

Knebworth and Marymead Medical Practice

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 Knebworth and Marymead Practice on 8 November 2017. 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 some infection control procedures. Infection control audits had been completed however, we noted there was a carpet on the floor of the treatment room used for taking blood samples. There were cleaning schedules in place but no checks were made by the practice to ensure standards were met. We found some areas of visible dirt and dust in one of the consulting rooms and in the cleaning buckets.
- 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.
- Clinical audits demonstrated quality improvement. There had been five clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Patients we spoke with were satisfied with the care they received and thought staff were professional and caring and treated them with dignity and respect.
- 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.

Summary of findings

- The practice facilities were equipped to treat patients and meet their needs. There were facilities suitable for patients with disabilities that included access enabled toilets, wide doors and corridors and consultation rooms on the ground floor.
- 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.

The area where the provider must make improvement is:

- Ensure appropriate management of infection prevention and control to ensure standards are consistently met.

The areas where the provider should make improvement is:

- Carry out regular fire drills.
- Continue to monitor and ensure improvement to patient survey results for example in relation to overall experience and opening hours.

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 some infection control procedures. Infection control audits had been completed however, we noted there was a carpet on the floor of the treatment room used for taking blood samples. There were cleaning schedules in place but no checks were made by the practice to ensure standards were met. We found some areas of visible dirt and dust in one of the consulting rooms and in the cleaning buckets.
- 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. For example, performance for chronic obstructive pulmonary disease (COPD), related indicators was above the CCG and national average. The practice achieved 100% of available points, with 14% exception reporting, compared to the CCG average of 97%, with 12% exception reporting and the national average of 96%, with 13% 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 five clinical audits undertaken in the last two years, three 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.

Are services caring?

The practice is rated as good for providing caring services.

- 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, 84% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 87% and the national average of 89%.
- Patients we spoke with were satisfied with the care they received and thought staff were professional and caring and treated them with dignity and respect.
- 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 172 patients as carers, which equated to approximately 1.5% 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.

Good



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 NHS England and East and North Hertfordshire Clinical Commissioning Group to secure improvements to

Good



Summary of findings

services where these were identified. For example, the practice offered extended opening hours on Tuesdays and Thursdays. This was especially useful for patients who were unable to attend during normal opening hours.

- Patients we spoke with on the day of the inspection informed us that they were able to get appointments when they needed them.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had facilities suitable for patients with disabilities that included access enabled toilets, wide doors and corridors and consultation rooms on the ground floor.
- 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 monthly 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 once a month.
- The practice held an annual meeting and invited all patients to attend to gather feedback and provide information on the practices performance and plans for the future. Representatives from the out of hour's service also attended these meetings.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supplied GP cover to residents in three local care homes that included twice-weekly ward rounds.
- Annual health checks were offered to all patients over 75 years of age. They had completed 960 out of 1211 checks, the equivalent of 79%.

People with long term conditions

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

Good



- 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 above the CCG and national averages. The practice achieved 92% of available points, with 11% exception reporting, compared to the CCG average of 89%, 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.
- The practice maintained a register of patients requiring palliative care and held regular meetings with Macmillan nurses, district nurses and the Home First nurses to review the care and support needed.

Families, children and young people

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

Good



Summary of findings

- 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. For example, 99% of children aged one year received their full course of recommended vaccinations.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% 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.
- Chlamydia screening was available opportunistically for patients aged 15 to 24 years of age.

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. The practice encouraged patients to attend cancer screening programmes that reflects the needs for this age group. For example, 74% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 73% and 62% 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 Tuesdays and Thursdays. This was especially useful for working patients who were unable to attend during normal opening hours.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. There was a lead GP for the care of patients with learning disabilities.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice 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 172 patients as carers, which equated to approximately 1.5% 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).

- 75% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for mental health related indicators was above the CCG and national average. The practice achieved 100% of available points, with 11% 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 were below in others. There were 223 survey forms distributed and 108 were returned. This was a 48% completion rate and represented approximately 1% of the practice's patient list.

- 63% 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%.
- 87% 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%.
- 65% 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%.

- 53% 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 53% and the 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 did not receive any completed comment cards.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were professional and caring. They commented that they were involved in decisions about their care and had enough time during consultations to discuss their needs.

The practice made use of the NHS Friends and Family Test. (The Friends and Family Test provides an opportunity for patients to feedback on the services that provide their care and treatment). The most recent published results showed that 89% of the 47 respondents would recommend the practice.

Knebworth and Marymead Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Knebworth and Marymead Medical Practice

Knebworth and Marymead Practice provides a range of primary medical services to the residents of Knebworth and the surrounding area. The practice has a main location at Knebworth Surgery, Station Road, Knebworth, Hertfordshire, SG3 6AP and a branch practice at Marymead Medical Practice, 18 Spring Drive, Marymead, Hertfordshire, SG2 8AZ. Both sites were visited as part of the inspection.

The practice population is ethnically diverse and covers an average age range. National data indicates the area is one of low deprivation; however, the practice informed us there were some areas of deprivation within the practice boundary. The practice has approximately 12,000 patients who can see GPs at both sites. Services are provided under a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice is led by four GP partners, three male and one female with the support of a practice manager. The nursing team consists of two nurse prescribers, two practice nurses

and a health care assistant, all female. A team of regular locum GPs were used to support the practice clinical team. There are two deputy practice managers and a team of reception and administrative staff.

The practice is an accredited training practice and at the time of the inspection had one post-graduate doctor gaining experience in general practice.

The practice is open between 8am and 6.30pm Monday to Friday. Extended opening hours appointments with GPs and nurses are offered from 7am to 8am and 6.30pm to 8.30pm on Tuesdays and Thursdays.

The practice provides GP cover to three local high dependent care homes with 180 residents.

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.

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 carried out an announced visit on 8 November 2016.

During our inspection we:

- Spoke with a range of staff including GPs, nurses, the practice manager, deputy practice managers, administrative and reception staff.
- Spoke with patients who used the service and members of the patient participation group (PPG).
- We observed how staff interacted with patients during their visit to the practice.
- 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?
- 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.

- The practice had a significant event policy that was available on the practice computer system for all staff to access.
- Staff told us they would inform the practice manager of any incidents and complete an incident recording form. 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, patient safety alerts, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and minutes of meetings where these were discussed. The practice showed us the process they followed when they received an alert regarding blood glucose testing equipment. We saw evidence that the practice had audited the records of the patients affected to ensure appropriate actions had been taken. The practice had made regular reviews of actions required in response to MHRA alerts to ensure that patients were receiving the correct treatments and monitoring for certain conditions. Alerts were set on the patients' electronic records so reminders were sent to them to attend for review.

We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, the practice had an increase in errors when documents were scanned on to patients' electronic records. Following an investigation they purchased new scanning equipment and monitored staff performance. They completed a monthly audit of a sample of scanned documents and noted that scanning errors had reduced as a result of the action taken.

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. There were also contact details in each of the consulting and treatment rooms. One of the GP partners 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. The GPs were trained to an appropriate level to manage child safeguarding, level 3, and the practice nurses were trained to level 2.
- Notices in both practices advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had cleaning schedules in place to maintain appropriate standards of cleanliness and hygiene. However, there were no checks made by the practice to ensure the standards were met. We found some areas of visible dirt and dust in one of the consulting rooms. One of the practice nurses was the infection control clinical lead who 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 saw evidence that action was taken to address any improvements identified as a result, although there was a carpet on the floor of the treatment room used for taking blood samples.
- 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).

Are services safe?

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 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. Two of the nurses had qualified as Independent Nurse Prescribers 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 the other nurses 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 offices which identified local health and safety representatives. The practice had an up to date fire risk assessment but had not carried out any fire drills. All electrical equipment was checked in November 2015 to ensure the equipment was safe to use and clinical

equipment was checked in October 2016 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. Regular locum GPs were used to support the partners. 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.
- Both practices had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kits and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of both practices and all staff knew of their locations. All the medicines we checked were in date and stored securely.

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. Copies of the plan could be accessed by staff at both sites and hard copies were kept off site.

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 patients' needs.
- Treatment templates that reflected NICE guidance were used for the whole range of long term conditions.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 practice manager was the lead within the practice for monitoring the practice's performance and all staff were engaged and involved. The most recent published results showed the practice achieved 99% of the total number of points available.

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

- Performance for diabetes related indicators was above the CCG and national average. The practice achieved 92% of available points, with 11% exception reporting, compared to the CCG average of 89%, with 9% exception reporting and the national average of 90%, with 12% exception reporting.
- Performance for mental health related indicators was above the CCG and national average. The practice achieved 100% of available points, with 11% exception reporting, compared to the CCG average of 93%, with 12% exception reporting and the national average of 93%, with 11% exception reporting.
- Performance for chronic obstructive pulmonary disease (COPD), related indicators was above the CCG and

national average. The practice achieved 100% of available points, with 14% exception reporting, compared to the CCG average of 97%, with 12% exception reporting and the national average of 96%, with 13% exception reporting.

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

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last two years, three 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.
- The practice carried out a monthly audit of all minor surgery performed. They reviewed all patients who had attended the minor surgery to ensure that the practice had received histology results and any further actions had been completed.

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.
- 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. The nursing staff had undertaken training for the management of a variety of conditions including minor illnesses, COPD, asthma and diabetes. They were also trained to give family planning advice.
- 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.

Are services effective?

(for example, treatment is effective)

- 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 nursing staff. All staff had received an appraisal within the last 12 months and we saw evidence of actions taken to develop staff following appraisals.
- 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.
- The practice had reviewed its process for patients referred to secondary care for a two week wait cancer referral to ensure that all patients referred received and attended an appointment.
- The practice demonstrated good communication with the out of hours GP service which included sharing patient notes so they received appropriate care when the practice was closed.
- 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.

- The practice maintained a register of patients requiring palliative care and held regular meetings with Macmillan nurses, district nurses and the Home First nurses to review the care and support needed.

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.
- Written consent forms were used for all minor surgery and scanned onto the patients electronic record.
- 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. Patients were signposted to the relevant service.
- One of the nurses was trained to give weight management advice and reviewed patients weekly. There was a dedicated smoking cessation clinic ran by the health care assistant.
- Chlamydia screening was available opportunistically for patients aged 15 to 24 years of age.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 81%. Alerts on the patient notes reminded staff to educate patients who did not attend for their cervical screening test. The practice had analysed the age ranges of patients attending for cervical screening and specifically targeted the groups that did not

Are services effective?

(for example, treatment is effective)

attend. 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,

- 74% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 73%.
- 62% 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 exceeded the required 90% standard for childhood immunisation rates between April 2015 and

March 2016. For example, 99% of children aged one year received their full course of recommended vaccinations and 96% of children aged two years received their measles, mumps and rubella (MMR) vaccination.

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 offered health checks to all patients over the age of 75. They had completed 960 out of 1211 checks, the equivalent of 79% in the last 12 months.

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.

Patients we spoke with were satisfied with the care they received and thought staff were professional and caring and treated them with dignity and respect.

We spoke with three 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 comparable with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 80% 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%.
- 90% 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%.

The practice was lower than average for one area

- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

In response to this the practice had reviewed staff performance especially when answering the telephones. Discussions were held at the monthly staff meetings and organisational changes were made to improve performance at peak times. For example the administration team were used to answer the telephones at peak times to provide more telephone answering capacity.

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.

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:

- 80% 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%.
- 74% 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%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 172 patients as carers which equated to approximately 1.5% of the practice

list. Carers were offered an annual flu vaccination. 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.

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.

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 the East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours on Tuesdays and Thursdays. This was especially useful for working patients who were unable to attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. All of these patients were offered an annual health check.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided GP cover to three local care homes and carried out twice weekly ward rounds to review the residents in addition to urgent visits as required.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a Yellow Fever Vaccination centre.
- There were facilities suitable for patients with disabilities that included access enabled toilets, ramps at the entrance and consultation rooms on the ground floor. The doors and corridors were wide enough to manoeuvre wheelchairs and mobility aids.
- Baby changing facilities were available.
- Hearing loops and translation services were available at both sites.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available at various times during these hours. Extended hours appointments were offered at the Knebworth Surgery on alternate Tuesdays from 6.30pm to 8.30pm and on alternate Thursdays from 7am to 8.30am. They were offered at the Marymead Surgery on alternate Tuesdays from 7.30am to 8.30am and

6.30pm to 8.30pm, and on alternate Thursdays from 7am to 8.30am. In addition to pre-bookable appointments that could be booked up four 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 below the local and national averages in some areas. For example:

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.

In response to the patient survey the practice reviewed their opening hours. They were providing extended opening on Tuesdays and Thursdays between the two sites. In addition they provided appointments on Saturday mornings for flu vaccinations during October and November. At the time of the inspection the practice had vacancies for two whole time equivalent GPs and felt they did not have the capacity to open for longer outside of the normal opening hours.

Patients we spoke with on the day of the inspection informed us that they were able to get appointments when they needed them.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice had received 41 complaints in the preceding 12 months. We looked at two of these and found these had been 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, promote good outcomes for patients and to be caring, show compassion and understanding.

The practice had a statement of purpose that outlined their aims and objectives which included to provide people registered with the practice with personal health care of high quality and to seek continuous improvement on the health status of the practice population overall.

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 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 and practice manager 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 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 reasonable 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.

- Staff told us the practice held team meetings every month across both sites.
- 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 practice PPG had formed in 2011. They met monthly and submitted proposals for improvements to the practice management team. For example, the practice had made changes to the appointment system and introduced telephone consultations in response to feedback from the PPG. They also told us they were working together to reduce the amount of appointments lost due to non-attendance by patient.

Are services well-led?

Good 

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

- The practice held an annual meeting and invited all patients to attend to gather feedback and provide information on the practice's performance and plans for the future. Representatives from the out of hours service also attended these meetings.
- 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 89% of 47 respondents would recommend the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. 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 part of a federation of 12 local GP practices called 12 Pointcare that worked together to keep health services local for their patients.

The practice was an accredited training practice and at the time of the inspection had one post-graduate doctor gaining experience in general practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</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 taking blood samples. There were cleaning schedules in place but no checks were made by the practice to ensure standards were met. We found some areas of visible dirt and dust in one of the consulting rooms.</p> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>