

# High Street Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at High Street Surgery on 25 October 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 with the exception of infection control procedures. Infection control audits had been completed however, we noted there were some areas of infection control lacking. For example, there was a carpet on the floor of the treatment room used for procedures such as blood taking and patient wound dressings. Some of the sinks did not have elbow taps. There were also sharps bins that did not have a recorded date when assembled.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 facilities suitable for patients with disabilities that included allocated parking spaces, a ramp at the rear entrance and access enabled toilets.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- Patients who required support to live healthier lives were signposted to the relevant service. For example, children identified as overweight were referred to a local group called Movers and Munchers that encouraged learning about food and cooking combined with activities to lose weight.
- The practice had a carers lead and had identified approximately 3% of their patients as carers.

The area where the provider must make improvement is:

- Ensure action is taken to address identified concerns in relation to infection prevention and control.

The area where the provider should make improvement is:

- Continue to monitor and ensure improvement to national patient survey results, for example access to the practice by phone.

**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 requires improvement for providing safe services.

**Requires improvement**



- Risks to patients were assessed and well managed with the exception of infection control procedures. Infection control audits had been completed however, we noted there were some areas of infection control lacking. For example, there was a carpet on the floor of the treatment room used for procedures such as blood taking and patient wound dressings. Some of the sinks did not have elbow taps. There were also sharps bins that did not have a recorded date when assembled.
- There was an effective system in place for reporting and recording significant events. A significant event reporting policy was available for all staff to access on the practice computer system.
- We saw examples to show that lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in most areas. For example, performance for hypertension related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 1% exception reporting, compared to the CCG average of 97%, with 3% exception reporting, and the national average of 97%, with 4% exception reporting.

# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Clinical audits demonstrated quality improvement. There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- 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.
- Patients who required support to live healthier lives were signposted to the relevant service. For example, children identified as overweight were referred to a local group called Movers and Munchers that encouraged learning about food and cooking combined with activities to lose weight.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey, published in July 2016, showed patients rated the practice in line with others for several aspects of care. For example, 86% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 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 had identified 163 patients as carers, which equated to approximately 3% of the practice list. There was a carers lead and a carers noticeboard in the waiting area with written information to direct carers to the avenues of support available to them.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- Practice staff reviewed the needs of its local population and engaged with NHS England and East and North Hertfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice opened on alternate Saturday mornings for patients who were unable to attend during the week.
- 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 facilities suitable for patients with disabilities that included allocated parking spaces, a ramp at the rear entrance and access enabled toilets.
- 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 and other stakeholders.

## 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. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured 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 and met with the practice every three months. The practice used the NHS friends and family test to gather feedback from patients.
- There was a strong focus on continuous learning and improvement at all levels.

**Good**



# Summary of findings

- The practice was the lead in the locality for developing and implementing a new style website that would be used to provide uniformity across all practices in the area.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients at risk of hospital admission were identified and their care reviewed with the multi-disciplinary team to put in place proactive care to prevent admission.
- Annual health checks were offered to all patients over 75 years of age.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 86% of available points, with 5% exception reporting, compared to the CCG average of 90%, with 9% exception reporting, and the national average of 90%, with 12% exception reporting.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### 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 who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good





# Summary of findings

- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 81%.
- 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.

## 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example,
  - 73% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 73%.
  - 55% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.
- The practice offered extended opening hours on alternate Saturdays from 9am to 12pm. This was especially useful for working patients who were unable to attend during normal opening hours.
- Telephone appointments were available for patients who could not attend the practice.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. All of these patients were offered an annual health check. The practice had 17 patients on the register and at the time of the inspection, five of these (29%) had received a

Good



# Summary of findings

health check for 2016/17. To increase the uptake of health checks the practice sent an invite letter to these patients that contained pictures to aid the understanding of the written information.

- 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 support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 163 patients as carers, which equated to approximately 3% of the practice list. There was a carers lead and a carers noticeboard in the waiting area with written information to direct carers to the avenues of support available to them.

## 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).

- 96% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, which was better than the CCG average of 86% and the national average of 84%.
- Performance for mental health related indicators was lower than the local and national averages. The practice achieved 75% of available points, with 2% exception reporting, compared to the CCG average of 93%, with 12% exception reporting, and the national average of 93%, with 11% exception reporting.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access 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.

Good



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages in some areas but below in others. There were 263 survey forms distributed and 120 were returned. This was a completion rate of 46% and represented approximately 2.5% of the practice's patient list.

- 57% 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%.
- 80% 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%.
- 68% 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%.

- 60% 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 did not receive any completed comment cards.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice made use of the friends and family test. Most recent published results showed 90% of respondents would recommend the practice.

# High Street Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to High Street Surgery

High Street Surgery provides a range of primary medical services to the residents of Cheshunt and the surrounding area. The practice provides services from its current location of High Street Surgery, 15 High Street, Cheshunt, Hertfordshire, EN8 0BX.

The practice population is pre-dominantly white British and covers an average age range. National data indicates the area is one of mid deprivation. The practice has approximately 5020 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England and GP practices.

The practice is led by three GP partners, two male and one female, and they employ one male salaried GP. The nursing team consists of one practice nurse and a health care assistant; both female. There is a team of reception and administration staff all led by a practice manager.

High Street Surgery is open from 8.30am to 6.30pm Monday to Friday, with access via the telephone from 8am. They offer extended opening hours every other Saturday from 9am to 12pm.

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 inspection on 25 October 2016.

During our inspection we:

- Spoke with a range of staff including GPs, the practice nurse, the practice manager, reception and administrative staff. We also spoke with patients who used the service and members of the patient participation group (PPG).
- Observed how staff interacted with patients and their family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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?

# Detailed findings

- 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.

- There was a significant event policy available for all staff to access.
- 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, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- 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, patient safety alerts and minutes of meetings where these were discussed. There was a process in place for the management of alerts. The practice manager disseminated them to the relevant practice staff and kept a record of the actions taken. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had updated its business continuity plan following a recent incident where there had been a power cut in the practice. The practice had continued to see patients at a neighbouring practice until the power had been restored.

### 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

- concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nursing staff were trained to an appropriate level to manage child safeguarding (level 3).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. The practice had completed and documented a risk assessment to determine if the reception staff who performed the chaperone role required a Disclosure and Barring Service (DBS) check. As these staff were not left alone with patients the practice had decided a DBS check was not required. (DBS)
- The practice had an identified infection control lead liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we observed the premises to be visibly clean. The practice had supplies of personal protective equipment and spillage kits were available for the cleaning of bodily fluids. However, we noted there were some areas of infection control lacking. For example, there was a carpet on the floor of the treatment room used for procedures such as blood taking and patient wound dressings. Some of the sinks did not have elbow taps and there was no risk assessment in place to ensure mitigating actions were taken to avoid cross infection after hand washing. There were also sharps bins that did not have a recorded date when assembled.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local East and North Hertfordshire CCG medicines management teams, 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.

## Are services safe?

Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

### 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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills every six months. All electrical equipment was checked in January 2016 to ensure the equipment was safe to use and clinical equipment was checked in February 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The reception and administrative staff were multi-skilled so they could cover each other's roles as required. 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. 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.



# 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 the clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### 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 93% of the total number of points available.

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

- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 86% of available points, with 5% exception reporting, compared to the CCG average of 90%, with 9% exception reporting, and the national average of 90%, with 12% exception reporting.
- Performance for hypertension related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 1% exception reporting, compared to the CCG average of 97%, with 3% exception reporting, and the national average of 97%, with 4% exception reporting.

There was one area where the practice was an outlier for QOF. Data from 2015/16 showed:

- Performance for mental health related indicators was lower than the local and national averages. The practice achieved 75% of available points, with 2% exception reporting, compared to the CCG average of 93%, with 12% exception reporting, and the national average of 93%, with 11% exception reporting.

We explored this data with the practice and found that their use of exception reporting was significantly lower than the CCG or national averages in this area. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had a system for recalling patients on the QOF disease registers. Patients were all requested to attend three times but discussions with the practice demonstrated that if the patient did not attend they were not always recorded as subject of exception.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice prescribed rescue packs to patients with chronic obstructive airways disease (COPD). These contained a supply of steroids and antibiotics for patients to commence if they experienced an exacerbation of their symptoms. Following an audit of the treatment of patients with COPD the practice reviewed the antibiotics they prescribed to these patients that ensured they received antibiotics that had been effective in the past.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A buddy system was in place for new staff members to work alongside a more experienced member of staff. All new staff received a performance review with the practice manager, after one, three and six months, to check their competency for their role.

# 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 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 discussion at practice meetings.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and the practice nurse. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 were signposted to the relevant service.
- Children identified as overweight were referred to a local group called Movers and Munchers that encouraged learning about food and cooking combined with activities to lose weight.
- Patients with poor mental health were referred to a well-being service.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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.

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

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

# Are services effective?

(for example, treatment is effective)

- 55% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, the practice achieved exceeded the 90% target for childhood immunisation rates for the vaccinations given to under two year olds. For MMR vaccinations given to five year olds, the practice achieved an average of 92% compared to the national average of 91%.

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.

The practice had a register of patients with a learning disability. All of these patients were offered an annual health check. The practice had 17 patients on the register and at the time of the inspection five of these had received a health check for 2016/17. To increase the uptake of health checks the practice sent an invite letter to these patients that contained pictures to aid the understanding of the written information.

There were 96% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 86% and the national average of 84%.

# 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.

We spoke with six 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.

Results from the national GP patient survey, published July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% 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%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 94% 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%.
- 86% 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%.
- 87% 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%.
- 80% 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. 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:

- 82% 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%.
- 76% 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%.
- 81% 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:

- Translation services were available for patients who did not have English as a first language.
- Information leaflets were available in large print for patients with visual impairments.
- A mobile hearing loop was used for patients with hearing difficulty.

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 163 patients as carers which equated to approximately 3% of the practice

## Are services caring?

list. There was a carers lead and a carers noticeboard in the waiting area with written information to direct carers to the avenues of support available to them. Carers were offered an annual health check.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs if required and by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with NHS England 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 alternate Saturdays from 9am to 12pm. This was especially useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Telephone appointments were available for patients who could not attend the practice.
- Appointment booking and repeat prescription requests were available online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A hearing loop, information leaflets in large print and translation services available.
- Baby changing facilities were available and a notice in the waiting area advised nursing mothers they could request a private area for breastfeeding.
- Facilities were available for patients with disabilities that included allocated disabled parking spaces, a ramp at the rear entrance near the car park and access enabled toilets.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday, with access via the telephone from 8am. Appointments were available during these times. Extended hours appointments were offered on alternate Saturdays from 9am to 12pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, 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 comparable to local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 76%.
- 57% 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%.

The practice had made changes to the telephone system and patients we spoke with on the day of the inspection informed us they had noticed an improvement when contacting the practice by telephone. Patients 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.

If required patients could be referred to the Home First Rapid response team to provide integrated community care in the patient's home. For example, patients with a blocked urinary catheter were referred to this service rather than admitted to hospital for resolution.

### 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.

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

- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk, the complaints policy was displayed in the waiting area and there was information on the practice website.

The practice had received 14 complaints in the preceding 12 months. We looked at two of these in detail and found

these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.



# 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 and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place 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.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The practice was led by the GP partners with the support of the practice manager. 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. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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 they gave affected people support, information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- There were monthly clinical meetings and the practice manager met with the individual staff groups weekly.
- The practice manager sent a monthly update to all staff, via email, to keep them informed of what was happening in the practice.
- 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 service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been in existence since 2010 and met every three months.
- The practice made use of the friends and family test a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. Most recent published results showed 90% of respondents would recommend the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions.



# Are services well-led?

Good 

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

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was the lead in the locality for developing and implementing a new style website that would be used to provide uniformity across all practices in the area. The aim of this was that in the future the practices may be working together to provide seven day GP services and patients would be used to a standardised website for whatever practice they accessed. The website encouraged patients to self-care and self-refer to other services such as smoking cessation and podiatry. There was a facility for patients to ask the GPs a question via a central email inbox to reduce telephone calls into the practice for advice.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>We found some areas of infection control lacking. For example, there was a carpet on the floor of the treatment room used for procedures such as blood taking and patient wound dressings. Some of the sinks did not have elbow taps. There were also sharps bins that did not have a recorded date when assembled.</p> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>