

Hall Grove Practice

Quality Report

4 Hall Grove, Welwyn Garden City
Hertfordshire, AL7 4PL
Tel: 01707 328528
Website: www.hallgrovesurgery.co.uk

Date of inspection visit: 5 July 2016
Date of publication: 16/09/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	13
Background to Hall Grove Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hall Grove Practice on 5 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice had carried out extensive work towards identifying and supporting people with a learning disability. The practice offered longer appointments, made easy read information available to patients and had increased the number of completed annual health checks for people with a learning disability. The practice had completed 58 health checks between 2015/2016. Health checks included a review of the

Summary of findings

individual's mental health and social support and referrals were made for further support as required. The practice sent easy read leaflets to care homes and held flu clinics at flexible times which had increased the uptake of flu vaccinations for 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 areas where the provider should make improvement are:

- Ensure that verbal complaints are recorded and reviewed.
- Establish a process to ensure a review of medical consumables to ensure they are within the expiry date recommended by the manufacturers.
- Ensure all of the required actions and recommended procedures are completed in accordance with the Legionella risk assessment for both the main practice and branch surgery.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. For example, the practice had achieved 98% of the total number of points available, with 4% exception reporting which was better than the local and national averages.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey results published on 7 January 2016 showed patients rated the practice higher than others for several aspects of care. For example, 93% of respondents stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern compared to the local CCG average of 83% and national average of 85%.

Good



Summary of findings

- The practice offered flexible appointment times based on individual needs.
- 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.
- The practice held a register of carers with 473 carers identified, which was 3% of the practice list. There was a nominated Carers' champion at both premises who provided information and advice about local support groups and services available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and East and North Hertfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example, a Phlebotomist from the local hospital visited the practice and branch surgery on a weekly basis to take blood samples from patients for required testing.
- The practice participated in the local area winter resilience scheme and offered more 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 provided 4,163 additional appointments between 1 October 2015 and 30 April 2016.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Urgent appointments were available on the same day and the practice provided a telephone consultation service for those who needed urgent advice.
- Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However, information about how to complain was not easily available.

Good



Are services well-led?

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

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

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for identifying notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices, a local GP Federation and the local East and North Hertfordshire CCG.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- Regular visits to two care homes were carried out by a named GP for continuity of care and emergency visits were also provided when needed. We spoke with senior staff at the homes who told us that the practice offered excellent care and treatment. Both staff members described the practice as very caring, responsive and accessible.
- 76% of patients aged 65 years or over had received a seasonal flu vaccination between 2015 and 2016.
- The practice worked closely with a multidisciplinary team to support older people and patients considered to be in the last 12 months of their lives.
- The practice provided health checks for patients aged over 75 years and had completed 843 health checks, which was 59% of this population group.

People with long term conditions

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

Good



- Nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with the CCG and national average. The practice had achieved 91% of the total number of points available (with 4% exception reporting), compared to local average of 89% (9% exception reporting) and national average of 89% (11% exception reporting).
- 77% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the local and national average of 75%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- The practice held monthly meetings with health visitors to support and manage vulnerable children and families
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81% which was comparable with the local average of 83% and national average of 82%.
- Appointments were available on the same day and outside of school hours. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Breast cancer screening rates were comparable with local and national averages. Data showed 72% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years which was the same as the local and national average.

Good



Summary of findings

- The practice was proactive in offering on line services such as appointment booking and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- Extended opening times were available at both premises on a weekly basis.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had carried out extensive work towards identifying and supporting people with a learning disability. The practice offered longer appointments, made easy read information available to patients and had increased the number of completed annual health checks for people with a learning disability. The practice had completed 58 health checks between 2015/2016. Health checks included a review of the individual's mental health and social support and referrals were made for further support as required. The practice sent easy read leaflets to care homes and held flu clinics at flexible times which had increased the uptake of flu vaccinations for 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 held a register of carers with 473 carers identified which was 3% of the practice list. There was a nominated Carers' champion at both premises who provided information and advice about local support groups and services.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access various support groups and voluntary organisations.
- Staff had accessed safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff members 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.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available (with 3% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting).
- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was below the local average of 86% and national average of 84%. Exception reporting for this indicator was below the local and national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We looked at the National GP Patient Survey results published on 7 January 2016. The results showed the practice's performance was mixed when compared with local and national averages. There were 282 survey forms distributed and 124 were returned. This represented a 44% response rate, which was in line with the national average of 38%, and approximately 1% of the practice's patient list.

- 59% of patients found it easy to get through to this practice by phone compared to the local average of 63% and national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 71% national average of 76%. All of the patients we spoke with during our inspection told us that they were able to get an appointment which was convenient to them.
- 84% of patients described the overall experience of this GP practice as good compared to the local average of 82% and national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards and 31 comment cards were positive about the standard of care received and access to the service. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as excellent. One comment described the difficulties when attempting to amend a prescription and when booking an appointment to see a preferred GP. This comment card also included positive points about the premises and described the nurses as excellent.

We spoke with 13 patients during the inspection. All 13 patients said they were able to get an appointment for when then needed one and they were happy with the care they received. Patients described staff members as approachable, committed and caring.

Some of the patients also included comments about the difficulties they had in telephoning the practice at certain times during the week. The practice told us that they had increased staffing levels to manage telephone calls during peak times.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that verbal complaints are recorded and reviewed.
- Establish a process to ensure a review of medical consumables to ensure they are within the expiry date recommended by the manufacturers.
- Ensure all of the required actions and recommended procedures are completed in accordance with the Legionella risk assessment for both the main practice and branch surgery.

Outstanding practice

The practice had carried out extensive work towards identifying and supporting people with a learning disability. The practice offered longer appointments, made easy read information available to patients and had increased the number of completed annual health checks for people with a learning disability. The practice

had completed 58 health checks between 2015/2016. Health checks included a review of the individual's mental health and social support and referrals were made for further support as required. The practice sent easy read leaflets to care homes and held flu clinics at flexible times which had increased the uptake of flu

Summary of findings

vaccinations for 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.

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 advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Hall Grove Practice

Hall Grove Practice provide primary medical services, including minor surgery, to approximately 15,500 patients from two premises in Welwyn Garden City, Hertfordshire. Hall Grove Practice is the main practice and Parkway Surgery is a branch surgery located approximately two miles away.

The practice serves a higher than average population of those aged between 40 to 59 years and 80 years and over. The practice serves a lower than average population of those aged from 20 to 34 years. 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 three practice nurses, one minor illness nurse, who is qualified to prescribe certain medicines, and one Health Care Assistant. The non-clinical team consists of a business manager, practice manager, two reception supervisors and a team of administration and reception staff.

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 four GP trainees, two of which are ST3 GP trainees (third year of speciality training), one is a ST2 trainee (second year of speciality training) and one is a ST1 trainee (first year of speciality training).

The practice is open to patients at both premises between 8am and 6:30pm Mondays to Fridays. Appointments with a GP or nurse are available from 8.30am to 12.30pm and from 2.30pm 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 two evenings a week and from 9am to 11.30am on alternate Saturdays.

Home visits are available to those patients who are unable to attend the surgery and the Out of Hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice, on the practice website and logged on the practice telephone line.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We contacted NHS East and North Hertfordshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 5 July 2016. We inspected the main practice and branch surgery and during our inspection we:

- Spoke with six GPs, one GP trainee, the practice manager, the business manager, the minor illness nurse, one practice nurse, the health care assistant, three members of the reception team and one member of the administration team.
- Spoke with 13 patients and observed how staff interacted with patients.
- Reviewed 32 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from two members of the Patient Participation Group (PPG). (This was a group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- 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 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed at GP partner meetings which took place fortnightly and we saw evidence to confirm this.
- Information and learning would be circulated to staff and the practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and patient safety alerts. We saw evidence to confirm action was taken to improve safety in the practice. For example, the practice had received a safety alert for a type of blood glucose testing strip. The practice carried out a search on their system to see if any patients were using that particular device and then took the appropriate action.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, staff were reminded to follow the practice's protocol for handling faxed letters marked urgent to ensure immediate action was considered by a GP and action taken where appropriate.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 were GP leads for safeguarding adults and children. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. All GPs and nurses were trained to an appropriate level to manage safeguarding children (level three) and adults.
- A notice in the waiting room advised patients that chaperones were available if required. However, at the time of our inspection the practice did not display notices in the treatment rooms. After we highlighted this omission the practice took immediate action to display appropriate notices in all treatment rooms across both premises. All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service check (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 a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The minor illness nurse was the infection control clinical lead who accessed regular training to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken annually and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

- All single use clinical instruments were stored appropriately however, during our inspection we found three medical solutions which had expired in June 2016. Staff took immediate action to remove the out of date medical consumables.
- Specific equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately and collected from the practice by an external contractor on a fortnightly basis.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The minor illness nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained in wound care and smoking cessation advice and received regular mentorship and supervision from the nursing team.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available along with a poster in the staff area which included the names of the health and safety lead at the practice. The practice had up to date fire risk assessments. Fire alarms were tested

weekly and the practice carried out fire drills and checked fire equipment on a regular basis. All electrical equipment was checked in October 2015 to ensure the equipment was safe to use and clinical equipment was checked in October 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had completed a Legionella assessment in June 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This assessment identified a number of requirements still to be acted on. Shortly after the inspection we received evidence to confirm that the practice was in the process of taking the required actions as identified in the Legionella risk assessment.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There were individual team rotas in place to ensure that enough staff members were on duty. The practice had a system in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required during other absences. The practice had a locum GP information pack in place and would complete the necessary recruitment checks on those individuals when necessary.

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 which alerted staff to any emergency. There was also a panic button location on the reception desk.
- All staff received annual basic life support training.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date. A first aid kit and accident book was 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. A copy of this plan was available on the staff intranet and additional copies were kept off the premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice met with East and North Hertfordshire Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice received information from the CCG on A&E attendance, emergency admissions to hospital and outpatient attendance levels. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 98% of the total number of points available, with 4% exception reporting which was better than the local and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for diabetes related indicators was comparable with the CCG and national average. The

practice had achieved 91% of the total number of points available (with 4% exception reporting), compared to local average of 89% (9% exception reporting) and national average of 89% (11% exception reporting).

- The percentage of patients aged 45 years or over who had a record of blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 89% of the total number of points available, compared to 90% locally and 91% nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available (with 3% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting).
- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was below the local average of 86% and national average of 84%. The practice told us that they were going to investigate this and believed a coding error may have contributed to the lower than average score. Exception reporting for this indicator was below the local and national average.

Clinical audits demonstrated quality improvement.

- There had been 41 clinical audits undertaken in the last two years, seven of these were completed audits where the improvements made were implemented and monitored.
- Findings from audits were used by the practice to improve services. For example, the practice completed an audit on the treatment of non-melanoma skin cancers against national and local guidelines. This audit highlighted good practice and areas for further review at a locality level.
- The practice participated in local audits, national benchmarking and peer reviews.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, equality and diversity, information governance, basic life support, infection control, health and safety and fire safety.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff taking blood samples, administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attendance to educational sessions, conferences and discussions at nurse meetings which took place weekly.
 - The practice nurses held multidisciplinary clinics for patients with asthma, chronic obstructive pulmonary disease (COPD) and diabetes on a regular basis.
 - The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All of the staff had received an appraisal within the last 12 months.
 - Staff had received training that included: safeguarding, infection control, basic life support, information governance, confidentiality and equality and diversity. Staff had access to and made use of e-learning, internal training sessions and Clinical Commissioning Group (CCG) led training days. The practice also held monthly educational meetings on a number of topics including NICE updates, contraception, ophthalmology, diabetes, safeguarding and sleep disorder management.
 - We were told that the practice had close links with the University of Hertfordshire who provided nurse training modules and updates on NICE guidelines, childhood immunisations, cervical screening and spirometry. One of the practice nurses told us that they would be attending a course on family planning at the university in January 2017.
- accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
 - The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
 - Staff worked together with other health and social care services to understand and meet the range and complexity of patient 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for vulnerable patients and for patients requiring palliative care. The practice held monthly meetings with health visitors to support and manage vulnerable children and families.
 - Regular visits to two care homes were carried out by a named GP for continuity of care and emergency visits were also provided when needed. We spoke with senior staff at the homes who told us that the practice offered excellent care and treatment. Both staff members described the practice as very caring, responsive and easily accessible.

Consent to care and treatment

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

- The practice had a consent policy in place and staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

Are services effective?

(for example, treatment is effective)

- 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.

- These included patients considered to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant service.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had completed 58 health checks between 2015/2016.
- Smoking cessation advice was provided by the nursing team.

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%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by contacting patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were comparable with local and national averages. For example:

- Data published in March 2015 showed 57% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.
- Data showed 72% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years which was the same as the local and national average.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 93% to 94%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years and had completed 397 in the last 12 months. New patients were offered a health check upon registering.

The practice provided health checks for patients aged over 75 and had completed 843 health checks, which was 59% of this population group. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had confidentiality slips available for patient use in the reception area at both premises and telephone calls into the main practice were handled in a separate area.

We received 32 CQC patient comment cards and 31 of the comments 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.

We received feedback from two members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

On the day of our inspection, we spoke with 13 patients who all told us that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

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

- 96% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

- 92% said the GP gave them enough time (CCG average 85%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 79% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%). The practice told us that they had introduced customer service training for all staff.

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.

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

- Notices in the patient waiting rooms, and information on display screens told patients how to access a number of support groups and organisations. The practice had a webpage with information on how to self-refer to a number of local and national services.
- The practice produced a newsletter on a regular basis which provided patients with information on a range of topics such as online services, prescriptions, contact numbers for local services, the appropriate use of antibiotics and support services for carers.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 473 carers identified which was 3% of the practice list. A member of the administration team was the nominated Carers' champion at each of the premises, who promoted information for carers and managed a display board in the patient waiting areas.
- Staff told us that if families had suffered bereavement, their usual GP contacted them or sent 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.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, a Phlebotomist from the local hospital visited the practice and branch surgery on a weekly basis to take blood samples from patients for required testing.

- The practice participated in the local area winter resilience scheme and offered more 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 provided 4,163 additional appointments between 1 October 2015 and 30 April 2016.
- The practice had carried out extensive work towards identifying and supporting people with a learning disability. The practice offered longer appointments, made easy read information available to patients and had increased the number of completed annual health checks for people with a learning disability. The practice had completed 58 health checks between 2015/2016. Health checks included a review of the individual's mental health and social support and referrals were made for further support as required. The practice sent easy read leaflets to care homes and held flu clinics at flexible times which had increased the uptake of flu vaccinations for 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 offered extending opening hours at the branch surgery one evening a week and on alternate Saturdays for working patients who could not attend during normal opening hours.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.

- The practice had baby changing facilities, sufficient space for prams, a suitable place available for baby feeding and a suitable area for children.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. The practice was also 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.
- Same day appointments were available for children and those with serious medical conditions.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- There were disabled facilities, a hearing loop and electronic check-in kiosks at both premises.

Access to the service

The practice was open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP or nurse were available from 8.30am to 12.30pm and from 2.30pm to 6.30pm daily. The practice offered extended surgery hours at both premises between 6.30pm and 8pm two evenings a week and from 9am to 11.30am on alternate Saturdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 78%.
- 59% of patients said they could get through easily to the surgery by phone compared to the CCG average 63% and national average of 73%.

The practice told us that they had increased staffing levels to manage telephone calls during peak times. People told us on the day of the inspection that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had an effective system in place for handling written complaints and concerns. We were told verbal interactions were managed and responded to by staff however these interactions were not recorded and reviewed.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The senior GP Partner was the designated responsible person who handled all complaints in the practice.
- Information to help patients understand the complaints system was available on the website, however this information was not available in the patients' waiting

areas. Shortly after the inspection the practice told us that they were displaying their complaints procedure in all patient waiting areas and at reception at both premises.

We looked at two complaints received in the last 12 months and found both of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency when dealing with complaints. The practice shared their complaints data with NHS England. Apologies were offered to patients, lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice introduced confidentiality slips at reception. This enabled patients to write down messages for reception staff which was used to maintain patients' privacy.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had structures and procedures in place which supported the delivery of the strategy and good quality care and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff told us they prioritised safe, high quality and compassionate care. Clinical staff had lead roles in a number of areas such as dementia, chronic kidney disease, cancer and mental health. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 and 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 kept records of written correspondence and gave affected people support and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and we saw evidence that regular staff meetings were taking place for all staff groups including multidisciplinary team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the services delivered by the practice. For example, the nursing staff made changes to their appointments system for travel vaccinations. This enabled patients to submit details of their planned travel before the time of their appointment. This enabled the nurse to prepare detailed information and advice for the patient and also determine whether a face to face appointment was required.

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

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

- The practice had gathered feedback from patients through the Friends and Family Test, the Patient Participation Group (PPG) and through surveys and complaints received. The PPG supported the introduction of the online appointments and repeat prescription system. PPG members provided patients with information on hospital transport links and flu clinics and work closely with the Carers' champion.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff feedback resulted in the practice providing assertiveness training to better equip staff when handling difficult situations.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Senior staff regularly attended meetings with peers within their locality and GP Partners had lead roles within the locality for mental health and prescribing. The position of Executive Partner was rotated every 18 months and the practice was a member of a local GP Federation. GP Partners were involved in supporting the local Vocational Training Scheme.