# Gade Surgery

## Quality Report

99b Uxbridge Road
Rickmansworth
WD3 7DJ
Tel:01923 775291
Website: www.gadesurgery.co.uk

Date of inspection visit: 1 December 2016
Date of publication: 03/02/2017

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

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Gade Surgery on 1 December 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 those relating to patient group directives.
- 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.
- The practice had higher than average responses from patient feedback regarding access to the practice
- 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 good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

# Summary of findings

- The practice must ensure that patient group directives (PGDs) are reviewed and signed by an appropriate person.

In addition the practice should:

- Put in place a secure system for recording and monitoring the use of hand written prescription pads.
- Continue to carry out and document legionella water testing.
- Continue to monitor training updates for staff.
- Ensure appropriate checks are carried out when recruiting staff and retain evidence of this in personnel files.
- Continue to monitor the risk of transferring patient identifiable data between the branch surgery and the main practice.
- Ensure that following external risk assessments action plans are completed in a timely manner.
- Continue to review and update policies and procedures.
- Continue to monitor consent process to ensure that it is adhered to by carrying out regular audits.
- Ensure consent for procedures, including verbal consent, is documented in the patient's notes.
- Continue to identify and support patients who are carers.

**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?**

**Requires improvement**

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, an explanation 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.
- Although most risks to patients who used services were assessed, systems and processes for handling safety alerts were not robust. Whilst there was evidence that some alerts had been actioned, the practice could not demonstrate that they had taken appropriate action in response to one safety alert received. The practice were open in sharing their own concerns with their system for managing safety alerts and took immediate action following our inspection to develop new protocols and systems for managing alerts to ensure patients were not at risk.
- The practice had a comprehensive policy for consent with forms appended; however this was not routinely followed. Following the inspection the practice provided minutes of a practice meeting where the consent policy and procedures were discussed and all clinical staff confirmed that they would follow the guidelines and gain consent for all relevant procedures.
- Patient group directives (PGD) had been adopted by the practice but not all had been signed by an authorised person. The practice provided documentary evidence immediately following the inspection to demonstrate that this had been done.
- Prescription pads were stored securely but the practice did not have a comprehensive monitoring system for recording stocks of hand written pads. Following the inspection the practice provided documentary evidence that a system had been put in place.

# Summary of findings

## Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages.
- The practice had higher than averages figures for access to the service and recommendations to other patients. For example, 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%. Also, 95% 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 85% and the national average of 79%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There had been four clinical audits which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff, however all staff had not received an appraisal in the last 12 months but we were sent evidence following the inspection that there was a programme for this to be completed by February 2017.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 94% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 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 122 patients who were carers.
- A questionnaire for carers had been implemented to enable them to identify how they could be best supported.

# Summary of findings

- The practice had a designated member of the reception team who was the 'carers champion', who supported patients by signposting them to appropriate services, assisting them with local authority assessments and ensuring that both carers and their families received help as required.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patient survey results for access to the practice were above the local CCG and national averages
- The practice 90% of patients found it easy to get through to this practice by phone compared to the Hertfordshire Valley CCG average of 78% and the national average of 73%.
- 90% 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 79% and the national average of 76%.
- 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 offered a phlebotomy service for patients to have blood tests taken at the surgery rather than travel to hospital.
- The GPs had personalised lists meaning each patient has a registered/named GP. Wherever possible, to ensure continuity of care, all correspondence, prescriptions, messages, visits and appointments were coordinated by their named GP.
- Family groups were encouraged to register with the same GP to enable coordinating care for older patients by assessing all aspects of the family.
- The practice had set up a telephone line that bypassed the main system to provide easy access for care homes and community teams involved in caring for the elderly
- Designated times were offered to patients to contact the practice to either leave a message or speak to their named GP or nursing staff.
- The practice had good facilities and was well equipped to treat patients and meet their needs with a baby changing area, accessible toilets and a hearing loop.

# Summary of findings

- 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?**

Good

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, but some of these were overdue a review.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. Arrangements to monitor and improve quality and identify risk required closer management and monitoring.
- 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.
- All staff had received inductions but not all staff had received regular performance reviews but staff told us that they felt supported had attended staff meetings and events.
- Regular monthly meetings were held with practice nurses, the designated partner and practice manager to focus on quality assurance, clinical update, service improvement and feedback.
- There was a strong focus on continuous learning and improvement at all levels. Gade Surgery was a training practice and took trainee doctors from Watford Hospital.
- Regular educational events, including talks by secondary care consultants were held jointly with the neighbouring practice.

# 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

Good

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. For example;

- The practice operated with personalised lists meaning each patient had a named GP and family units were encouraged to register with the same GP to enable coordinating care for older patients by assessing all aspects of the family.
- All the patients we spoke to on the day told us that they saw the same GP for most appointments.
- Vulnerable elderly patients were encouraged to register for electronic prescriptions with a single designated pharmacy, who offered a home delivery service, in order reduce risk of lost paper prescriptions
- The practice liaised closely with local pharmacists to ensure prescriptions were efficiently managed for patients. Where necessary, practice staff would request home delivered prescriptions to ensure elderly patients did not go without medication.
- Following the withdrawal of the community domiciliary phlebotomy service the practice identified an unmet need for housebound or elderly patients. The practice made a decision to recruit a nurse to provide care to this group. Domiciliary tasks not covered by the community nursing teams were scheduled for the nurse on a weekly basis, for example, blood tests, diabetic reviews and immunisations.
- The practice worked with the local Rapid Response Team (a multi-disciplinary team comprised of Nursing, Social Care, Physiotherapy and Occupational Therapy professionals) to prevent hospital admissions and provide urgent care closer to home for vulnerable elderly patients.
- Complex vulnerable elderly patients requiring intensive coordination of care in the community were referred to the Living Well Team.
- There was a dedicated GP allocated to visiting and providing care to patients in local nursing or care homes. Weekly ward rounds were carried out and the GP worked closely with the staff to ensure coordinated care for all the patients.

# Summary of findings

- The practice hosted weekly session for Age UK at the surgery in order to improve awareness and access to their services.

**People with long term conditions**

Good

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.
- The practice worked closely with the specialist community diabetes team and consultant to enable referrals to education programmes, to provide advice and support to practice nurses.
- Performance for diabetes related indicators was in line or above the local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months was 82% compared to the Hertfordshire Valley CCG average of 77% and national average of 78%.
- Longer appointments and home visits were available when needed.
- The practice offered equipment loans for patients in this group, for example blood pressure monitors, nebulisers and glucose monitors.
- 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.
- Care plans were completed for patients deemed at high risk of hospital admissions.

**Families, children and young people**

Good

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

# Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG average of 82% and the national average of 81%.
- The practice offered contraception (IUCD and implants) and family planning services.
- There was a nominated partner who liaised with a local secondary school to improve adolescent mental health. The GP also attended the regional pastoral care meetings and had been in discussion with the school to explore holding teaching sessions in school.

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

Good

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.
- There was a flexible appointment system with extended hours bookable appointments offered to patients on selected evenings and weekends.
- Aortic aneurysm screening and physiotherapy was offered to patients in this group on site.
- Sequential appointments were offered for patients attending with other family members.

**People whose circumstances may make them vulnerable**

Good

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 those with a learning disability. Annual reviews with 20 minute appointments were offered for patients on learning disability register. A questionnaire was sent to the carers in advance in order to streamline the appointments and act as a checklist.
- Vulnerable patients identified on registration were flagged early to a registered GP.

# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.
- Vulnerable patients who did not attend appointments were followed up by community teams.
- Clinical system allows sharing of critical information with out of hours and other community services
- Weekly or monthly prescriptions were arranged for patients at risk of over-using medications.
- All staff had undertaken training for all staff for children and adults at risk and how to recognise signs of domestic violence.

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

Good

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

- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 81% where the CCG average was 85% and the national average was 84%.
- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 84% where the CCG average was 92% and the national average was 88%. Although the results were below the CCG and national averages 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 and had a dedicated GP as dementia lead.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice lead for mental health and dementia had attended a mental health forum and had delivered the presentation to practice staff. All staff were to undertake dementia awareness training in 2017.
- Therapy services to support mental health patients were available at the practice.
- Regular liaison with practice assigned CBT (cognitive behavioural therapy) therapist enabled good communication and helped manage more complex patients.
- There was a confidential area and room available for discussion of more private issues if required.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above the local and national averages. 231 survey forms were distributed and 118 were returned. This represented a response rate of 51% (approximately 1% of the practice's patient list).

- 90% of patients found it easy to get through to this practice by phone compared to the Hertfordshire Valley CCG average of 78% and the national average of 73%.
- 90% 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 79% and the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 95% 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 85% and the national average of 79%.

As part of our inspection process we also asked for CQC comment cards to be completed by patients prior to the inspection. We received 14 comment cards which were all positive about the standard of care received and the helpful reception staff. We spoke to four patients and all commented that it was always easy to get an appointment and these ran to time. We were also told that the GPs were approachable, committed and caring.

The practice had used the NHS friends and family test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The most recent results showed that 83% of respondents would recommend the practice.

## Areas for improvement

**Action the service MUST take to improve**

The areas where the provider must make improvement are:

- The practice must ensure that patient group directives (PGDs) are reviewed and signed by an appropriate person.

**Action the service SHOULD take to improve**

In addition the practice should:

- Put in place a secure system for recording and monitoring the use of hand written prescription pads.
- Continue to carry out and document legionella water testing.
- Continue to monitor training updates for staff.
- Ensure appropriate checks are carried out when recruiting staff and retain evidence of this in personnel files.
- Continue to monitor the risk of transferring patient identifiable data between the branch surgery and the main practice.
- Ensure that following external risk assessments action plans are completed in a timely manner.
- Continue to review and update policies and procedures.
- Continue to monitor consent process to ensure that it is adhered to by carrying out regular audits.
- Ensure consent for procedures, including verbal consent, is documented in the patient's notes.
- Continue to identify and support patients who are carers.

# Gade Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

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

## Background to Gade Surgery

Gade Surgery provides a range of primary medical services from its location at 99b Uxbridge Road, Rickmansworth. The practice also has a branch surgery at Witton House, Lower Road, Chorleywood, Hertfordshire. The branch was not inspected at this time.

The building is a three storey purpose built location, jointly owned together with the adjoining practice. It has shared parking facilities for patients to the front of the building including disabled parking bays. Staff parking is located to the rear. There are treatment and consulting rooms on the ground and first floor with separate receptions and waiting areas on each floor. On the second floor there are administration rooms, a conference room and a kitchen rest room. The practice has disabled toilet facilities on the ground floor.

The practice serves a population of approximately 11,600 patients with a lower than average population of males and females between the ages of 15 to 39 years and a higher than average population of both, aged between 40 to 59 years of age. The practice also has a higher than average female population aged between 65 to 69 years of age and over 85 years of age. The practice population is largely White British. National data indicates the area served is one of low deprivation in comparison to England as a whole.

The clinical team consists of six GP partners (four male and two female) and two female salaried GPs. The GPs are supported by a clinical team consisting of four practice nurses a healthcare assistant and a phlebotomist, all female. All the clinicians are supported by a practice manager, and a team of administrative staff, including secretaries and receptionists.

The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities. This is a training practice taking trainee doctors from Watford hospital on a 4 monthly rotation basis.

Gade Surgery is open between 8.00am and 6.30pm Mondays to Fridays and offers appointments from 8.40 to 6.15 daily. The practice is also part of the Watford Care Alliance and offers appointments on Saturdays and Sundays every two weeks to patients on the practice list and those registered at other practices in the scheme.

The out of hours service is provided by Hertfordshire Urgent Care and accessed via the practice telephone number. Information about this is available in the practice and on the practice website and telephone line.

## 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 inspection on 1 December 2016. During our inspection we:

- Spoke with a range of staff including GPs, nurses, the practice manager and a range of administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Requires improvement

# Are services safe?

## Our findings

**Safe track record and learning**

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident 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 reasonable support and 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 and patient safety alerts. Whilst preparing for our inspection the practice had recognised that their system for managing these alerts was not reliable and shared their concerns with us. During the course of our inspection we found that was the case. Whilst we saw evidence that most alerts had been received and actioned accordingly, the practice failed to demonstrate that one relevant alert had been handled appropriately. The practice was not able to readily demonstrate that they had reviewed and actioned this safety alert in a timely manner, however all patients affected were being reviewed by a GP.

There was however, evidence that alerts were discussed regularly at practice meetings. Immediately following our inspection, the practice provided reassurance that they had developed a system to ensure all safety alerts were received, recorded and handled appropriately by a suitable member of the team. We were informed that the practice had run a historic search of all safety alerts and taken necessary action to ensure patients were not at risk. The practice advised they had developed a new system for recording all actions taken in response to safety alerts received. They also informed us that they had requested additional electronic alerts to prevent this happening again.

**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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We were told that all GPs had been trained to level 3 and nurses trained to level 2, but on the day of inspection evidence of this was not readily available. Following the inspection the practice provided documentary evidence in the form of certificates. Reception staff had not had any face to face safeguarding training but we were told they had completed on line awareness training. Staff we spoke to could give examples of what to look for, were aware of the safeguarding leads and knew how and who to contact if necessary.
- A notice in the waiting room advised patients that chaperones were available if required. There was a detailed chaperone policy in place and in line with this all staff, including non-clinical staff, who undertook chaperone duties had 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). However, the non-clinical staff had not completed specific training to ensure they had the appropriate knowledge to carry out chaperoning duties effectively. When this was highlighted to the practice they confirmed that this group of staff would not undertake chaperone duties until training had been completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse 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. For example, the audit undertaken in January 2015 had identified changes to clinical bins and updates required for handwashing posters. An action plan was developed, all changes were implemented and signed off by the infection control lead.

- 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 CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions forms and pads were in a locked cupboard. The practice monitored the use of printed prescriptions but handwritten prescription pads were not monitored.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant (HCA) was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. However, these were not all signed by an authorised person. The practice provided documentary evidence immediately following the inspection to demonstrate that all PGDs had been reviewed and signed.
- We reviewed four personnel files and found insufficient evidence of recruitment checks in personnel files. Photographic ID was limited in some files and we found there proof of DBS missing from a nurses file. A new GP had been recruited and there was no evidence of professional registration for this individual and no training certificates for safeguarding or resuscitation training. Following the inspection the practice provided documentary evidence of the DBS check, professional registration, training and photographic ID.

**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 staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked 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). A legionella risk assessment had been undertaken in July 2016 but the actions had not been completed and water testing was not being carried out. However following the inspection the practice provided documentary evidence that the water testing was now been undertaken on a regular basis and documented.

- Patient identifiable data was transported between branches and although it was carried in a secure container there was no risk assessment in place. When this was highlighted to the practice they undertook a risk assessment and put a secure system in place to transfer documents between sites and following the inspection, we were sent evidence that this new process had been communicated to all staff.
- A fire risk assessment had been carried out in July 2016 but identified actions had not been completed. For example, fire extinguishers had not been checked at specified intervals to make sure that they were in working order. This was scheduled for 2 December and the practice provided certification that this had been completed.
- Arrangements were in place for planning and monitoring the number of staff and 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.

**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.

Requires improvement

# Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. 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 suppliers and staff. Copies of the plan were kept off site.

Good

# 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.
- 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 most recent published results were 98% of the total number of points available, above the CCG average of 96% ad the national average of 95%.

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 in line or above the local and national averages. For example,

- The percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months was 82% compared to the Hertfordshire Valley CCG average of 77% and national average of 78%. Exception reporting was 17% compared to the local CCG (12%) and the national (13%).

Performance for mental health related indicators was largely comparable to local and national averages. For example,

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 84% where the CCG average was 92% and the national average was 88%. Exception reporting for this indicator was 12% compared to a CCG average of 10% and national average of 13%.

The practice recognised that these results were slightly below average but had made every effort to encourage patient to attend appointments. We were told that patients received two written invitations and they would only be excepted following a telephone call to confirm that they did not wish to attend.

- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 81% where the CCG average was 85% and the national average was 84%. Exception reporting was 5% compared to a CCG average of 6% and national average of 7%.

The practice had a system for recalling patients on the QOF disease registers and had a lead GP responsible for QOF. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times before being excepted.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of the prescribing of medications such as antibiotic medication and medicines used to treat diabetes to ensure appropriate practices were being adhered to. The GPs told us that clinical audits were linked to medicines management information, clinical interest, safety alerts or as a result of QOF performance. All GPs participated in clinical audits creating an environment of continuous improvement and learning.

**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 additional training in a variety of conditions, for example, chronic obstructive pulmonary disease (COPD) and diabetes.

Good

# Are services effective?

## (for example, treatment is effective)

- 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. Not all staff had had an appraisal in the last 12 months although all non-clinical staff were scheduled to have them completed by the end of March 2017. It had been identified by the practice that the current appraisal process was ineffective for the nursing staff. The GPs and nurses had worked together to develop a new appraisal process which was about to be implemented. It was planned that a new style appraisal would be completed for all nursing staff by the end of February 2017.
- 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. Although some staff had not undertaken all recent training updates, in the days following the inspection the practice sent notification that they had procured the services of an online training provider and provided confirmation that all staff had completed mandatory training updates.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice lead for mental health and dementia had attended a mental health forum and had delivered the presentation to practice staff. All staff were to undertake dementia awareness training in 2017. Additionally clinicians had undertaken online training relating to Deprivation of Liberties (DOLS).

**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.
- Complex vulnerable elderly patients requiring intensive coordination of care in the community were referred to the Living Well Team. This service focused on the need of a person as a whole. A multi-speciality team brought a member of each of its organisations together in a weekly meeting to discuss patient cases understand the patient needs. A shared care plan was devised for these patients services, community matrons, community rehabilitation team and district nurses.
- 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, or after they were discharged from hospital. Meetings took place with other health care professionals, including practice clinical and multidisciplinary team meetings, with community staff, on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. In addition there was an open invitation for any community service staff to attend the daily clinical meeting if they needed to discuss a patient.

**Consent to care and treatment**

- The practice had a consent policy for recording consent for minor procedures, however, it was not always followed. We were informed that verbal consent was obtained but we noted that this was not always documented in the patient's record. When we highlighted this to the practice we were informed that they would complete an audit of the consent process and educate all clinical staff of the correct process to follow. Following the inspection the practice provided minutes of a practice meeting where the consent policy and procedures were discussed and all clinical staff confirmed that they would follow the guidelines and gain consent for all relevant procedures.

Good

# Are services effective?

## (for example, treatment is effective)

- 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.

**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, exercise and alcohol cessation were supported by practice staff or signposted to the relevant service. The practice nurses and the healthcare assistant offered smoking cessation advice.
- Immunisation campaigns (influenza, pneumococcal, shingles) were promoted in the surgery waiting area and patients were contacted by letter, or SMS service to increase uptake and this was supplemented by visible flags on the clinical system to prompt clinicians during direct contact with patient.
- There was a nominated partner who liaised with a local secondary school to improve adolescent mental health. The GP also attended the regional pastoral care meetings and had been in discussion with the school to explore holding teaching sessions in school.

The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG average of 82% 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 using information in different languages and for those with a learning disability and they ensured 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. Data published in March 2015 showed that:

- 58% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 57% and the national average was 58%.
- 68% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG and national averages were 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 97% to (CCG 72% to 97%, national, 73% to 95%) and five year olds from 94% to 98 %( CCG 92% to 96%, national 81% to 95%).

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. For the period 2015/16 the practice carried out 693 health checks.

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

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

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

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). We were told that all members of the group were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the Herts Valley Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 83% 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 93% and the national average of 92%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

**Care planning and involvement in decisions about care and treatment**

Gade surgery operated personalised lists meaning each patient had a named GP and would be seen by that GP on most if not all appointments. We saw evidence that all possible efforts were made to ensure continuity of care and all correspondence, prescriptions, messages, visits and appointments will be coordinated by their named GP. Family units were encouraged to register with the same GP to enable coordinating care for older patients by assessing all aspects of the family. All the patients we spoke to on the day told us that they saw the same GP for most appointments.

- Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.
- Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

Results were above local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 86%of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

Good

# Are services caring?

- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area and 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 122 patients as carers (approximately 1% of the practice list). The practice had developed a questionnaire for patients who were carers to complete to identify details of their circumstances and how they would like to be supported. One of the reception staff was the practice carers champion and supported patients by signposting them to appropriate services, assisting them with local authority assessments and ensuring that both carers and their families received help as required.

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

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

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

- Patients unable to attend appointments during normal hours could be seen in the evening or at weekends, through the Watford Care Alliance extended hours scheme.
- 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.
- The practice offered a phlebotomy service for patients to have blood tests taken at the surgery rather than travel to hospital.
- 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. This service was also offered to anyone not registered at the practice.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had set up a telephone line that bypassed the main system to provide easy access for care homes and community teams involved in caring for the elderly.
- Designated times were offered to patients to contact the practice to either leave a message or speak to their named GP or nursing staff.

**Access to the service**

The practice was open between 8.00am and 6.30pm Mondays to Fridays and offered appointments from 8.40 to 6.15 daily. In addition appointments could be booked up to six weeks in advance and urgent appointments were also available for people that needed them.

The practice was a member of the Watford Care Alliance (WCA). Though WCA the practice offered pre bookable appointments on occasional evenings, Saturdays and Sundays on alternate weeks to patients on the practice list and those registered at other practices in the scheme.

For patients requiring a GP outside of normal surgery hours the out of hours service was provided by Hertfordshire Urgent Care and can be accessed via the practice telephone number. Information about this is available in the practice and on the practice website and telephone line.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Patients requesting a home visit were advised to contact the surgery before 10.30am if possible (but urgent visit requests were accepted at any time by the duty doctor). A GP would contact the patient to assess the need.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

**Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. There were complaints leaflets available in the reception area and information on the website.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. 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. Details of complaints and lessons learnt were discussed with staff at practice meetings.

# Are services well-led?

Good

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

## Our findings

**Vision and strategy**

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had recently employed an additional female salaried GP to support the clinical team to ensure that there wold be adequate cover in the future when senior GPs wished to retire.

**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 although some were due a review, for example the recruitment policy required more detail to reflect what evidence should be obtained and retained in personnel files. Following the inspection the practice has supplied evidence to show that this has been completed.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice had a programme of continuous clinical 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 provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, an explanation 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 regular team meetings.
- Regular monthly meetings were held with practice nurses, the designated partner and practice manager to focus on quality assurance, clinical update, service improvement and feedback.
- Staff told us the partners were approachable and always took the time to listen to all members of staff.
- 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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example,

- The (PPG) demographic was predominantly elderly patients. They fed back to the practice that patients were experiencing difficulties getting through to the practice by telephone, at peak times. Action was taken

# Are services well-led?

Good

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

to improve the telephone system and develop online appointment booking (to free telephone capacity). We discussed this with the PPG representative on the day and received good feedback on the changes made.

- There was a virtual PPG working alongside the actual group so that views could be obtained from those who could not regularly attend meetings, for example, housebound patients, carers or those at work.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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 in helping 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 was a founder member of the Watford Care Alliance. In 2014 with funding from the Prime Ministers Challenge Fund, The Watford Care Alliance (WCA) was formed. A group of11 GP practices came together to offer patients improved access to primary care. In addition to extended access in evenings and on weekends, WCA also provides an integrated health and social care team doctor and a phlebotomy service that operates at weekends. The pilot scheme's main focus was to deliver better care in the community and primary care patient access to prevent unplanned hospital admissions.
- The practice was a training practice and had maintained high standards for training and supporting its students. Trainee doctors came from Watford Hospital on a four monthly rotation basis.
- Regular educational events, including talks by secondary care consultants were held jointly with the neighbouring practice. These sessions included menopause, adult mental health including psychiatry and dermatology.

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<br>Family planning services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>**How the regulation was not being met:**<br>The provider did not have a process in place to ensure that patient group directions (PGDs) were signed by an appropriate person prior to the administration of vaccines by nurses.<br>This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br>**Action we have told the provider to take**<br>The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations. |