

# South Oxhey Surgery

## Quality Report

Oxhey Drive, South Oxhey  
Watford, Hertfordshire, WD19 7SF  
Tel: 0208 4215224  
Website: [www.southoxheysurgery.nhs.uk](http://www.southoxheysurgery.nhs.uk)

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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 South Oxhey Surgery on 9 February 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.
- Information about services and how to complain was available and easy to understand.

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

The areas where the provider should make improvements are:

- Continue to identify and complete health checks for patients aged 75 and over.
- Continue to identify and support 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?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- Arrangements were in place for the practice to respond to emergencies.
- When there were unintended or unexpected safety incidents, patients received reasonable 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.

### 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. For example, the percentage of patients aged 45 years or over who have a record of blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 94% of the total number of points available, compared to 90% locally and 91% nationally.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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 January 2016 showed patients rated the practice higher than others for several aspects of care. For example, 92% of respondents said the last GP they spoke to was good at treating them with care and concern, compared to the local average of 86% and national average of 85%.
- The practice offered flexible appointment times based on individual needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, patients were able to have their blood tests done by a phlebotomist from a practice based within the same premises and this was available every morning between Mondays and Fridays.
- 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. For example, the practice had signed up to all of the enhanced services available for managing long term conditions.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



# Summary of findings

- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a practice development plan which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.
- There was a strong focus on continuous learning and improvement and the practice worked closely with local providers and the local Clinical Commissioning Group.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice had completed 52 over 75 health checks in the last 12 months, which was 26% of this population group.
- The practice had completed 447 flu vaccinations for people aged over 65 since April 2015, which was 73% for this population group.
- The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for dementia and end of life care.
- It was responsive to the needs of older people, and offered home visits and urgent appointments when required.

Good



### People with long term conditions

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

- The practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had achieved 94% of the total number of points available for the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review in the preceding 12 months, compared to 92% locally and 90% nationally.
- Longer appointments and home visits were available when needed.
- The practice held a register of patients with cancer and regularly reviewed new cancer diagnosis.
- 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.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 92% of patients diagnosed with asthma, on the register, had received an asthma review between 2014 and 2015 which was above the national average of 75%.
- 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 national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and a local children's centre.

## **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, including 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.
- It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice was proactive in offering online services such as appointment booking and repeat prescriptions services, as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointment times were extended until 7pm twice a week.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those with drug or alcohol dependency.
- It offered longer appointments and annual health checks for people with a learning disability. All patients on the learning disability register had received a health check within the last 12 months.

**Good**



# Summary of findings

- The practice held a register of carers and there was a nominated carer's champion. The practice had identified 25 patients as carers which was approximately 1% of the practice list. The practice was planning on doing further work to identify and support carers.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff had received safeguarding training and 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.

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

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

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting between 2014 and 2015, which was comparable with the national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- Patients were referred to a local counselling service and the practice worked closely with the community mental health crisis team.
- They 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing mostly above local and national averages. There were 329 survey forms distributed and 90 were returned. This represented 3% of the practice's patient list.

- 84% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided as excellent. Patients commented on how clean the practice was, the quality of care provided by the doctors and nurse and how satisfied they were with the reception staff who they described as helpful and understanding.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice had received 10 responses to the NHS Friends and Family Test (FFT) between August and December 2015 and all patients who responded said they were either 'extremely likely' or 'likely' to recommend the practice. The FFT asks people if they would recommend the services they have used and offers a range of responses.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to identify and complete health checks for patients aged 75 and over.
- Continue to identify and support carers.

# South Oxhey 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 nurse specialist advisor.

## Background to South Oxhey Surgery

South Oxhey Surgery provides primary medical services, including minor surgery, to approximately 3050 patients from premises at Oxhey Drive Health Centre, Oxhey Drive, South Oxhey, Watford, Hertfordshire.

The practice serves a lower than average population for those aged between 25 and 34 years and 60 to 79 years. The practice serves a higher than average population for those aged between 0 to 19 years. The population is 90% White British (2011 Census data). The area served is ranked six out of 10, with 10 being the least deprived.

South Oxhey Surgery is an approved teaching practice and medical students from the University College London and Imperial College London attend the practice as observers. The practice team consists of two GP partners, one is male and one is female, a practice nurse, a practice manager, a senior administrator and a part-time receptionist.

The practice is open to patients between 8am and 6.30pm Monday to Friday. Appointments with a GP are available from 9am to 11am and from 3.30pm to 6pm Monday to Friday. The practice offers extended opening hours between 6.30pm and 7pm on a Monday and Wednesday. Emergency appointments are available daily with a GP. A telephone consultation service is also available for those

who need urgent advice. Home visits are available to those patients who are unable to attend the surgery. The out of hours service is provided by Hertfordshire Urgent Care via the NHS 111 service and information about this is available on the practice website and telephone line.

## Why we carried out this inspection

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

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

## 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 9 February 2016. During our inspection we:

- Spoke with two GPs, the practice manager and a senior administrator.
- Spoke with nine patients and observed how staff interacted with patients.
- Reviewed 11 comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

- Received feedback from two members of the patient participation group (this was a group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

- 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 practice carried out a thorough analysis of the significant events. Senior staff understood their roles in discussing, analysing and learning from incidents and events.
- Staff would complete a significant event record form. We were told that event would be discussed with the GP partners as soon as possible and acted on and also discussed at a staff meeting.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice acted on a drug safety update which detailed a revised starting dose of a particular medicine for patients aged over 75 years.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice took steps to ensure all staff checked the full name and date of birth of patients when booking an appointment, after a person who was not registered at the practice was seen by a doctor and prescribed medication.

### 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 lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they

understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level in safeguarding children and vulnerable adults.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice 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 and accessed regular training to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken annually and we saw evidence that action was taken to address any improvements identified as a result. The practice had completed an infection control audit in January 2016.
- All single use clinical instruments were stored appropriately and were within their expiry date. Specific equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately and securely and was collected from the practice by an external contractor on a fortnightly basis.
- The arrangements for managing medicines in the practice, including emergency medicines and vaccinations, kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and security of medicines. The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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.

### 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 which identified the health and safety representative for the premises. The practice had up to date fire risk assessments and carried fire drills every six months. The last fire drill was completed in November 2015. Fire equipment was checked by staff regularly, fire alarms were tested weekly and the fire equipment was checked by an external contractor on an annual basis. All electrical equipment was checked in August 2015 to ensure the equipment was safe to use and clinical equipment was checked in October 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, 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 mix of staff needed

to meet patients' needs. There was a rota system in place and the practice had appointed an additional member of staff to provide additional cover at reception. The practice had arrangements in place with another practice to cover the practice nurse when required, and the practice would use the same locum if required and completed the necessary checks.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The premises had two defibrillators available and the practice had access to a defibrillator in an emergency and were planning on purchasing their own. The practice had 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 fit for use.
- 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 peoples' needs.
- The practice met with the local 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 would receive information from the CCG on accident and emergency attendance, emergency admissions to hospital, outpatient attendance and bowel and breast screening uptake. 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.
- The practice nurse had lead roles in chronic disease management, diabetes and asthma and patients at risk of hospital admission were identified as a priority.

### 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 89% of the total number of points available, with 6% exception reporting which was in line with local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for hypertension related indicators was in line with the CCG and national average. The percentage of patients aged 45 years or over who have a record of

blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 94% of the total number of points available, compared to 90% locally and 91% nationally.

- Performance for mental health related indicators was below the CCG and national average. The practice had achieved 83% of the total number of points available, compared to 96% locally and 93% nationally. The practice did not have any patients on lithium and therefore were unable to achieve a total number of points comparable to the local and national average.
- The practice had achieved 94% of the total number of points available for the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review in the preceding 12 months, compared to 92% locally and 90% nationally.
- Performance for diabetes related indicators was below the CCG and national average. The practice had achieved 74% of the total number of points available, compared to 91% locally and 89% nationally. The practice told us that approximately 20 of their patients with poor diabetic control were managed by the hospital diabetic team and the practice had not exception reported these patients for one of the diabetes indicators. Exception reporting for this particular indicator was 3% which was lower than the local average of 11% and national average of 10%.
- The percentage of patients with diabetes, on the register, who had influenza immunisation between 1 April 2014 and 31 March 2015 was in line with the CCG and national average. The practice had achieved 98% of the total number of points available, compared to 96% locally and 95% nationally.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification between 1 April 2014 and 31 March 2015 was in line with the CCG and national average. The practice had achieved 95% of the total number of points available, compared to 91% locally and 88% nationally.

The practice monitored its QOF activity on a regular basis and had accessed training from their local CCG on using data analysis software to monitor their activity trends. The practice had used this data to identify patients at risk of long term conditions and were planning further training on using additional functions and tools available within the software.



# Are services effective?

## (for example, treatment is effective)

The practice maintained a register for carers, patients requiring end of life care, patients with a learning disability, mental health condition, drug or alcohol dependency and patients with a cancer diagnosis.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits undertaken in the last two years, eight of these were completed audits where the improvements made were implemented and monitored.
- Findings from these audits were used by the practice to improve services. For example, one of these audits looked at risks attached to patients receiving non-steroidal anti-inflammatory drugs (NSAIDs) who were not under hospital instructions to receive specific NSAIDs. This audit identified three patients who met this criteria and alternative medicines were discussed with these patients and changes made.
- The practice completed an audit on the prescribing of certain antibiotics to ensure there was consistency with local prescribing guidelines. This audit was repeated after 12 months and the results demonstrated an increase in the number of prescriptions issued which were in accordance with the local prescribing guidelines, and there was an overall reduction in antibiotic prescribing.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection control, fire safety, health and safety, manual handling, basic life support and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

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

### 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 were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

- The practice held monthly meetings with multi-disciplinary teams for the case management of vulnerable people and patients with complex care needs.
- The practice worked closely with local services and was based within Oxhey Drive Health Centre. The practice shared its premises with another GP practice and Hertfordshire Community NHS Trust, which held podiatry and warfarin clinics for patients. The local health visitor, district nurse and community matron teams were also based at the centre.
- One of the GPs worked with the health visiting team and delivered a session on the management of minor illness to staff at a local children's centre.

# Are services effective?

(for example, treatment is effective)

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- All clinical staff had completed online learning on the Mental Capacity Act and Deprivation of Liberties Safeguards (DoLS).

## Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, people experiencing poor mental health, people with drug or alcohol dependency and those requiring advice on their diet, access to exercise programmes and smoking cessation. Patients were then signposted to the relevant service.
- The practice referred patients to a community dietician for weight management advice and smoking cessation advice was provided by the practice nurse.
- It held a register of patients with a learning disability and was pro-active in offering these patients annual health checks and vaccinations. There were 16 patients on this register and all of these patients had received a learning disability health check within the last 12 months.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available.

Data published in March 2015 showed the practice had 52% of patients aged 60 to 69 years screened for bowel cancer, in the last 30 months compared to 58% locally and 58% nationally. Data showed 70% of female patients aged 50 to 70 years had been screened for breast cancer in the last 36 months compared to 72% locally and 72% nationally.

The number of patients aged 50 to 70 years screened for breast cancer within six month of invitation was 67% which was lower than the local average of 74% and national average of 73%. The number of patients aged 60 to 69 years screened for bowel cancer within six months of invitation was 43% which was lower than the local average of 53% and national average of 55%. The practice told us that they would encourage patients to have their screening carried out and promoted screening programmes on their website and on the patient noticeboard in the waiting area.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 87% to 97%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. Approximately 10% of patients at risk of developing a long term condition had received a health check. The practice had completed 52 over 75 health checks in the last 12 months, which was 26% of this population group. The practice completed a detailed questionnaire during new patient registration and offered health checks to these patients. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains and private rooms 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 and they could offer them a private room to discuss their needs.

All of the 11 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 received feedback from two members of the patient participation group. They also told us they 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 published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 88%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

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

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

Results from the national GP patient survey results published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. The practice also had a British Sign Language interpretation service available for patients with hearing difficulties.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice had a carer's board and health promotion board in the patient waiting area.

The practice's computer system alerted GPs if a patient was also a carer. The senior administrator was the nominated

## Are services caring?

carer's champion. The practice had identified 25 patients as carers which was approximately 1% of the practice list. The practice was planning on doing further work to identify and support carers.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had joined a local federation and was planning on participating in a pilot scheme which offered patients extended appointment times, made available at a number of practices across West Hertfordshire.

- The practice offered extended hours on a Monday and Wednesday evening until 7pm for working patients who could not attend during normal opening hours
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were facilities for the disabled, a portable hearing loop and translation services available.
- The practice had changed the layout in 2012 and there was good access into the practice for wheelchairs and prams and the practice had equipment to assist patients with mobility needs'.
- The practice had a number of Portuguese patients and a member of staff was able to speak Portuguese and had produced literature for this group of people.
- Staff were aware of the need to recognise equality and diversity and acted accordingly.
- The practice had baby changing facilities, space for prams, suitable waiting areas for children and a place available for baby feeding.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11am every morning and 3.30pm to 6pm daily. Extended surgery hours were offered between 6.30pm and 7pm on a Monday and

Wednesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments with a GP were also available for people that needed them.

Results from the national GP patient survey results published in January 2016 showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 84% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 93% of patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 59%).

### 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 senior partner was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This information was available on the practice website, in the practice leaflet and in a complaints and comments leaflet.

We looked at three complaints received within the last 12 months and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency with dealing with complaints. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice took the necessary action after a patient complained after they felt the practice had not responded to a request for a home visit. The practice changed their policy to ensure all requests were entered onto the system and the GP was notified immediately about a request for a home visit.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- It had a robust strategy and supporting development plan which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.

### Leadership and culture

The partners in the practice had the experience and capability to run the practice and ensure high quality care. Clinical staff had lead roles and they prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support and a verbal and written apology.
- They 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.

- 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 in doing so and felt supported if they did.
- 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.
- The GP Partners were in the process of recruiting an additional GP to manage an increasing patient list size.

### 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), Friends and Family Test results and through comments and complaints received. The PPG had worked with practice staff and made changes to the prescription box in the patient waiting area, replaced old chairs with new wipeable chairs, made improvements to the telephone consultation service and worked with the practice management to increase the practice nurse's working hours.
- The practice had gathered feedback from staff through appraisals and regular staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice told us that they were in the process of employing an additional GP. Staff identified the need to increase capacity during busy periods and the practice responded to this by employing a part-time receptionist. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

The practice team was forward thinking and had joined a local federation and was planning on participating in pilot schemes and initiatives to improve outcomes for patients in the locality. The senior administrator was being supported by the practice and was participating in training

# Are services well-led?

Good 

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

to become a healthcare assistant. One of the GP partners was the lead for a local project team in place to plan for a new centralised GP partnership service and was successful in bidding for government funding.

A GP partner had a lead role in dermatology and worked in this field at two local hospitals. Both GPs at the practice

had attended a cardiology up-skilling course and made changes to their practice since completing this training, including random screening and improved communication with patients.