

# Hall Grove Practice

## Quality Report

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Date of inspection visit: 14/03/2018  
Date of publication: 20/04/2018

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	

# Key findings

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## Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection July 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Hall Grove Practice on 14 March 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Results from the latest National GP Patient Survey results showed patients were satisfied with their interactions with reception staff and consultations with GP and nurses.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The area where the provider **should** make improvements is:

- Establish a process to ensure portable appliance testing is undertaken on a regular basis.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Hall Grove Practice

## 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, a practice manager specialist adviser and an expert by experience.

## Background to Hall Grove Practice

Hall Grove Practice provides primary medical services to approximately 15,900 patients in Welwyn Garden City, Hertfordshire. The practice operates across two sites. Hall Grove Practice is the main practice and Parkway Surgery is a branch surgery located approximately two miles away in the centre of Welwyn Garden City. We visited both premises as part of this inspection. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice serves a slightly higher than average population of those aged 65 years and over. The population is 88% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of 10 GP partners; six of which are male and four are female. There are five practice

nurses, including two nurses who are qualified to prescribe certain medicines, one health care assistant, a practice manager and 27 administration and reception staff members.

Hall Grove Practice has been approved to train doctors who are undertaking further training (from four months up to one year depending on where they are in their educational process) to become general practitioners. The practice currently has three GP trainees, all of which are ST3 GP trainees (third year of speciality training).

The practice is open to patients at both premises between 8.30am and 6.30pm Monday to Friday. Patients are able to contact an emergency telephone number for the practice between 8am and 8.30am. Appointments with a GP or nurse are available from 8.30am to 12.30pm and from 2pm to 6.30pm daily. Emergency appointments are available daily with the duty doctor. A telephone consultation service is also available for those who need urgent advice.

The practice offers extended opening hours at both premises between 6.30pm and 8pm one evening a week, between 7am and 8am on Wednesday or Thursday at the branch surgery and from 9am to 11.30am on alternate Saturdays. Emergency appointments are available daily with the duty doctor. A telephone consultation service is also available for those who need urgent advice.

Home visits are available to those patients who are unable to attend the surgery. The Out of Hours service is provided by Herts Urgent Care and can be accessed via the NHS 111 service.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a number of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to contact for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. A risk assessment was in place for all staff including circumstances in which staff acted as a chaperone without having a DBS check.
- There was an effective system to manage infection prevention and control including a programme of annual infection prevention and control audits.
- The practice had systems for safely managing healthcare waste and to ensure facilities were safe. However, during our inspection we found the practice did not have a clear schedule in place to ensure

portable appliance testing (PAT) was carried out. The practice told us that they would have arrangements in place for all equipment to be checked at both premises by 6 April 2018.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for newly appointed staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, there was a sepsis toolkit available on the clinical system. (Sepsis is a rare but serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death).
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use across both premises.

## Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This included an annual review of safety incidents which helped to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. For example, we reviewed a significant event following an error in processing a cervical screening sample. The practice had undertaken an investigation and had taken steps to reduce the risk of the event reoccurring.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. For example, the practice had received a medicine safety alert relating to a specific insulin pen and had taken the necessary action as a result.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice, and all of the population groups, as good for providing effective services.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- From our findings on the day we saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Senior staff engaged with the local East and North Hertfordshire Clinical Commissioning Group (CCG) and accessed CCG guidelines. The practice demonstrated how this information was used to plan care in order to meet identified needs.
- The practice was comparable to the local Clinical Commissioning Group (CCG) and national averages for antibiotic prescribing. The number of antibacterial prescription items prescribed per specific therapeutic group was 0.90 units compared to the CCG average of 1.04 and the national average of 0.98.
- The average daily quantity of hypnotics prescribed per specific therapeutic group was 0.73 units compared to the CCG average of 0.72 and the England average of 0.90.
- The number of antibiotic items (In particular Co-Amoxiclav, Cephalosporins or Quinolones) prescribed was 7.3% compared with the local CCG average of 8.5% and national average of 8.9%. (It is important that antibiotics are used sparingly to avoid medicine resistant bacteria developing). The practice regularly monitored their antibiotic prescribing and completed clinical audits to identify where improvements could be made.

The practice used information about care and treatment to make improvements. The most recent published Quality Outcome Framework (QOF) results showed the practice achieved 99% of the total number of points available compared with the Clinical Commissioning Group (CCG)

average of 96% and national average of 96%. The overall exception reporting rate was 4% compared with the local CCG average of 9% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had undertaken 86 health checks and had completed 930 patient health checks since November 2014.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- A named GP carried out a weekly visit to two local care homes for continuity of care. We spoke to a member of staff at each home who described the service provided as high quality, accessible and responsive to needs of their residents.

People with long-term conditions:

- The practice had an effective patient recall system in place and patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. The practice nurses held multidisciplinary clinics for patients with asthma, chronic obstructive pulmonary disease (COPD) and diabetes.
- 81% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable to the local average of 75% and national average of 76%. Exception reporting was below

# Are services effective?

(for example, treatment is effective)

1% compared with the local average of 7% and national average of 8%. (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).

- 78% of patients diagnosed with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months, this was comparable to the local CCG average of 78% and national average of 80%. Exception reporting was 2% compared with the local average of 10% and national average of 12%.

Families, children and young people:

- Childhood immunisation rates for the vaccinations given were higher than the national averages. The practice had met the 90% target in all four key indicators and had achieved an overall score of 9.7 out of 10 compared to the national average score of 9.1.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice offered a range of family planning services including weekly post-natal and child health surgeries for six week checks. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 78%, which was in line with the 81% coverage target for the national screening programme. The practice contacted patients who had not responded to the initial invitation and monitored uptake.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS health checks for newly registered patients and patients aged 40-74 years. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The nursing team provided smoking cessation advice and patients were referred to a local NHS dietician for advice and support.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had carried out extensive work in identifying and supporting people with a learning disability. This work resulted in the practice receiving a Purple Star Award in July 2016. This locally developed quality kite mark had been developed by service users, carers, the University of Hertfordshire Business School and the Community Learning Disability Service in Hertfordshire, to award services for providing good quality, accessible health care for adults with a learning disability.
- The practice had completed 64 learning disability health checks in the 2016/2017 year. Health checks included a review of the individual's mental health and social support referrals were made for further support as required.

People experiencing poor mental health (including people with dementia):

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months compared with the local average of 83% and national average of 84%. Exception reporting was 3% compared with the local average of 8% and national average of 7%. The GPs had oversight of the care plans in place for patients at two local care homes.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the local average of 92% and national average of 90%. Exception reporting was 2% compared with the local average of 15% and national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the local and national average of



# Are services effective?

## (for example, treatment is effective)

91%. 98% of patients experiencing poor mental health had received discussion and advice about smoking cessation, which was comparable to the local average of 94% and national average of 95%.

### Monitoring care and treatment

- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had completed an audit on the effectiveness of prescribing for patients who presented with a sore throat. This audit was repeated and the results showed an improvement in the appropriateness of prescribing.
- The practice had undertaken an audit on the diagnosis of chronic obstructive pulmonary disease (COPD). This audit resulted in the introduction of a new protocol and an improvement in the diagnosis of COPD within the practice population.
- Where appropriate, clinicians took part in local and national improvement initiatives. The practice monitored their performance and accessed and acted on local CCG performance reports.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. The practice demonstrated how they supported staff in their development and staff told us they were encouraged and given opportunities to develop. The nursing team held regular meetings and attended educational sessions. Staff attended local CCG led workshops and training days which were held every four months.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.
- The practice worked closely with a multi-disciplinary rapid response service in place to support older people and others with long-term or complex conditions to remain at home rather than going into hospital or residential care.
- Multi-disciplinary team meetings took place on a monthly basis for vulnerable patients and for patients requiring palliative care.
- The practice held bi-monthly meetings with health visitors to support and manage vulnerable children and families.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, healthy living, tackling obesity. The health care assistant and practice nurses offered smoking cessation advice.

# Are services effective?

(for example, treatment is effective)

The practice encouraged its relevant patients to attend national screening programmes. Bowel and breast cancer screening rates were comparable to local and national averages. Data from 2016/2017 showed:

- 58% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 59% locally and 55% nationally.
- 67% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 71% locally and 70% nationally.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- We received 32 Care Quality Commission comment cards and 29 were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and thirty nine surveys were sent out and 99 were returned. This represented approximately 0.5% of the practice population. The practice was comparable with and above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 87% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time compared with the CCG average of 83% and national average of 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average and national average of 95%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 86%.
- 99% of patients who responded said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.

- 99% of patients who responded said the nurse gave them enough time compared with the CCG average and national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average and national average of 97%.
- 99% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average and national average of 91%.
- 85% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer.

- The practice held a register of carers with 437 carers identified which was approximately 3% of the practice list. A member of the administration team was the nominated carers lead at each premises (a Carers' champion). The practice referred patients to a local carer's support organisation and also displayed information on a carers' notice board.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

## Are services caring?

them a sympathy letter. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.

- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%.
- 98% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- The practice had an electronic check-in kiosk available which promoted patient confidentiality. Confidentiality slips were available to patients in the reception area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. The practice understood the needs of its population and tailored services in response to those needs. For example, the practice participated in the local area winter resilience scheme and offered additional appointments. This service had given patients the opportunity to attend the practice for an urgent appointment rather than travel to the local A&E department. The practice had offered 1,050 additional appointments between October 2017 and February 2018 and had seen 944 patients during this time period.

- The practice was proactive in offering online services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening.
- The practice improved services where possible in response to unmet needs. The practice was planning on creating more space in order to provide additional services such as phlebotomy.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- The practice was able to offer home visits via the Acute In Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients were able to check their blood pressure in the patient waiting areas at both premises.

#### Families, children and young people:

- We found 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.
- A community midwife held a clinic at the practice on a regular basis.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

#### Working age people (including those recently retired and students):

- The needs of this population group 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 were available at both premises one evening a week, one morning a week at the branch surgery and from 9am to 11.30am on alternate Saturdays.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.

# Are services responsive to people's needs?

## (for example, to feedback?)

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- A coding and alert system was in place to ensure staff members were able to identify and support vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice was a member of the Dementia Action Alliance (an alliance across England committed to transforming health and social care outcomes for people affected by dementia).

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and feedback from patients and members of the patient participation group.

- 69% of patients who responded were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 72% and the national average of 76%.
- 68% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 62% and the national average of 71%.
- 88% of patients who responded 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 83% and the national average of 84%.
- 78% of patients who responded said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 72% of patients who responded described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 55% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice recorded both written and verbal complaints and undertook an annual review of complaints to identify trends and themes.
- We reviewed eight complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had changed their telephone system in order to improve access following patient feedback.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice, and all of the population groups, as good for providing well-led services.**

### Leadership capacity and capability

Leaders were committed towards delivering high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- Supporting business plans were regularly reviewed to achieve priorities. The practice displayed its vision and values in the practice and on the practice website.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The practice allocated dedicated time for all staff to participate in strategic planning.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. The practice worked closely with local practices and the East and North Hertfordshire Clinical Commissioning Group (CCG).
- The practice monitored progress against delivery of the strategy through regular meetings.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The GP partners liaised with the practice manager and the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. The practice supported the development of staff.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff told us that they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and coordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of information governance, safeguarding and infection prevention and control.
- Practice leaders had established clear policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

# Are services well-led?

Good 

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

- Meetings were held across all staff groups and minutes were produced after meetings and made available to all staff.

## Managing risks, issues and performance

There were clear systems and processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place to manage risks and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and relevant. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. GPs had access to the Deciding Right App which supported shared decision making in line with the Mental Capacity Act,

Cardiopulmonary resuscitation (CPR) and advance care planning. (Deciding right is an integrated approach to making care decisions in advance with children, young people and adults).

- The practice submitted data or notifications to external organisations as required.
- There were clear arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group which regularly engaged with the practice population and liaised closely with staff members.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was actively involved with the locality and worked collaboratively with the local CCG and a local Federation. (A Federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts).
- Senior staff had lead roles within the locality for areas such as prescribing and mental health.
- The practice was involved in a pilot scheme in place to provide additional out of hours access to patients across the locality.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Staff knew about improvement methods and had the skills to use them.



# Are services well-led?

Good 

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. There was a clear focus on staff development and all staff received protected time for individual learning and development.
- The practice held educational sessions for clinical staff and had increased the number of GP trainers and associate trainers within the practice.