours appointments were offered from 6.30pm to 8.30pm on Thursdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

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

- 89% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 71%.
- 86% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 43% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

The practice were aware from their own surveys and the national patient survey that patients felt they were waiting too long to be seen. They had discussed this with the GP partners and ensured that all surgeries started promptly to avoid delays from the start of the day. They also provided information in the waiting area for patients that advised on possible causes of delays.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and usually with their preferred GP to ensure continuity of care.

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. Requests were reviewed by the duty GP and the patient contacted by telephone to assess the urgency and need for a home visit. In cases where the urgency of need was so great that it would be

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. However, we noted that this policy was not followed.
- The practice manager, with the support of the lead GP, was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk and there was information on the practice website.
- The practice also had a comments book for patients to leave feedback for the practice.

We looked at eight complaints received in the last 12 months and found they were handled informally. The

practice did not acknowledge the complaints in writing and did not keep a record of verbal communications. Patients were invited into the practice to discuss and resolve their complaints but there was no follow up letter confirming the discussions and agreed actions to be taken by the practice. As no records were kept we could not be satisfied that complaints were dealt with in a timely way with openness and transparency.

Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice improved communications with patients when there was a wait to be seen by a GP. They aimed to keep patients informed of any delays and provided notices in the waiting area that explained the possible reasons for delays.

The practice had historically received complaints from patients regarding the premises they used with patients commenting that they were not suitable. In response to this the practice secured and moved into a new purpose built surgery in April 2017.

Are services well-led?

Requires improvement 

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

- The practice had a mission statement which was displayed in the reception area and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Due to the small staffing numbers in the practice one of the GPs took the lead in key areas. However, the practice planned to share the responsibilities with the new GP partner who had recently joined the practice.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. However, the practice did not follow their complaints policy.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in some areas. However, there was no risk assessment in place to assess the need for and identify mitigating actions in the absence of a defibrillator and certain emergency medicines. The practice had a basic business continuity plan in place. It did not cover actions to take for major incidents such as power failure or building damage. There were no emergency contact numbers in the plan for staff. A copy of the plan was not kept off site for use if the building was not accessible.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The practice was led by the two GP partners with the support of the practice manager. The practice had experienced the absence of a previous partner and the move to new premises throughout the previous year. A new GP partner had recently joined the practice. The practice 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. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people support, information and a verbal and written apology.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Requires improvement 

(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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys. The PPG met approximately twice a year with the practice and carried out patient surveys at the request of the practice. Analysis from a previous survey had supported the practice decision to move to new premises.
- patients through complaints and comments received. There was a comments book in the reception area for patients to provide informal feedback to the practice. We found that complaints were not managed in accordance with the practice policy and the recognised guidance and contractual obligations for GPs in England.
- the NHS Friends and Family test. The most recent published results from the NHS Friends and Family Test showed 92% of 25 respondents would recommend the

practice. The NHS Friends and Family Test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.

- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff 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 moved to new premises and had reviewed its business plans to include the recruitment of a female GP, to provide increase choice for patients who wanted to be seen by a same sex GP and to become a training practice. They also were actively trying to recruit a practice nurse.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The practice did not have a risk assessment in place to identify the reasons and mitigating actions, for not having a defibrillator.</p> <p>Complaints were not managed in accordance with the practice policy and the recognised guidance and contractual obligations for GPs in England.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>