

# Sheepcot Medical Centre

## 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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sheepcot Medical Centre on 16 November 2016. Overall the practice is rated as good.

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

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

dedicated phone line in order to contact the senior practice nurse who was the lead for learning disabilities. All of these patients were offered a home visit for their annual reviews.

- Shortly after the inspection the practice told us that they had been accredited with a Purple Star award in recognition of their work with vulnerable patients. This locally developed quality kite mark had been developed by service users, carers, the University of Hertfordshire Business School and the Community Learning Disability Service in Hertfordshire, to award services for providing good quality, accessible health care for adults with a learning disability.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The practice should make improvements in the following areas:

- Complete a periodic review of significant events to identify trends.
- Ensure all staff complete essential training relevant to their role, for example infection prevention and control.
- Continue to monitor and improve systems in relation to the patient review and recall processes.
- Implement a system to ensure annual health checks are completed for patients who are eligible for them.
- Review signage at the reception desk to promote patient confidentiality.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. However, the practice did not carry out an analysis of the significant events to identify trends.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. The most recent published results showed the practice achieved 99% of the total number of points available which was comparable with the local average of 96% and national average of 95%.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all staff members had completed essential training relevant to their role, for example infection prevention and control.
- 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.

Good



# Summary of findings

- Data from the National GP Patient Survey results published in July 2016 showed the practice was comparable with the local and national averages for several aspects of care. For example, 87% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96%, and the national average of 95%.
- The practice offered flexible appointment times based on individual patient needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 141 carers identified, which was approximately 1.5% of the practice list.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Herts Valleys Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a daily in house phlebotomy service to take blood samples from patients for required testing. This service was also provided to elderly housebound patients.
- 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.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



## Are services well-led?

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

Good



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. This included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- The practice offered a daily in house phlebotomy service to take blood samples from patients for required testing. This service was provided to elderly housebound patients.
- 67% of patients aged 65 years or over had received a seasonal flu vaccination between September 2015 and January 2016.
- The practice worked closely with a multidisciplinary team to support older people and patients considered to be in the last 12 months of their lives.
- A named GP carried out a weekly visit to a local care home. We spoke to the manager and one of the nurses at the care home and they told us the practice provided a good service. They described the practice as accessible and responsive to needs of their residents and were positive about all aspects of the services provided by the practice.
- The practice provided health checks for patients aged over 75 years. The practice told us that they had completed 120 health checks in the last 12 months, which was 16% of this population group.

### People with long term conditions

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

Good



- Nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 85% of patients with diabetes, on the register, had a record of a foot examination, which was comparable to the local CCG and national average of 89%.
- 93% of patients aged 8 or over with asthma, on the register, with measures of variability or reversibility recorded between three months before or any time after diagnosis, which was in line with the local CCG average of 87% and national average of 89%.

# Summary of findings

- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice nurses and healthcare assistants provided chronic disease annual reviews to housebound patients within their homes.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable with the local and national average 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.
- The practice's uptake for the cervical screening programme was 83% which was comparable with the local and national average of 82%.
- Appointments were available on the same day and outside of school hours.
- We saw positive examples of joint working with midwives and health visitors for vulnerable children and families.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering on line services such as appointment booking, a text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.

Good





# Summary of findings

- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.
- Extended appointment times were available to patients on a daily basis through a locality wide initiative and the practice also offered extended appointment times on alternate weekdays and on a Saturday once a month.
- 55% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to the local CCG average and national average of 58%.
- 77% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years which was comparable with the local CCG and national average of 72%.

## 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



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had a system in place which highlighted any patient with a learning disability on their computer system.
- The practice told us that patients with a learning disability were provided with a telephone number to a dedicated phone line in order to contact the senior practice nurse who was the lead for learning disabilities. All of these patients were offered a home visit for their annual reviews. The practice had 32 patients on their learning disability register and all of these patients had received a health check in the 2015/2016 year. Shortly after the inspection the practice told us that they had been accredited with a Purple Star award in recognition of their work with vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access support groups and voluntary organisations.
- Staff had accessed safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff members were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of carers with 141 carers identified, which was approximately 1.5% of the practice list.

# Summary of findings

## 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 practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 100%, which was above the local CCG average of 92% and national average of 89%. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- NHS counsellors provided one-to-one sessions to patients at the practice on a regular basis.
- 82% of patients diagnosed with dementia had received a face-to-face review in the preceding 12 months, which was comparable with the local CCG average of 85% and national average of 84%.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We looked at the National GP Patient Survey results published in July 2016. The results showed the practice's performance was comparable with local and national averages. There were 286 survey forms distributed and 120 were returned. This represented a 42% response rate and approximately 1% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the local average of 78% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and the national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the local average of 89% and national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 84% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards, 29 of which were positive about the standard of care received and access to the service. Patients said staff acted in a professional and

courteous manner and described the services provided by all staff as good. One comment card included a negative point about contacting the practice on the telephone. One patient provided a negative comment about the quality of their consultations with one of the GPs.

We spoke with 15 patients during the inspection, including four members of the Patient Participation Group (PPG). We also received feedback from one patient before the inspection. Overall, all of the patients told us that they were able to get an appointment when they needed one and they were satisfied with the care they received. However, two patients also told us that it was difficult to contact the practice on the telephone and three patients told us that patient confidentiality was not always maintained in the reception area.

The practice had gathered patient feedback using the NHS Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. The practice had received 75 responses to the FFT between August and October 2016. The results showed 73 people (approximately 97%) were either extremely likely or likely to recommend the service and two people were extremely unlikely to recommend the service.

## Areas for improvement

### Action the service SHOULD take to improve

- Complete a periodic review of significant events to identify trends.
- Ensure all staff complete essential training relevant to their role, for example infection prevention and control.
- Continue to monitor and improve systems in relation to the patient review and recall processes.
- Implement a system to ensure annual health checks are completed for patients who are eligible for them.
- Review signage at the reception desk to promote patient confidentiality.

# Sheepcot Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to Sheepcot Medical Centre

Sheepcot Medical Centre provides primary medical services to approximately 10,200 patients in Watford, Hertfordshire. The practice moved into a new purpose built premises in 2015 and services are provided on a General Medical Services (GMS) contract (a nationally agreed contract between NHS England and GP Practices).

The practice serves a slightly higher than average population of those aged between 45 and 54 years. The population is 84% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of four GP Partners; three of which are male and one is female. There is one female salaried GP, one nurse practitioner, who is qualified to prescribe certain medicines, two practice nurses and two health care assistants. The non-clinical team consists of a practice manager, IT manager and 14 members of the administration and reception team.

Sheepcot Medical Centre is a teaching and training practice and has been approved to train student nurses and doctors who are undertaking further training (from four months up to one year depending on where they are in their educational process) to become general practitioners.

The practice is open to patients between 8am and 6:30pm Monday to Friday. Appointments with a GP are available from 8.30am to 11.30am and from 3pm to 5.30pm daily. Emergency appointments are available daily. The practice offers extended opening hours between 7am and 8am on alternate Tuesdays and Wednesdays, between 6.30pm and 7.30pm on alternate Mondays and between 8am and 12pm one Saturday each month.

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

At the time of our inspection the provider did not have a Registered Manager in place as required under the CQC (Registration) Regulations 2009. The practice told us that they were in the process of updating their registration with us to ensure their registration is accurate.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We contacted NHS Herts Valleys Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 16 November 2016. During our inspection we:

- Spoke with three GPs, the practice manager, the IT manager, the nurse practitioner, a practice nurse and a health care assistant. We also spoke with one member of the administration team and four members of the reception team.
- Spoke with 11 patients and observed how staff interacted with patients.
- Received feedback from one patient before the inspection.
- Reviewed 31 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with four members of the Patient Participation Group (PPG). (This is a group of volunteer patients who work with practice staff on making improvements to the services provided for the benefit of patients and the practice).

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed with the GPs during a practice meeting which took place on a weekly basis. We saw evidence to confirm this.
- Information and learning would be circulated to staff. However, the practice did not carry out an analysis of the significant events to identify trends.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and patient safety alerts. We saw evidence to confirm actions had been taken to improve safety in the practice. For example, the practice had received a safety alert in relation to pen devices used by patients to self-inject insulin. The practice had reviewed this safety alert and had recorded 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for

safeguarding adults and children. The GPs provided reports where necessary for other agencies. All staff members demonstrated they understood their responsibilities. All GPs and nurses were trained to an appropriate level to manage safeguarding children (level 3) and adults.

- The practice displayed notices in the waiting area and treatment and consulting rooms which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and a risk assessment was in place for all staff including circumstances in which staff acted as a chaperone without having a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner was the infection control lead who kept up to date with best practice. Infection control audits were undertaken on an annual basis and we saw evidence that action was taken to address any improvements identified as a result.
- There was an infection control protocol in place however some non-clinical staff members and one of the health care assistants had not completed infection control training. Shortly after the inspection, the practice told us that the relevant staff were in the process of completing infection control training. All of the staff we spoke with demonstrated knowledge and awareness about infection control.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Specific equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately and collected from the practice by an external contractor on a weekly basis.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of

## Are services safe?

medicines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored and there was a system in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found the appropriate recruitment checks had been undertaken prior to employment for three of these files. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DSB). We found two of these files did not include all the documentation to complete appropriate recruitment checks such as an employee reference or photographic identification. Shortly after the inspection the practice advised us that this information was stored electronically. The practice provided us with evidence to confirm this and told us that they were updating the personnel files.

### 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. The practice had up to date fire and health and safety risk assessments in place. The practice carried out fire drills on a regular basis and fire alarms were tested weekly. Fire equipment was checked on a regular basis. All electrical equipment had been checked in November 2016 to ensure the equipment was safe to use and clinical equipment had been checked in February 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 (COSHH), 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 were individual team rotas in place to ensure that enough staff members were on duty. The practice had systems in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required during other absences. The practice had a locum GP information pack in place and would complete the necessary recruitment checks on those individuals.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available 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 emergency medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was available on the staff intranet and additional copies were kept off the premises.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 99% of the total number of points available which was comparable with the local CCG average of 96% and national average of 95%. Data from 2015/2016 showed;

- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification in the preceding 12 months was 85% which was comparable with the local CCG and national average of 81%. Exception reporting was 10% which was comparable with the local CCG and national average of

8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- The percentage of patients aged 45 or over who have a record of blood pressure in the preceding five years was 89%, which was in line with the local CCG average of 90% and national average of 91%. Exception reporting was less than 1% which was in line with the local and national average.
- The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between three months before or any time after diagnosis was 93%, which was in line with the local CCG average of 87% and national average of 89%. Exception reporting was 3% which was the same as the local CCG average and comparable with the national average of 4%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 100%, which was above the local CCG average of 92% and national average of 89%. Exception reporting was 28% which was significantly above the local CCG average of 10% and national average of 13%.
- During our inspection we checked exception reporting records for diabetes and mental health related indicators. We found the practice had batch exception reported 185 patients on the diabetes register and 18 patients on the mental health register in March 2016. The practice told us that whilst the exception reporting was appropriate, the practice had recognised that this process needed to be reviewed to ensure each individual patient was checked, recalled and correctly coded on the clinical system. Shortly after the inspection the practice told us that patient records had been audited to ensure an effective system was in place for patient recalls and accurate recording within patient notes.
- The practice had employed a new IT manager in 2016 and during our inspection we checked the patient recall process and found the practice had an effective system in place.



# Are services effective?

## (for example, treatment is effective)

- The practice nurses and healthcare assistants provided chronic disease annual reviews to housebound patients within their homes.

Clinical audits demonstrated quality improvement.

- There had been 16 clinical audits undertaken in the last two years. Four of these were completed audits where the improvements made were implemented and monitored.
- Findings from audits were used by the practice to improve services. For example, one of these audits had been carried out to examine the monitoring of patients on testosterone replacement therapy. This audit found three out of six patients had not received specific testing within the previous 12 months. This audit was repeated 12 months later and all six patients had received the specific test. The practice agreed to undertake a quarterly search on their clinical system to ensure continuous and effective monitoring of these patients.
- The practice participated in local audits, national benchmarking and peer reviews.

### Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff members had not completed infection control training.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, equality and diversity, information governance, basic life support, health and safety and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff taking blood samples, administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attendance to educational sessions and conferences.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal 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. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for vulnerable patients, families and for patients requiring palliative care.
- A named GP carried out a weekly visit to a local care home. We spoke to the manager and one of the nurses at the care home and they told us the practice provided

# Are services effective?

## (for example, treatment is effective)

a good service. They described the practice as accessible and responsive to the needs of their residents and were positive about all aspects of the services provided by the practice.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients considered to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant service.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had a system in place which highlighted any patient with a learning disability on their computer system.
- The practice told us that patients with a learning disability were provided with a telephone number to a dedicated phone line in order to contact the senior practice nurse who was the lead for learning disabilities. All of these patients were offered a home visit for their annual reviews. The practice had 32 patients on their learning disability register and all of these patients had received a health check during 2015/2016.
- Shortly after the inspection the practice told us that they had been accredited with a Purple Star award in

recognition of their work with vulnerable patients. This locally developed quality kite mark had been developed by service users, carers, the University of Hertfordshire Business School and the Community Learning Disability Service in Hertfordshire, to award services for providing good quality, accessible health care for adults with a learning disability.

- Smoking cessation advice was provided by the local public health and wellbeing team.
- A NHS dietician visited the practice twice each month to provide advice and support to patients.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the local CCG average of 83% and the national average of 82%. Exception reporting was 2% which was below the local CCG average of 5% and national average of 6%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by contacting patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were comparable with local and national averages. Data published in March 2015 showed;

- 55% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to the local CCG average and national average of 58%.
- 77% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years which was comparable with the local CCG and national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98%, which was comparable to the local CCG average of 94% to 97%. Immunisation rates for five year olds ranged from 93% to 99% which was comparable to the local CCG average of 92% to 95%.

Patients had access to appropriate health assessments and checks. The practice provided health checks for patients aged over 75 years. The practice told us that they had completed 120 health checks in the last 12 months, which was 16% of this population group. New patients were offered a health check during their registration. The

## Are services effective?

(for example, treatment is effective)

practice participated in a targeted flu vaccination programme and 67% of patients aged 65 years or over had

received a seasonal flu vaccination in the 2015/2016 year. 43% of patients aged over six months to under 65 years defined as at risk had received a flu vaccination in the 2015/2016 year.

# 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. However, the practice did not have notices in the reception area to inform patients that this was available. During our inspection three patients told us that patient confidentiality was not always maintained in the reception area. The practice had an electronic check-in kiosk in the reception area which promoted patient confidentiality.

We received 31 CQC patient comment cards and 29 of the comments received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 15 patients during the inspection, including four members of the Patient Participation Group (PPG). We also received feedback from one patient before the inspection. Two patients told us that it was difficult to contact the practice on the telephone and three patients told us that patient confidentiality was not always maintained in the reception area. Overall, all of the patients told us that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help, their dignity and privacy was respected and staff members provided support when required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with

compassion, dignity and respect. The practice was mostly comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 88%, and the national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96%, and the national average of 95%.
- 82% 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%.
- 89% 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%.
- 78% said they found the receptionists at the practice helpful compared to the CCG average of 88%, and the national average of 87%.

The practice told us that they had analysed the latest patient survey results and were constantly assessing their capacity to meet demand. The practice had arranged for reception staff to attend a NHS conflict resolution skills workshop which was delivered in November 2016.

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

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

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

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.

## Are services caring?

- 76% 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%.
- 89% 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 told us that the GPs had reviewed the latest results in order to identify areas for improvement, and the practice had shared the results with the Patient Participation Group. The practice told us they had recently installed a suggestion box in the reception to encourage further patient feedback in order to identify specific areas which could be improved.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

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

- 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 held a register of carers with 141 carers identified, which was approximately 1.5% of the practice list. The practice had a carers' lead (known as a Carers' Champion) for the clinical and non-clinical practice teams. The practice worked closely with the local carer's association which held regular meetings at the practice.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a daily in house phlebotomy service to take blood samples from patients for required testing. This service was also provided to elderly housebound patients.

- The practice worked closely with a multidisciplinary team to support vulnerable people and families, and older people and patients considered to be in the last 12 months of their lives. This team included a locality wide rapid response team.
- The practice had signed up to an enhanced service to manage unplanned hospital admissions for vulnerable and at risk patients. These patients had a personalised care plan and all of these patients had a named GP and regular reviews.
- The nurse practitioner offered a minor illness clinic to patients three times a week.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever centre.
- Same day appointments were available for children and those with serious medical conditions.
- A NHS counsellor offered two sessions a month at the practice and a NHS cognitive behavioural therapist (CBT) held one-to-one sessions at the practice on a weekly basis.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- There was good access into the practice for wheelchairs and prams and the practice had equipment to treat patients and meet their needs.
- There were facilities for people with disabilities including an access enabled toilet, wide automatic

doors at the entrance and wide corridors and doors inside the practice. A working lift was provided to the first floor. There were allocated parking spaces for blue badge holders.

- There were baby changing facilities and a private area was available on request for mothers wishing to breastfeed.
- The practice had a system in place which enabled staff to identify patients with a known disability.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.

### Access to the service

The practice was open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP were available from 8.30am to 11.30am and from 3pm to 5.30pm daily. The practice offered extended surgery hours between 7am and 8am on alternate Tuesdays and Wednesdays, between 6.30pm and 7.30pm on alternate Mondays and between 8am and 12pm one Saturday each month.

The practice was a member of Watford Care Alliance and was able to offer patients appointments during extended opening hours at a number of practices across the locality. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available at the practice for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the local CCG average of 77% and national average of 76%.
- 79% of patients said they could get through easily to the surgery by phone compared to the local CCG average of 78% and national average of 73%.

### 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.
- Information to help patients understand the complaints system was available on the practice website and in the patients' waiting areas.

We looked at two complaints received in the last 12 months and both of these had been recorded and handled

appropriately. All complaints had been dealt with in a timely way and there was openness and transparency when dealing with complaints. The practice shared their complaints data with NHS England. Apologies were offered to patients, lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice updated their protocol for the time taken to record the results from home visits in medical records.



# 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 provide high quality primary care treatment.

- The practice had a mission statement and staff understood the practice values.
- The practice had a business development plan in place to support their future strategy and development plans.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff told us they prioritised safe, high quality and compassionate care. Staff told us the GPs 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). The GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice kept records of written and verbal correspondence and gave affected people support and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and we saw evidence that regular staff meetings were taking place for all staff groups including multidisciplinary team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the practice manager and the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the services 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.

- The practice had gathered feedback from patients through the Friends and Family Test, through surveys, complaints and compliments and feedback submitted on line. The practice reviewed the results from the National GP Patient Survey and took steps to improve their performance where required.
- The Patient Participation Group (PPG) was an established group and held regular meetings with practice staff. The PPG had worked with practice staff and had made improvements in a number of areas including the automated telephone system, increase uptake to on line services such as appointment booking and repeat prescription ordering. There were also improvements to the website, electronic notice boards in the patient waiting areas and the practice's text messaging service.
- The practice had gathered feedback from staff through meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.



# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following feedback from the nursing team the practice had made changes to the structure of their childhood immunisation clinics which had resulted in an increase in uptake.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

Senior staff regularly attended meetings with peers within their locality and the practice worked closely with practices within the locality. Senior staff regularly attended local clinical governance meetings. The practice had initiated discussions with local practices about forming a GP federation. GPs had an interest in developing an on line and skype patient consultation service. One of the GPs was able to offer dermoscopy (the examination of skin lesions with a dermatoscope) and cryotherapy services (the use of extreme cold in surgery or other medical treatment) to patients at the practice.