Dr Rajpreet Millan

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rajpreet Millan, also known as Whitwell Surgery on 28 September 2016. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, risks to patients had not been assessed fully. There had been no risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Staff working in the dispensary had not all received appropriate training and none of the staff had regular competency checks.
- Staff had not received essential training in many areas including infection control, fire safety, information governance and safeguarding.
- Staff understood the process for reporting incidents, near misses and concerns however we found evidence of an incident that the practice was aware of that had not been documented or investigated as a significant event. There was not a log of near misses and errors in the dispensary.
- There were standard operating procedures (SOPs) in place to govern activity in the dispensary but they were not followed at all times.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement.
- Patients were positive about their interactions with staff and said they were treated with compassion, dignity and respect. They were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.

Summary of findings

The areas where the provider must make improvements are:

- Follow formalised processes for reporting, recording, acting on and monitoring significant events, incidents and near misses. Implement processes to ensure effective communication within the practice, including forums to ensure learning is discussed and shared. Put systems in place to ensure all clinicians are kept up to date with National Institute for Health and Care Excellence (NICE), patient safety alerts, MHRA alerts and other best practice guidelines and record actions taken in response to them. Formalise the system for checking the monitoring of high risk medicines ensuring all patients receiving high risk medicines are monitored appropriately and within recommended timescales.
- Ensure action is taken to address identified concerns in relation to infection prevention and control. Ensure all clinical staff receive vaccinations in line with current national guidance.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. This includes carrying out risk assessments in relation to control of substances hazardous to health (COSHH), and legionella. Ensure risk assessments are completed for the dispensary in relation to security and the additional checks required for the dispensing of certain high risk medicines. Complete a risk assessment to determine if a Disclosure and Barring Service (DBS) check is required for non-clinical staff in particular those performing the chaperone role.
- Carry out clinical audits including re-audits to ensure continuous clinical improvements.
- Ensure that all staff employed are supported by receiving essential training relevant to their role.Ensure a process to monitor the competency of staff who work in the dispensary. Ensure the standard operating procedures (SOPs) which cover the dispensing process are relevant and followed and cover all areas of the dispensary.
- Further develop the patient participation group (PPG) and engage with the virtual PPG to gather feedback from patients.

The areas where the provider should make improvement are:

- Introduce a system to follow up and record on the patient electronic record if a child misses a hospital appointment.
- Ensure the minimum and maximum temperature of the medicines fridges are recorded at regular intervals.
- Ensure prescription processes comply with NHS Protect security of prescriptions and a system is introduced to monitor the use of all prescriptions.
- Keep a record of photographic identification of staff in their staff files.
- Continue to identify and support carers and have an alert on the patient record to inform GPs and staff that they are a carer.
- Carry out fire drills at regular intervals.
- Implement processes to ensure communications with the Out of Hours Provider and record in patient records.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff were aware of the process for reporting incidents, near misses and concerns. However, we found evidence that this process was not always followed.
- Near misses and errors in the dispensary were not identified or logged so there was no record to identify trends and learning.
- Although the practice carried out investigations when there were unintended or unexpected safety incidents, there was a lack of formal discussion at meetings to discuss lessons learned.
- Safety alerts and MHRA alerts were not always followed and there was not a system in place for a continued periodic review of practice in relation to the alerts.
- The non-clinical staff had not received safeguarding training for children or vulnerable adults. There was not a system in place to follow up and record on the patient record if children missed a hospital appointment.
- None of the staff had received infection control training and some infection control processes were not followed.
- The system for checking the monitoring of high-risk medicines and medication reviews was not evident.
- Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use.
- There were standard operating procedures (SOPs) in place to govern activity in the dispensary but they were not followed at all times.
- Risks to patients had not been assessed fully. There had been no risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- A review of records showed that care and treatment was not always delivered in line with recognised professional standards and guidelines.

Summary of findings

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement.
- Training such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality was all delivered as an informal discussion.
- All staff had received an appraisal in the past 12 months.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above average compared to the national average.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey results in July 2016? showed patients rated the practice comparably with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was a carers register and information available regarding support groups.
- If families had suffered bereavement, their usual GP contacted them and the practice sent them a sympathy card.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and East and North Hertfordshire Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients 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.
- Routine appointment booking and repeat prescription requests could be made online.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Summary of findings

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- We found flaws in the leadership and governance of the practice. Formal systems and processes were lacking in many areas.
- The practice lacked an adequate overarching governance framework to support the delivery of good quality care.
- Staff told us there was an open culture within the practice but in the absence of team meetings concerns were raised through informal discussions.
- They did not have a patient participation group (PPG). They were currently recruiting patients to a virtual group and had 23 members but there had been no engagement with them at the time of the inspection.

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

Inadequate

The provider is rated as inadequate for safe and well-led services and requires improvement for effective services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They had regular meetings with the local Home First team with a view to avoiding hospital admissions.
- Over 75 year health checks were offered.

People with long term conditions

Inadequate

The provider is rated as inadequate for safe and well-led services and requires improvement for effective services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice nurse was trained in chronic disease management and looked after patients with long term conditions.
- Performance for diabetes related indicators was similar to the local and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91% compared to the local average of 90% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. 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

Inadequate

The provider is rated as inadequate for safe and well-led services and requires improvement for effective services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- Immunisation rates were comparable with other practices for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice had identified that due to their rural location and the relocation of the health visitors in the area baby checks including weighing were not easily accessible. The practice planned to offer this service on a Wednesday afternoon.
- However, we found that the practice did not have a system to follow up and record on the patient electronic record if a child missed a hospital appointment.

Working age people (including those recently retired and students)

Inadequate

The provider is rated as inadequate for safe and well-led services and requires improvement for effective services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- There were evening appointments available one day a week.
- Online appointment and prescription requests were available.
- The practice carried out NHS health checks for patients aged 40 to 74 years of age.

People whose circumstances may make them vulnerable

Inadequate

The provider is rated as inadequate for safe and well-led services and requires improvement for effective services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Clinical staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate 

The provider is rated as inadequate for safe and well-led services and requires improvement for effective services. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 88% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Performance for mental health related indicators was similar to the local and national averages. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 88% compared to the local average of 86% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice informed us they screened patients for depression during their long-term condition reviews.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with or above the local and national averages. There were 220 survey forms distributed and 109 were returned. This was a 50% response rate and represented approximately 4% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 79% 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 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Staff were described as friendly, helpful and caring and patients stated the GPs listened to them during consultations. There were positive comments about the appointment system especially the availability of appointments.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were caring and helpful.

Dr Rajpreet Millan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a second CQC inspector, two GP specialist advisers and a member of the CQC Medicines team.

Background to Dr Rajpreet Millan

Dr Rajpreet Millan also known as Whitwell Surgery provides a range of primary medical services to the residents of Whitwell and the surrounding villages. The practice has been at its current purpose built location of Whitwell Surgery, 60 High Street, Whitwell, Hitchin, Hertfordshire, SG4 8AG since the late 1990s. The practice has a dispensary that caters for 99% of the patient population.

The practice population is ethnically diverse and has a higher than average over 45 year age range and a significantly lower than average 20 to 34 year age range. National data indicates the area is one of low deprivation. The practice has approximately 2,600 patients and services are provided under a general medical services contract (GMS), this is a nationally agreed contract with NHS England.

The practice has a principal female GP and employs three salaried GPs, one male and two female and a female practice nurse. All of the GPs work part-time making the equivalent of 1.5 whole time equivalent GPs. There is a practice manager who leads a team of four reception/ administration staff and an office manager/dispenser.

Patients can contact the practice by telephone from 8am to 6.30pm Monday to Friday. The premises and dispensary are open from 8.30am to 1pm and from 2pm to 6pm on Monday, Tuesday, Thursday and Friday and from 8.30am to 1pm on Wednesday. They offer extended opening hours appointments with both a GP and the nurse from 6.30pm to 7.30pm on Tuesday.

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 28 September 2016. Due to the concerns found we revisited the practice on 3 October 2016 and a member of the CQC Medicines team visited on 6 October 2016. During our inspection we:

- Spoke with a range of staff including GPs, the practice manager, the practice nurse, the dispenser and receptionists. In addition we spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with family members
- Reviewed an anonymised 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.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice had a process in place for reporting and recording significant events.

- Staff 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support and information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had recorded two significant events in the past 12 months. However, during the inspection we found evidence of another incident that had not been documented or investigated as a significant event. In the practice dispensary, near misses and errors were not identified or logged so there was no record to identify trends and learning to prevent the errors happening again.

Safety alerts and MHRA (Medicines Healthcare Regulatory Agency) alerts were received into the practice by the practice manager. There was a process for these to be disseminated and actioned by the appropriate staff. However, the process did not include a check to ensure that actions had been taken or a continued periodic review of patient notes to ensure staff continued to follow best practice. We reviewed the patient record system and found that actions had not been taken for all alerts received. For example, an MHRA alert was issued in 2014 that advised against the prescribing of a combination of an antiplatelet medicine with a medicine to reduce the amount of stomach acid. We found that the practice had continued to prescribe this combination of medicines to 14 patients. We were informed by the practice that a review of these patients would now take place.

We were informed that the practice held weekly clinical meetings to discuss safety records, incident reports, patient safety alerts and learning. The practice provided evidence to show that meetings occurred however all clinicians in the practice were not always present and we were unable to see documented evidence of shared learning.

Overview of safety systems and processes

The systems, processes and practices in place to keep patients safe and safeguarded from abuse were informal and we found they were not always followed effectively. For example;

- Some arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was an identified GP who was the lead member of staff for safeguarding. GPs were trained to the appropriate level to manage child protection or child safeguarding (level 3) and the practice nurse was trained to level 2. However, the non-clinical staff had not received training on safeguarding children and vulnerable adults relevant to their role. We found that the practice did not have a system to follow up and record on the patient electronic record if a child missed a hospital appointment.
- The practice advised patients that chaperones were available if required. The practice nurse and reception staff acted as chaperones but they had not received training for the role. The practice nurse 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 had not completed a risk assessment to determine if the reception staff required a DBS check. None of them had received a DBS check and the chaperone policy did not reflect any mitigating actions for this. For example, it did not state that they should not be left alone with a patient.
- We observed the premises to be visibly clean and tidy. The practice had an identified infection control lead but they did not liaise with the local infection prevention teams to keep up to date with best practice. None of the staff had received up to date infection control training and we witnessed a visiting phlebotomist taking blood samples in a room with a carpeted floor. There were

also sharps bins that did not have a recorded date when assembled. There were fabric curtains in one of the consulting rooms, we were informed they were steam cleaned at regular intervals but there was no record of when this was done. There was an infection control protocol in place and the practice manager informed us they did a monthly infection control audit of the premises. We saw the most recent audit was completed on 7 September 2016. We found some evidence of good infection control practices, for example, the use of elbow taps, liquid soap and pedal bins with the correct coloured bags. Following the inspection the practice has advised that they have begun to address the issues identified relating to infection control

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe were lacking (including obtaining, prescribing, recording, handling, storing, security and disposal). The system for checking the monitoring of high-risk medicines was not evident. We were informed that the GP who signed the prescription was responsible for checking the blood results but there was no record that this happened. For example, eight patients were prescribed methotrexate, a medicine used to treat rheumatoid arthritis, and only four of these patients had an up to date full blood count (FBC) on their computer record. We checked the hospital laboratory system and were reassured that all eight patients had had a recent FBC but the practice were not aware of this.

- Forty-one patients were prescribed warfarin, a medicine used to increase the time taken for blood to clot. Five of these had no recorded evidence of an INR check, the test used to monitor the effects of warfarin, in the past four months. Again, we did our own check and were reassured that the INR checks had been done by the hospital but the practice were unaware of this.

- Thirty-eight out of 369 patients on a cardiac medicine had not had the appropriate blood monitoring in the previous 18 months, and 25 of these had not been monitored in the previous two years. Two patients prescribed levothyroxine had not had blood monitoring tests in the previous two years. Two patients were prescribed azathioprine, a medicine used to treat rheumatoid arthritis and other conditions; one of these had not had a full blood count since May 2016. This was not in line with published guidance for these high risk medicines. We were informed by the practice that a review of these patients would now take place.

- Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use. The fridge in the dispensary was used to store medicines such as insulin and eye drops that were required to be kept within a certain temperature range. There was a thermometer on the fridge that alarmed if the temperature was outside of this range. However, the practice did not check and record the minimum and maximum temperature of the fridge at regular intervals. The fridge in the treatment room that the immunisations and vaccines were stored in did have regular temperature checks. The practice carried out regular medicines audits, with the support of the local CCG medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- At the time of our inspection, the practice were not signed up to the Dispensing Services Quality Scheme (DSQS) however the practice advised that this had been an oversight and signed up to the scheme shortly after the inspection. DSQS rewards practices for providing high quality services to patients of their dispensary

- The lead dispenser held a dispensing qualification and another member of staff was undertaking an accredited training course. However, other members of staff who worked alone in the dispensary did not have any dispensing qualifications and the practice did not carry out checks on their competency. Staff told us that they did not feel competent to give advice on medicines, so patients may not always receive the information they need in order to take their medicines effectively.

- Dispensary staff showed us standard operating procedures (SOPs) which covered the dispensing process (these are written instructions about how to safely dispense medicines). However, there was no record to show that staff, including those who worked in the dispensary occasionally, had read the SOPs. We noted that there was no SOP in place to govern the production of weekly blister packs, and that some of the SOPs were not followed in practice. There was a bar

code checker in use to reduce the risk of dispensing errors. There were no additional checks for controlled drugs or weekly blister packs, and the practice had not carried out an assessment to determine whether additional checks were necessary. Staff did not always record errors and near misses in the dispensary, in order to share learning, identify trends, and improve processes.

- The dispensary was open plan, linking the reception office and a consulting room. The practice had not carried out an assessment to identify risks relating to the security of the medicines or interruptions to dispensing staff, or taken any measures to ensure that medicines were accessible only to those involved in the dispensing process.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). The practice did not have the required processes in place to manage them safely, for example they did not arrange for an authorised witness to be present when they disposed of out of date stock and they did not make regular checks on stock levels. We found some discrepancies which they had not identified. These were investigated and a process for regular checks was put in place after our inspection. The keys to the controlled drugs cupboard were not stored securely in line with the practice's own SOP.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body. Appropriate checks through the Disclosure and Barring Service had been made for clinical staff. However, we found that there was no register of staff vaccinations and any record or process for checking staff immunity status for Hepatitis B.

Monitoring risks to patients

Risks to patients were not assessed fully.

- The procedures for monitoring and managing risks to patient and staff safety were not in place for all areas. The practice had an external approved company to conduct a fire risk assessment August 2016 however we did not see an action plan to address the risks identified. The staff had not received fire awareness training and there had been no fire drills carried out.
- There had been no risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella assessment had been booked with an external contractor for October 2016. There was a health and safety policy available with a poster in the reception office which identified the local health and safety representatives. All electrical equipment was checked in July 2016 to ensure the equipment was safe to use and clinical equipment was checked in August 2016 to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff worked set hours and days but there was an agreement in place that they would work additional hours to cover for colleagues leave and absences. Locum GPs were used occasionally and there was a locum pack available to familiarise them with the practice and locality.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and e
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We were informed that all staff had a copy of the plan that they held off site.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice informed us they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Treatment templates were used within the patient computer records to support this. They did not have a formal system in place to keep all clinical staff up to date. However, we were informed that clinical staff accessed guidelines from NICE themselves and used the information to deliver care and treatment that met patients' needs. The practice did not have regular clinical meetings to discuss new NICE best practice guidance.

We reviewed a sample of practice computer records and found NICE guidance had been followed in most areas. However, we found evidence that 16 patients over the age of 60 years were prescribed an anti-inflammatory medicine regularly without being offered an additional medicine to help prevent and treat ulcers associated with the treatment.

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 100% of the total number of points available with 12% 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 were areas where the practice had a higher than average exception reporting rate. We reviewed this with the practice and found they had a system for recalling patients on the QOF disease registers. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times before being subject of exception.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the local and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91%, with exception reporting of 11%, compared to the local average of 90% and the national average of 88%.
- Performance for mental health related indicators similar to the local and national averages. For example, The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 88%, with exception reporting of 20%, compared to the local average of 86% and the national average of 84%.

There was little evidence of quality improvement including clinical audit.

Prior to the inspection, we requested evidence of audits completed in the previous two years. The practice sent us three audits. When we reviewed them, we found two audits consisted of prescribing data and did not show a review of activity or patients against a benchmark standard with review. The third audit had been completed by a pharmacist from an external company to identify patients at risk of calcium and vitamin D3 deficiency who may benefit from the addition of a supplement.

Effective staffing

Some improvement was needed to ensure that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The induction programme for newly appointed non-clinical staff was informal. There was not an induction checklist to ensure that all areas were covered. The practice had identified that basic life support training was mandatory for all staff and we saw evidence that this had been completed. Other training such as safeguarding, infection prevention and control, fire safety, health and safety, information governance and confidentiality was all delivered as an informal discussion. The practice informed us they had recently acquired an online training package via the local CCG that they would use to cover essential training for practice staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Some members of staff who worked alone in the dispensary did not have any dispensing qualifications and the practice had not carried out checks on their competency.
- The practice could demonstrate how they ensured role-specific training and updating for clinical staff. For example, for those staff reviewing patients with long-term conditions. The practice nurse had access to training and updates from the local CCG.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and CCG practice nurse forums.
- The learning needs of staff were identified through a system of appraisals and informal discussions. All staff had received an appraisal within the last 12 months.

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. We were informed the GP on duty each day would review the investigation and test results. When we checked the system, it appeared that there were 31 results that had not been reviewed or actioned, 19 of these had been received by the practice for four working days. We explored this with the practice and were reassured that the results had been reviewed each day and then reassigned to the patients individual GP. Once they had been reassigned they showed as unread again on the system.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. However, we were informed that the practice did not make use of special notes on the patient computer record to communicate patient information to the out of hours provider. They stated that they would use telephone communication or fax if they did.

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. Meetings took place with the local Home First team every six weeks. Home First was a service that supported older people and others with long term or complex conditions to remain at home rather than go into hospital or residential care. There were meetings with other health care professionals every three months when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff had not received training that included the Mental Capacity Act 2005. They had a basic understanding of the relevant consent and decision-making requirements of the legislation and guidance.
  When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Requires improvement

Are services effective?

(for example, treatment is effective)

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

- 74% 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 72%.
- 56% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 95% and five year olds from 90% to 100%. The CCG average was from 93% to 98% and 94% to 98% respectively.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The GPs were described as attentive and competent. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 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 to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- There was a hearing loop available for patients with hearing difficulties.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice had identified 42 patients as carers, this equated to approximately 1.5% of the practice list. These patients did not all have a flag on their computer record to alert the GPs and staff that they were a carer. The practice had an identified carers lead and written information was available to direct carers to the various avenues of support available to them. There was a variety of information on the practice website for carers with links to other organisations providing support including financial and legal advice.

We were informed that if families had suffered bereavement, their usual GP contacted them and the practice sent them a sympathy card. This was followed by a patient consultation at a flexible time and location to meet the family's needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours on a Tuesday evening from 6.30pm to 7.30pm. This was especially useful for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Routine appointment booking and repeat prescription requests could be made online.
- There was a hearing loop and translation services were available.
- There were facilities for people with disabilities that included wide doors and corridors and an access enabled toilet. All consultation and treatment rooms were located on the ground floor.
- There were baby-changing facilities available and nursing mothers wishing to breastfeed were directed to a private area of the practice.

Access to the service

Patients could contact the practice by telephone from 8am to 6.30pm Monday to Friday. The premises and dispensary were open from 8.30am to 1pm and from 2pm to 6pm on Monday, Tuesday, Thursday and Friday and from 8.30am to 1pm on Wednesday. They offered extended opening hours appointments with both a GP and the nurse from 6.30pm to 7.30pm on Tuesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, same day and urgent appointments were also available for people that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The duty GP would contact the patient by telephone in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. The practice made use of the local CCG Acute in Hours Visiting Service to refer patients who required an urgent home visit. This service was a team of doctors who worked across east and north Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital. 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 an effective system in place for handling complaints and concerns.

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

We looked at two complaints received in the last 12 months and found they were satisfactorily handled in a timely way with openness and transparency. Lessons were learnt from

Good

Are services responsive to people's needs?

(for example, to feedback?)

individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, discussions were held with the reception staff regarding customer care and putting the patients first.

Are services well-led?

Inadequate

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

Our findings

The delivery of high-quality care was not assured by the leadership, governance or

culture in place.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. They did not have a documented mission statement but staff knew and understood the values of the practice.

Governance arrangements

The practice lacked an adequate overarching governance framework to support the delivery of good quality care. There was no effective system for identifying, capturing and managing issues and risks.

- There was not a programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were all done informally and some risk assessments had not been completed. For example, there was no legionella or control of substances hazardous to health risk assessments completed. The fire risk assessment and infection control audit had been completed on the day the inspection was announced. The fire risk assessment was basic and the infection control audit had not identified any areas for action.
- Some essential staff training had not been completed.
- The practice provided some evidence of meetings taking place however the practice did not have regular formal practice meetings where clinical concerns, guidance and learning were discussed.
- Significant events, errors and near misses in the dispensary were not logged or investigated fully to identify trends and mitigating actions to prevent reoccurrence.
- Practice specific policies and procedures were available to all staff. However, we found that they were not always followed particularly the standard operating procedures in the dispensary.

We found some evidence of governance processes at the service

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There was a comprehensive understanding of the performance of the practice such as through the monitoring of the quality and outcomes framework (QOF).

Leadership and culture

The practice was led by a principal GP with the support of the practice manager. Whilst the GP principal was usually in the practice 3 - 4 days a week, we found that they were out of touch with what was happening during day to day services.

They told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff said they felt supported by management. However, we found,

- The practice did not hold regular team meetings.
- Staff told us there was an open culture within the practice but in the absence of team meetings concerns were raised through informal discussions.
- Whilst we saw evidence of some meetings taking place, these did not include all areas of practice governance and allow opportunities for learning

Are services well-led?

Inadequate

(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

There was minimal engagement with people who use services. They had not proactively sought patients' feedback and engaged patients in the delivery of the service.

- They did not have a patient participation group (PPG). They were currently recruiting patients to a virtual group and had 23 members but there had been no engagement with them at the time of the inspection.
- They had not completed their own patient surveys. They made use of the national GP patient survey and had formulated an action plan in response to the results.
- The practice had Family and Friends Test response cards in the patient waiting area but there had been none completed for more than six months.
- The practice had gathered feedback from staff through appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice were part of a federation with 11 other GP practices in the locality called 12 Point Care. The federation aimed to provide local NHS GP Practices with the ability to pool resources and work in partnership with other NHS and provider organisations to effectively and locally deliver innovative, integrated, accessible high quality services to their residents.

This section is primarily information for the provider

Enforcement actions

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The process for reporting incidents, near misses and concerns was not always followed. Near misses and errors in the dispensary were not identified or logged so there was no record to identify trends and learning. Safety alerts and MHRA alerts were not always followed and there was not a system in place for a continued periodic review of practice in relation to the alerts. The system for checking the monitoring of high-risk medicines and medication reviews was not evident. None of the staff had received infection control training and some infection control processes were not followed. There was no register of staff vaccinations and any record or process for checking staff immunity status for Hepatitis B.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Essential training such as safeguarding, infection prevention and control, fire safety, health and safety, information governance and confidentiality was all delivered as an informal discussion. Staff carrying out the chaperone role had not received training. There was no record to show that staff, including those who worked in the dispensary occasionally, had read the

This section is primarily information for the provider

Enforcement actions

standard operating procedures (SOPs) which covered the dispensing process. We noted that there was no SOP in place to govern the production of weekly blister packs, and that some of the SOPs were not followed in practice.

Clinical audits had not been carried out.

There was a lack of risk assessments particularly in relation to control of substances hazardous to health (COSHH) and Legionella. Risk assessments had not been completed for the dispensary in relation to security and the additional checks required for the dispensing of certain medicines. There was not a risk assessment to determine if a Disclosure and Barring Service (DBS) check is required for non-clinical staff in particular those performing the chaperone role.

The practice did not have a patient participation group (PPG). They were currently recruiting patients to a virtual group and had 23 members but there had been no engagement with them at the time of the inspection.