

Dr Katie Parkinson

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Katie Parkinson on 18 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed in most areas.
- 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.

- Patients said they found it easy to make an appointment with the principal GP and that there was continuity of care, with urgent appointments available 24 hours a day, seven days a week.
- 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 provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure ongoing management of controlled drugs in line with legislation.
- Ensure repeat prescriptions are signed prior to medicines being given to patients.
- Risk assess emergency medicines including the need to carry additional emergency medicine stock.

In addition, the practice should make improvements in the following areas:

Summary of findings

- Consider reviewing the process for identifying significant events and near misses.
- Record actions taken in relation to safety alerts.
- Ensure that systems are implemented to assess the risk of and to prevent, detect and control the spread of infection including routine audit processes.
- Ensure an appropriate system is in place for the safe use of blank prescriptions.
- Complete a periodic review of practice specific policies.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- 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. However, the practice did not routinely record the action they had taken in relation to safety alerts.
- Risks to patients were assessed and well managed in most areas. However at the time of inspection, the practice had not completed an infection control audit and had not risk assessed the need to carry additional emergency medicine stock.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. However at the time of inspection we found the standard operating procedure in place for the management of controlled drugs did not cover all activities carried out at the practice. We also found medicine balance checks were not being carried out and the stock level in the controlled drugs register for one medicine was incorrect. There was no system in place to track blank prescriptions to monitor their use and repeat prescriptions were not signed before they were dispensed and given to patients.
- 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.

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 in line with the average for the locality and compared to the national average in areas relevant to the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff members.
- Staff worked with other health care professionals and school leads 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



- Data from the National GP Patient Survey results published in July 2016 showed the practice was above local and national averages for several aspects of care. For example, 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81%, and the national average of 84%.
- 97% said the last nurse they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 86%, and the national average of 87%.
- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and East and North Hertfordshire Commissioning Group to secure improvements to services where these were identified. For example, the practice provided a dispensary service for patients who were pupils and staff members at the school.
- Patients said they found it easy to make an appointment with the principal GP and there was continuity of care, with urgent appointments available 24 hours a day, seven days a week.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice had close working arrangements in place with an on-site counsellor and physiotherapist.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 practice worked closely with all relevant school leads and produced a health report on an annual basis.

Good



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 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.

- Nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice provided diabetes and asthma clinics.
- The practice had three patients on their diabetes register. All of these patients had a record of their blood pressure, cholesterol, record of a foot examination and vaccination against influenza.
- 72% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable the local CCG and national average of 75%.
- Patients with a long-term condition had 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.

- 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.
- Immunisation rates were high for all standard childhood immunisations.
- There were eight week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.
- The practice's uptake for the cervical screening programme was 83% which was comparable with the local average of 83% and national average of 82%.
- Appointments were available on the same day and outside of school hours.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in providing good access to care and treatment. Patients could contact the practice via email to arrange an appointment. The principal GP was also contactable on a mobile telephone and the practice provided a text messaging service, as well as a full range of health promotion and screening that reflects the needs of this age group.
- Extended appointment times were available to patients each Saturday.
- The practice provided a dispensary service for staff members at the school.

People whose circumstances may make them vulnerable

Good



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

- The principal GP held weekly meetings with the child protection team at the school and 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.

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 practice had three patients on their mental health register. All of these patients had an agreed care plan.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice worked closely with the school's counsellor and the local child and adolescent mental health service (CAMHS) which included referrals to the local eating disorder service.

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 was performing above local and national averages. There were 239 survey forms distributed and 55 were returned. This represented a 23% response rate and approximately 7% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the local average of 67% and national average of 77%.
- 88% 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 85% and the national average of 87%.

- 94% of patients described the overall experience of this GP practice as good compared to the local average of 85% and national average of 88%.
- 79% 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 77% and national average of 80%.

We spoke with three patients during the inspection. All of these patients said they were able to get an appointment when they needed one and they were satisfied with the care they received. Patients described the clinical staff as excellent and told us staff members were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure ongoing management of controlled drugs in line with legislation.
- Ensure repeat prescriptions are signed prior to medicines being given to patients.
- Complete a risk assessment of emergency medicines including the need to carry additional emergency medicine stock.

Action the service **SHOULD** take to improve

- Consider reviewing the process for identifying significant events and near misses.
- Record actions taken in relation to safety alerts.
- Ensure that systems are implemented to assess the risk of and to prevent, detect and control the spread of infection including routine audit processes.
- Ensure an appropriate system is in place for the safe use of blank prescriptions.
- Complete a periodic review of practice specific policies.

Dr Katie Parkinson

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 and a CQC pharmacist specialist.

Background to Dr Katie Parkinson

Dr Katie Parkinson provides primary medical services to approximately 810 patients from premises at Haileybury Health Centre, Hertford Heath, Hertford, Hertfordshire. The Health Centre is located in Haileybury, which is an independent co-educational boarding and day school for boys and girls aged 11 to 18 years. The health centre is open to all pupils and people who have an association with the school, this includes a small number of patients from the local area.

The health centre has facilities to accommodate up to 18 pupils as inpatients and has a fully equipped ambulance providing pitch-side care at sports matches and events. The inpatient facilities and ambulance were not inspected during this inspection.

Dr Katie Parkinson is the school's resident doctor and works with six school nurses, a counsellor and physiotherapist. A male GP is also used as a regular locum. The school also employs two reception staff and two domestic staff members. The practice provides a dispensing service and dispenses medicines to approximately 700 patients.

The GP is available to patients between 8am and 6.30pm Monday to Friday. Appointments with a GP are available

from 9am to 10am and 5.30pm to 6.30pm on Mondays, between 2.30pm and 4.30pm on Tuesdays, between 9am and 11am and between 2pm and 4.30pm Wednesdays and Thursdays. Appointments with a GP are available on Fridays between 9am and 11am and during the afternoon if required. Appointments on Saturdays are provided between 9am and 11am. The practice provides a pupil walk-in surgery from 8am to 9am Mondays to Saturdays. The school nursing team are available for emergencies 24 hours a day, seven days a week. This service is provided by the school and overseen by the GP who is available if required.

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 contacted NHS East and North

Detailed findings

Hertfordshire Clinical Commissioning Group (CCG), Healthwatch and NHS England to consider any information they held about the practice. We carried out an announced inspection on 18 January 2017. During our inspection we:

- Spoke with the principal GP and staff members employed by the school including one nurse, a member of the domestic staff and both of the reception staff members.
- Spoke with three patients and observed how staff interacted with patients.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The principal GP was the lead for 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).
- The practice told us that there had only been one significant event since 2012. Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed during multidisciplinary practice meetings which took place once during each half term. We saw evidence to confirm this.
- The practice had completed an annual review of key themes and trends and produced a health report for the school on an annual basis.

The practice had a system in place to receive and act on relevant 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 a batch recall for a specific medicine. The practice had then completed a search and had taken the appropriate action. However, the practice did not routinely record the action they had taken for safety alerts. Shortly after the inspection the practice told us that they would now be recording all relevant safety alerts on a central log, including 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. The principal GP was the lead

for safeguarding adults and children. All GPs and nurses were trained to an appropriate level to manage safeguarding children (level 3) and adults. The principal GP held weekly meetings with the child protection team at the school and we saw examples of how the practice had worked with other health care professionals in the case management of vulnerable patients.

- The practice displayed notices in the waiting area and treatment and consulting rooms which advised patients that chaperones were available if required. The nursing staff acted as chaperones and all of the nurses had 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 principal GP was the infection control lead. There was an infection control protocol and all staff members had completed infection control training. However, at the time of inspection the practice had not completed an infection control audit. Shortly after the inspection, the practice told us that they had completed an infection control audit and would now undertake an audit on an annual basis.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Specific equipment was cleaned daily. Spillage kits were available and clinical waste was stored appropriately and collected from the practice by an external contractor on a fortnightly basis.
- Records showed that fridge temperature checks were carried out which ensured medicines and vaccines were stored at the appropriate temperatures and the nurse we spoke to was aware of the procedure to follow in the event of a fridge failure.
- The practice dispensed medicines to approximately 700 patients. The dispensing of medicines was done by either the registered nurses (who were employed by the school) or by the principal GP. The GP had put in place written standard operating procedures (SOPs) for the production of prescriptions and dispensing of medicines although it was not clear when these had last been reviewed. We saw that the SOP related to controlled drugs did not fully cover the activities of

Are services safe?

dispensing these medicines and we were assured this would be addressed immediately. Shortly after the inspection the practice sent us an updated SOP which covered all activities related to dispensing controlled drugs at the practice.

- Medicines in the dispensary were stored securely and were only accessible to authorised staff. Systems were in place to ensure patients receiving repeat medicines were reviewed in a timely fashion, relevant to their needs.
- Blank prescription forms and pads were held securely however there was no system to track blank prescriptions within the practice. Shortly after the inspection the principal GP told us that blank prescriptions were now being tracked in order to monitor their use appropriately.
- During our inspection we found repeat prescriptions were not signed before they were dispensed and given to patients. This was highlighted to the GP who agreed to address this immediately. All dispensed medicines were checked by a second person before they were given to patients. We were told that there had not been any recent dispensing errors although the nurse we spoke to was aware to discuss any errors with the GP. Shortly after the inspection the principal GP told us that they now signed all the repeat prescriptions prior to the medicine being dispensed.
- We saw evidence of monthly checks of expiry dates of medicines and all medicines we checked were within their expiry dates.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential for misuse). We saw that although registers were in place in line with legislation, balance checks were not being carried out and we saw that the stock level in the controlled drugs register for one medicine was incorrect. In addition we saw that the register was not always completed accurately when medicines were collected by patients/carers. This was drawn to the attention of the GP. Shortly after the inspection the principal GP told us that a balance check of all stock on the controlled drugs register had now been completed and the practice had implemented a weekly check of the controlled drugs register.

- The practice ensured patient specific directions were in place prior to the nurses administering medicines, in line with legislation.

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. Health and safety and fire risk assessments were in place and the school completed checks on the fire safety equipment on a regular basis. Staff members told us that fire alarms were tested weekly and fire drills were completed on regular basis. All electrical equipment was checked in July 2015 to ensure the equipment was safe to use and clinical equipment was checked in May 2016 to ensure it was working properly. The practice told us the school was responsible for managing this.
- 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).
- The practice had systems in place for the management of planned staff holidays. The practice used a regular locum GP. The practice had a locum GP information pack and the necessary recruitment checks had been completed for the locum GP.

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.
- The range of emergency medicines held was determined by the GP although the management of these was conducted by the school employed nursing staff. Emergency medicines were easily accessible in a secure area of the practice. The GP advised us that

Are services safe?

certain emergency medicines were not routinely held due to the age ranges of the patients regularly seen although the GP agreed to risk assess the omissions, which included soluble and GTN spray (Glyceryl Trinitrate is used for chest pain associated with angina). Shortly after the inspection the practice informed us that they had now acquired additional emergency medicines.

- 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 business continuity plan in place for major incidents such as power failure or building damage.

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.

- Systems were 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 reviewed performance data and practice reports from the East and North Hertfordshire 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, prescribing rates and the monitoring of patients referred to secondary care services.

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 recently published results showed the practice achieved 61% of the total number of points available which was below the local CCG average of 96% and national average of 95%. The practice told us that their performance for QOF was below average due to not having any patients in several of the clinical domain indicator groups. Data from 2015/2016 showed;

- The practice had three patients on their diabetes register. All of these patients had a record of their blood pressure, cholesterol, record of a foot examination and vaccination against influenza.
- The practice had three patients on their mental health register. All of these patients had an agreed care plan and record of their alcohol consumption.

- 94% of patients with physical and/or mental health conditions had a record of their smoking status in the previous 12 months which was the same as the local CCG and national average.
- 72% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable the local CCG and national average of 75%. Exception reporting was 5% which was comparable to the local CCG average of 6% 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 principal GP had undertaken one clinical audit within the last two years. This audit examined the appropriate prescribing of antibiotics and this was repeated to assess performance and monitor adherence to guidelines.

Effective staffing

- The principal GP worked with the school to ensure staffing levels and expertise of staff remained appropriate to the patients' needs.
- The practice told us that the school nurses participated in the local school nurses forum and attended meetings, training sessions, workshops and conferences on a regular basis.
- The principal GP was responsible for appraising the school nurses. All staff had received an appraisal within the last 12 months. The GP had been appraised.
- Staff had received training that included: safeguarding, information governance, infection control, basic life support, confidentiality, health and safety and fire safety.
- The practice told us that the school held internal training sessions. External trainers also delivered training and the school nurses also had access to e-learning. Nurses had lead roles in chronic disease management and the practice provided diabetes and asthma clinics.

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

Are services effective?

(for example, treatment is effective)

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.

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.

- The principal GP held multidisciplinary meetings once a quarter with the school's nurses, safeguarding lead, the deputy safeguarding lead, the counsellor, head of boarding, head of wellbeing and a member of the chaplaincy.
- Smoking cessation advice was provided by the local public health and wellbeing team.
- The practice had completed an annual review of key themes and trends and produced a health report for the school on an annual basis.

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%.

Childhood immunisation rates for vaccinations given to under two year olds was 100%, which was comparable to the local CCG average range of 93% to 98%. 100% of patients aged five years old had been given an MMR dose (Measles, Mumps and Rubella), which was comparable to the local CCG average of 96% and national average of 94%.

Patients had access to appropriate health assessments and checks. New patients were offered a health check during their registration. 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 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. The practice played music in the waiting room and displayed a notice in the patient waiting area to promote patient confidentiality.

On the day of our inspection, we spoke with three patients who told us that they were satisfied with the care provided by the practice. Patients told us that staff responded compassionately when they needed help and their dignity and privacy was respected. Patients said they felt the practice offered a good service and staff were described as helpful and caring.

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 comparable with the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 89% and national average of 90%.
- 92% said the GP gave them enough time compared to the CCG average of 87%, and the national average of 88%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96%, and the national average of 96%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86%, and the national average of 87%.

- 94% 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 92%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average of 87%, and the national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey 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 above local and national averages. For example:

- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81%, and the national average of 84%.
- 97% 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 87%.
- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 88%.

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. The practice had dedicated notice boards with information on a number of topics such as sexual health and concussion.
- The practice's computer system alerted clinical staff if a patient was also a carer. The principal GP was the carer's lead for the practice. The practice told us that they did not have any patients who had caring responsibilities. The GP was aware of one patient with a family member who was a carer. The practice provided information and advice about local support groups and services available.

Are services caring?

- The principal GP told us that if families had suffered bereavement, the GP would contact them and provide support and also liaise with the school's bereavement 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 East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided a dispensary service for patients who were pupils and staff members at the school. The practice dispensed medicines to approximately 700 patients.

- The practice worked closely with the school's counsellor and the local child and adolescent mental health service (CAMHS) which included referrals to the local eating disorder service.
- The practice offered 15 minute routine appointment slots. Patients could be seen by the school nursing team 24 hours a day seven days a week, the principal GP was also available when the practice was closed.
- The practice worked closely with the school's physiotherapist.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- The practice was responsive to the needs of older people and offered home visits when required.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- The practice had a system in place to identify patients with a known disability.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- There was good access into the practice and the practice had equipment to treat patients and meet their needs.
- The practice was proactive in providing good access to care and treatment. Patients could contact the practice via email to arrange an appointment. The principal GP was also contactable on a mobile telephone and the practice provided a text messaging service.

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 9am to 10am and 5.30pm to 6.30pm on Mondays, between 2.30pm and 4.30pm on Tuesdays, between 9am and 11am and between 2pm and 4.30pm Wednesdays and Thursdays. Appointments with a GP were available on Fridays between 9am and 11am and during the afternoon if required. Appointments on Saturdays were provided between 9am and 11am. The practice offered a pupil walk-in surgery from 8am to 9am Mondays to Saturdays. The school nursing team were available for emergencies 24 hours a day, seven days a week. This service was provided by the school and was overseen by the GP who was available if required. In addition to pre-bookable appointments that could be booked 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 or above local and national averages.

- 92% of patients were satisfied with the practice's opening hours compared to the local CCG average of 74% and national average of 79%.
- 100% of patients said they could get through easily to the surgery by phone compared to the local CCG average of 67% and national average of 77%.
- 100% of patients said they usually get to see or speak to their preferred GP compared to the local CCG average of 58% and national average of 64%.

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 principal GP was the designated responsible person who handled all complaints in the practice.
- Information to help patients understand the complaints system was available in the patient waiting area.

The practice had not received any complaints in the last two years. The practice described how they received and acted on feedback from the school's student body. The practice submitted complaints data to NHS England and described how lessons were learnt from comments and

Are services responsive to people's needs?

(for example, to feedback?)

previous complaints and how action was taken as a result to improve the quality of care. For example, the practice

had changed the way they prepared prescriptions awaiting collection following an error which resulted in a patient being given their prescription along with another patients' prescription.

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 vision and values.
- The practice held an annual meeting with the school governors and produced a health report which was submitted to the school on an annual basis.

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.
- Practice specific policies were implemented and were available to all staff, along with policies and procedures governed by the school.
- The practice monitored their performance and there were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However at the time of inspection, not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others. For example, during our inspection we found that the practice had not completed an infection control audit; standard operating procedures for the safe management of controlled drugs required updating, blank prescriptions were not being appropriately managed and repeat prescriptions were not being signed prior to medicines being given to patients.
- The practice took immediate action to address the issues identified and we received evidence confirming this.

Leadership and culture

On the day of inspection the principal GP 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.

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.

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 all members of staff were encouraged to identify opportunities to improve the services delivered by the practice.
- The practice had recently produced practice leaflets to increase awareness and understanding of the various services provided at the health centre. The practice would regularly see patients with sports injuries and the principal GP completed a diploma in sports medicine in 2016.
- The principal GP was also a member of the Medical Officers for Schools Association (MOSA).

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 and comments received. The practice worked closely with a number of departments within the school and there was close working with the school's student body.
- 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 and discussions with staff members, the practice had reviewed and changed their staffing arrangements in place during sports matches to make better use of the resources available.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment.</p> <p>The standard operating procedure in place for the safe management of controlled drugs did not fully cover the activities taking place at the practice.</p> <p>Balance checks for controlled drugs were not being carried out and we saw that the stock level in the controlled drugs register for one medicine was incorrect. In addition we saw that the register was not always completed accurately when medicines were collected by patients/carers. We found repeat prescriptions were not signed before they were dispensed and given to patients.</p> <p>Some emergency medicines were not routinely held due to the age ranges of the patients regularly seen however the practice had not risk assessed the need to carry additional emergency medicine stock.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>