The Vine House Health Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Vine House Health Centre on 17 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. However aspects of recording primary health care team meetings and noting the presence of a chaperone during a clinical examination needed strengthening.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance using in-house protocols and templates. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff had received an annual appraisal in the past 12 months.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient satisfaction for telephone access to appointments was lower than CCG and national averages.
- The practice had established systems to support carers.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a 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 should make improvement are:

Summary of findings

- Develop a process to keep a summary of the actions arising from primary health care team meetings so staff could keep track of any outstanding actions for example in relation to safeguarding.
- Continue to monitor the recently implemented process to record the presence of a chaperone during a clinical examination.
- Consider obtaining written consent for contraceptive procedures.
- Continue to monitor the measures introduced to improve access to appointments including the effectiveness of the GP walk in consultation pilot which allowed patients urgent consultations with a GP from 4pm each evening without an appointment.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety. The practice held regular education meetings for clinical staff which included significant event reviews and fostering of an open safety culture.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice operated a pro-active medication review protocol which ensured medication reviews were carried out as per individual patient need.
- Risks to patients were assessed and well managed. However aspects of recording primary health care team meetings and noting the presence of a chaperone during a clinical examination needed strengthening.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average. For example 84% of patients with asthma had received an asthma review in the preceding 12 months which included an assessment of asthma control compared with the CCG average of 75% and the national average of 76%.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance using in-house protocols and templates.
- Clinical audits demonstrated quality improvement, for example there had been five clinical audits completed in the past year.
- 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.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. For example 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 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?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with NHS England and NHS Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had worked collaboratively with the CCG in sharing good practice protocols and templates in relation to caring for patients with long term conditions.
- Patients we spoke with on the day said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Patient satisfaction for telephone access to appointments was lower than CCG and national averages. For example:
  - 42% of patients said they could get through easily to the practice by phone compared to CCG average of 78% and the national average of 73%.
  - 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 76%.
- 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 as appropriate.

Summary of findings

Are services well-led?

Good

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

- The practice had a clear vision to work in partnership with patients and staff to provide the best primary care services possible in line with local and national guidance and regulations.
- There was a 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 governance framework 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named accountable GP.
- All these patients were offered an over 75s health check.
- The practice supported two local care homes and visited weekly to carry out a ward round.
- The practice provided an anticoagulation service which involved monitoring and dosing for both ambulant and housebound patients.
- The practice offered domiciliary phlebotomy services for patients unable to travel to hospital.
- There was a home flu vaccination service during the flu vaccination season.
- Patients aged 75 and over were offered a face to face poly-pharmacy (patients who use four or more medicines) medication review.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- GPs supported by nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice provided specialist clinics and nurses for diabetes, chronic obstructive pulmonary disease (COPD), asthma, and anticoagulation.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- Performance for diabetes related indicators were comparable to the CCG and national average. For example, the percentage

of patients with diabetes, on the register, in whom the last blood pressure reading showed good control (in the preceding 12 months) was 74%, where the CCG average was 77% and the national average was 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health care professionals to deliver a multidisciplinary package of care.
- The practice held regular review meetings involving district nurses, GPs and the local palliative care nurses for people that required end of life care and those on the palliative care register.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were within target for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice provided a variety of health promotion information leaflets and resources for this population group. For example, smoking cessation, sexual health immunisations and obesity.
- The practice offered a range of contraceptive services including sub dermal implants and contraceptive coils.
- The practice offered referrals to family planning and related screening such as chlamydia screening.

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 offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided flexible early morning, late evening and weekend appointments.
- As part of Watford Care Alliance (a hub of five local practices) the practice offered access to a GP at the weekend, on a Saturday between 9am and 1pm and 3pm and 7pm and on a Sunday between 9am and 1pm.
- The practice provided a ring back service by a duty GP or a nurse at the patient's request where appropriate.
- Online services were available for booking appointments and request repeat prescriptions.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- The practice held regular health visitor liaison and multi-disciplinary team meetings to discuss the care needs of specific patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

- There was a system to identify patients at risk of hospital admission including those that had attended A&E or the out of hours service and these patients were regularly reviewed with supporting care plans to help them manage their condition at home.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 139 patients as carers (1.2% of the practice list).The practice had identified a carer's champion who provided information and directed carers to the various avenues of support available to them. The practice offered annual health checks vaccinations and flexibility of booking appointments to carers.

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).

- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice offered annual reviews to all patients on the mental health register which included physical checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations including the community drugs and alcohol team.
- Patients had access to onsite counselling and cognitive behavioural therapy (CBT) sessions provided by the local mental health trust.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with national averages except for telephone access where the practice was below average. There were 270 survey forms distributed and 133 had been returned. This represented 49% return rate (2% of the practice's patient list).

- 42% of patients said they could get through easily to the practice by phone compared to CCG average of 78% and the national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared with a CCG average of 89% and a national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with a CCG average of 85% and a national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 35 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted the staff were very helpful and provided care in an understanding friendly and caring way. They were treated with kindness, dignity and respect. Two comment cards noted the difficulty in making appointments in advance to see a GP.

We spoke with eight patients during the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us the practice was welcoming approachable and caring. Staff had listened to them before suggesting any treatments.

Areas for improvement

Action the service SHOULD take to improve

- Develop a process to keep a summary of the actions arising from primary health care team meetings so staff could keep track of any outstanding actions for example in relation to safeguarding.
- Continue to monitor the recently implemented process to record the presence of a chaperone during a clinical examination.
- Consider obtaining written consent for contraceptive procedures.
- Continue to monitor the measures introduced to improve access to appointments including the effectiveness of the GP walk in consultation pilot which allowed patients urgent consultations with a GP from 4pm each evening without an appointment.

The Vine House Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Vine House Health Centre

The Vine House Health Centre situated in Abbots Langley, Hertfordshire is a GP practice which provides primary medical care for approximately 11845 patients living in Abbots Langley and the surrounding areas.

The Vine House Health Centre provides primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian Afro Caribbean and Eastern European origin.

The practice has seven GPs partners (four female and three male). There is a nurse prescriber and three practice nurses who are supported by a health care assistant and a phlebotomist. There is a practice manager who is supported by an assistant practice manager and a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice building is on two levels and there is a lift to access the first floor. Consultation rooms are available on the ground floor for patients unable to use the lift. There is a public car park opposite the practice with adequate disabled parking available outside the practice.

The practice is open Monday to Friday from 8am till 6.30pm. Extended openings are provided on a four week cycle. During week one two and three the practice is open on Saturday from 8am and 11am. During week four the practice is open on Monday and Thursday evenings until 8.00 pm. In addition as part of the Watford Care Alliance (a hub of five GP Practices in the locality) the practice provides weekend access to a GP during two out of four weekends per month and is open on Saturday from 9am till 1pm and 3pm until 7pm, and on Sunday from 9am until1pm. The practice also operated a flexible approach to early morning appointments and offered appointments from 7.30am during some weekdays. There are a variety of access routes including telephone appointments, on the day appointments and advance pre bookable appointments.

When the practice is closed services are provided by Herts Urgent Care via the 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017.

During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being assisted.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- The staff we spoke knew the reporting process used at the practice and there was a recording form available. Staff would inform the practice manager or a GP of any incidents. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. There was a consistent approach to investigations. The practice held regular education meetings for clinical staff which included significant event reviews and fostering of an open safety culture.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, following an investigation the practice had strengthened their process for labelling clinical specimens and had refreshed staff with the requirement to correctly label specimen containers before sending them for laboratory analysis.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We reviewed a safety alert related to a medicine used to treat rheumatoid arthritis and related conditions and found the practice had identified those patients on this medicine and taken action to ensure their treatment was in accordance with the recommendations of the alert.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A designated GP was the lead for safeguarding. The GPs provided reports, attended safeguarding meetings and shared information with other agencies where necessary. There were regular meetings with the health visitor and other members of the primary health care team to discuss children and adults at risk. There were paper records of these meetings. However the practice did not maintain a summary of the actions arising from these meetings so staff could easily track any outstanding actions. Staff demonstrated they understood their responsibilities. For example we saw that staff had flagged potential safeguarding risks to a new born child on account of a previous safeguarding concern to another child in the same family. The practice identified and coded 'vulnerable couples' as opposed to just a single patient in a relationship which ensured a total approach to safeguarding. Staff had received the appropriate level of safeguarding training for their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The presence of the chaperone was however not recorded in the patient's electronic notes. The practice after our inspection confirmed that they had amended their patient records system and had introduced a template to record the presence of a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Hand wash facilities, including soap dispensers were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Taps in the hand washing sinks in the treatment room were not of the elbow type. However staff demonstrated appropriate hand washing techniques to overcome the absence of elbow taps. The practice after our inspection

confirmed that they intended to change these to the elbow type by June 2017.The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice undertook infection control audits the latest of which was completed in January 2017. We saw action had been taken following such audits.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. The practice operated a pro-active medication review protocol which ensured medication reviews were carried out as per individual patient need. The practice carried out regular medicines audits, with the support of NHS Herts Valleys CCG medicines management team to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the practice had audited the prescribing of restricted antibiotics (the inappropriate use of which could contribute to the development of multi-resistant organisms) and found that the prescription of these was in line with the CCG guidelines and that inappropriate use of these medicines had been reduced.
- We reviewed the system in place to assess and manage risks to patients on high risk medicines. The practice operated a system which ensured patients were monitored to ensure they had the necessary checks including any blood tests to keep them safe.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety.
- There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had 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).
- There was a rota system in place for the different staffing groups to ensure enough staff were on duty. Practice staff covered for each other during times of annual leave.

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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Key points of the guidance and changes in practice were discussed during regular clinical meetings. The practice used internally produced protocols and templates which incorporated the latest NICE and other best practice guidelines to deliver care. These protocols and templates had been shared with the CCG for wider use within the locality.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinical staff told us that they used the templates on the electronic system to assist with the assessment and monitoring of patients with long term conditions such as diabetes, COPD, dementia mental health and learning disability.

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 99% of the total number of points available.

Data from 2015/2016 showed other QOF targets to be similar to local and national averages:

Performance for diabetes related indicators was comparable to Herts Valleys Clinical Commissioning Group (CCG) and national averages. For example:

- For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months (01/04/2015 to 31/03/2016), was 80%, compared to the CCG average of 77% and thenational average of 78%. Exception reporting for this indicator was 11% compared to a CCG average of 12% and the national average of 13%. (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).

Performance for mental health related indicators was comparable to the national average.

- For example, the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 93% where the CCG average was 92% and the national average was 89%. Exception reporting for this indicator was 18% compared to a CCG average of 10% and national average of 13%.

We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making including prompting patients to attend for the relevant monitoring and checks. However we found that exception reporting related to depression needed further analysis owing to possible miscoding. The practice after our inspection wrote to us and told us that they had completed an audit of the data related to depression and were taking appropriate actions.

There was evidence of quality improvement including clinical audit.

- We looked at five clinical audits undertaken in the past year; one of which was a completed audit where the improvements made were implemented and monitored. The practice had designated reaudit dates for the other audits. The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example a re audit of patients prescribed oral anticoagulants had shown sustained improvements in accordance to the best practice guidance related to managing the risks associated with the prescribing, dispensing and administering of anticoagulants.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A new member of staff told us that they felt well supported during their induction and found the process useful and informative.
- 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 such as diabetes, COPD asthma and performing near patient testing (a service which allowed targeted use of antibiotics for those that could benefit from it).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They had access to and made use of e-learning training modules and in-house training as well as educational meetings.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients with palliative care needs to other services including with the out of hours service and community nursing services.
- There was a process to communicate with the district nurse and health visitor. The pathology service were able to share patient clinical information and results electronically. There was a system to review patients that had accessed the NHS 111 service overnight and those that had attended the A&E department for emergency care. Staff told us that they processed information received such as hospital discharge letters and test results the same day.
- There was an information sharing system to review patients attending Herts Urgent Care.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. This included close working relationships with the Community Matron, the Rapid Response team (to reduce hospital admissions and to support the provision of appropriate care in patient's own home) and the Community Navigator (a scheme to aid patients living at home with additional social support).

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.
- Written information was given to patients undergoing contraceptive procedures such as insertion of an intrauterine device (a device that is inserted into a woman's uterus to prevent pregnancy) with verbal consent obtained which was recorded in the electronic patient records.

Good

Are services effective?

(for example, treatment is effective)

- Written consent was obtained for minor surgical procedures.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition, those patients with mental health problems and patients with learning difficulties. The practice had a system to alert GPs when such patients were discharged from hospital and related services so they could be followed up soon after in the community.
- Patients were offered regular health reviews and signposted to relevant support services. Health reviews were undertaken using in-house protocols which were based on good practice guidance.
- The practice was a high achiever in the locality for providing care for people with long term conditions.
- We saw a variety of health promotion information and resources both in the practice and on their website. For example, on family health, long term conditions and minor illness.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were 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 consequence of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Results showed:

- 53% of patients attended for bowel screening within six months of invitation compared to the CCG average of 54% and the national average of 56%.
- 85% attended for breast screening within six months of invitation was above the CCG average of 73% and the national average of 74%.

Childhood immunisation rates for vaccinations given were comparable to national averages. The practice achieved the 90% national target in four out of the four indicators for childhood immunisations given to under two year olds.

For five year olds, the practice achieved an average of between 92% and 96% (national averages ranged between 88% and 94%) for MMR vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for over 75 years old. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 35 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted the staff were very helpful and provided care in an understanding friendly and caring way. They were treated with kindness, dignity and respect. Two comment cards noted the difficulty in making appointments in advance to see a GP.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Staff had been approachable and caring and had put them at ease when consulting.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Patient feedback from the comment cards indicated that they felt listened to and were given time to be involved in decision making about the care and treatment they received. We saw that care plans were personalised. We saw that care plans were in place for patients living in two residential care homes and there was a dedicated GP available to discuss and agree their care. The practice had developed a care home management model which the CCG intended to roll out across all residential care homes in the locality.

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 139 patients as carers (1.2% of the practice list). The practice had identified a carer's champion who provided information and directed carers to the various avenues of support available to them. This included referral to Carers in Hertfordshire which supported people in their caring role. There was a local carers group called the Abbots Langley Carers Network which was initially set up by the practice and the patient participation group (PPG) but now independent. The Abbots Langley Carers Network offered carers a variety support including coffee mornings, days out and informative talks by specialist speakers such as from Citizens Advice and psychological services. Following a survey of carers in January 2016 the practice had strengthened the arrangements for carers including seeking out young carers, and the creation of a carer's pack which was given to all new carers. Carers were offered an annual health check and flexible appointments.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with NHS England and NHS Herts Valleys Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had worked collaboratively with the CCG in sharing good practice protocols and templates in relation to caring for patients with long term conditions.

- During week one two and three of each month the practice was open on Saturday from 8am and 11am.
- During week four of each month the practice was open on Monday and Thursday evenings until 8.00pm.
- As part of the Watford Care Alliance (a hub of five GP Practices in the locality) the practice provided weekend access to a GP during two out of four weekends per month and was open on Saturday from 9am till 1pm and 3pm until 7pm, and on Sunday from 9am until 1pm.
- The practice provided telephone consultations at the patient's request with a GP or a nurse where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice supported two local care homes and visited weekly to carry out a ward round.
- Patients over 75 had a named accountable GP and were offered the over 75 health check by a dedicated nurse.
- Patients aged 75 and over were offered a face to face poly-pharmacy (patients who use four or more medicines) medication review.
- The practice provided an anticoagulation service which involved monitoring and dosing for both ambulant and housebound patients.
- There was a system to identify patients at risk of hospital admission including those that had attended A&E or the out of hours service and these patients were regularly reviewed with supporting care plans to help them manage their condition at home.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered referrals to family planning and related screening such as chlamydia screening.
- Patients were able to receive travel vaccinations available on the NHS.
- Patients could access a phlebotomist on site.
- There were disabled facilities a quiet room for breast feeding and translation services available. There was a hearing loop available.
- Working age patients were given priority appointments focussed on early morning and late afternoon.
- Online services were available for booking appointments and request repeat prescriptions.
- Through the Electronic Prescribing System (EPS) patients could order repeat medications online and collect the medicines from a pharmacy near their workplace or any other convenient location.

Access to the service

The practice was open Monday to Friday from 8am till 6.30pm. Extended openings were provided on a four week cycle. During week one two and three the practice was open on Saturday from 8am and 11am. During week four the practice was open on Monday and Thursday evenings until 8pm. In addition as part of the Watford Care Alliance (a hub of five GP Practices in the locality) the practice provided weekend access to a GP during two out of four weekends per month and was open on Saturday from 9am till 1pm and 3pm until 7pm, and on Sunday from 9am until1pm. The practice also operated a flexible approach to early morning appointments and offered appointments from 7.30am during some weekdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

There was a practice leaflet on 'How to get the best from your surgery' which gave comprehensive information on the appointment system and advice on other services available such as the repeat prescription service, electronic prescriptions and useful contact numbers.

Results from the national GP patient survey showed patient satisfaction with how they could access care and treatment as follows:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 42% of patients said they could get through easily to the practice by phone compared to CCG average of 78% and the national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 76%.

The practice routinely reviewed their patient survey results and had a programme of continuous improvements to respond to the findings.

In relation to access the practice had introduced online booking system for appointments and repeat prescriptions in addition to telephone access. A telephone filter system directed specific inquiries other than requests for appointments such as cancellations and test results to a separate answering service. The number of slots available for each GP for appointments had been increased and the way reception staff worked rearranged to maximise the number of staff available during peak times to answer telephone calls. The practice had arranged customer care training to its entire reception staff which was due for completion in March 2017.

The practice had explored with the PPG the possibility of further streamlining requests for on the day appointments and had worked with them in commissioning a survey of patient needs. The outcome of which was the introduction of the walk in consultation pilot in September 2016 which gave patients urgent consultations with a GP from 4pm each evening without the need to make an appointment. Two follow up surveys had indicated patient preference for the walk in consultations to continue. A further review had been commissioned in January 2017 which has yet to be reported by the PPG. One Care Quality Commission patient comment card indicated that there had been an improvement to access as a result of the walk in consultations while another noted improved access to advance booking of GP appointments.

The practice had made patients aware of the changed arrangements for access including the new pilot with posters, leaflets, on the practice website, summarised in wallet size cards and opportunistically during consultations with GPs.

The practice in conjunction with the PPG was monitoring the effectiveness of the measures introduced and had plans for further improvements. The practice had kept the CCG aware of the measures implemented and was liaising with other practices in the locality in seeking solutions.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would speak to a GP. Home visit requests were assessed and managed by a GP.

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 patient services administrator was the responsible person who handled all complaints in the practice.
- We saw there was a poster in the waiting area that informed patients of the complaints procedure together with a complaints information leaflet which outlined the complaints procedure. There was also information on the practice website.

There were five complaints documented in the last 12 months. We looked at four complaints received in that period and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action had been taken as a result to improve the quality of care. For example the practice had strengthened the system for issuing repeat prescriptions following the investigation of a complaint.

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 vision to work in partnership with patients and staff to provide the best primary care services possible in line with local and national guidance and regulations.

- The practice had supporting plans which reflected the vision for example by focussing on prevention of disease by promoting health and wellbeing and offering appropriate care and advice.
- In the light of an expanding patient population and increased demand for care, the practice had a plan for the future which included joint working with other practices in the locality.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff electronically on their desktops.
- A comprehensive understanding of the performance of the practice was maintained.
- GPs took lead roles in ensuring evidence based clinical care through the development and use of clinical protocols and templates.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice prioritised safe, high quality and compassionate care. Staff told us the GPs and the practice manager were approachable and always took the time to listen. We received consistently positive feedback about the culture of the practice from practice staff, other professional staff and patients.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when there were unexpected safety incidents:

- The practice gave affected people reasonable support and explanation.
- They kept written records of verbal interactions as well as written correspondence.

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

- The practice had good engagement of all staff group through a meaningful and useful meeting and communication structure.
- There was a regular schedule of practice meetings in addition to those for individual staff groups and multi-disciplinary teams to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. For example there were nominated GP leads for safeguarding, medicine management, information governance, and staffing.There were also nurse led clinics for patients with respiratory conditions such as

Are services well-led?

Good

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

asthma and COPD, coronary heart disease and health promotion. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

Seeking and acting on feedback from patients, the public and staff

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke with three members of the PPG who told us that they had worked with the practice on several initiatives. For example they had helped with the review of the GP walk in consultation pilot, helped with improvements to the seating in the waiting room with raised seating to help older people and people with disabilities and organised carer coffee mornings in conjunction with Abbots Langley Carers Network. They told us the GPs and the practice manager were always receptive to suggestions made by the PPG and worked collaboratively with them.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. We saw that the practice used internally produced protocols and templates which incorporated the latest NICE and other best practice guidelines to deliver care. These protocols and templates had been shared with the CCG so other practices in the locality could benefit from these and deliver evidence based care.
- The practice had played a major role in extending the Watford Care Alliance (a hub of five GP Practices in the locality) to offer weekend appointments across the whole locality.