

The Laurels Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Laurels Surgery on 11 August 2015. Overall the practice is rated as good.

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

- Documentation regarding complaints and safety incidents was recorded, monitored, reviewed annually, and actions were taken. Learning from complaints and incidents were shared and evidenced in practice meeting minutes.
- Safety risks to patients and staff were assessed and dealt with, although we did note a review of risk assessments to understand any trends or recurrent themes within the practice had not been carried out.
- Care was planned and assessments of patients' needs followed best practice guidance.
- Staff had received training appropriate for their roles and further training was planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information was available about practice services and how to complain.
- Infection control procedures were completed to a satisfactory standard although documentation and staff guidance was not up to date. We observed reception staff did not follow the practice policy to use disposable gloves when handling specimens.
- The practice had up to date fire risk assessments and fire equipment but did not carry out fire drills to ensure staff knew how to act and keep people safe in the event of a fire.
- Patients said making an appointment with a named GP was relatively straightforward and that there was continuity of care. Urgent appointments were available on the same day requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included a lift to the first floor of the premises to access consultation rooms for patients.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Summary of findings

Importantly the provider should

- Review of safety risks to patients and staff to understand any trends or recurrent themes within the practice.
- Review and bring up to date infection control policies, guidance, and procedures.
- Carry out fire drills to ensure staff know how to act and keep people safe in the event of a fire.

- Ensure reception staff use disposable gloves when handling specimens for the laboratory.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report safety incidents. Information about safety was recorded, monitored and considered. Lessons were learned and communicated to all staff members during practice meetings to support improvement. Patients and staff told us were enough staff to keep people safe. Medicine management checks were in place and incidents and complaints were being reviewed, although safety risks to patients and staff were being assessed and dealt with, we did note a review of risk assessments to identify any trends or recurrent themes had not been carried out. Infection control procedures were completed to a satisfactory standard although documentation was not up to date. The practice had up to date fire risk assessments and fire equipment but did not carry out fire drills to ensure staff knew how to act and keep people safe in the event of a fire. There was an infection control policy in place and staff had received update training. Although we observed reception staff did not follow the practice policy to use disposable gloves when handling patient specimens for the laboratory.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. The practice recognised there were areas they could improve and used audit to identify them.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for most aspects of care. 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 also saw that

Good



Summary of findings

staff treated patients with kindness and respect, and maintained confidentiality. NHS choices website reviews, and the 'Friends and Family' test showed that patients were positive with regards to the caring aspect of the practice care.

Are services responsive to people's needs?

The practice is rated as good for responsive services. Patients told us they could get an appointment with a named GP or a GP of choice, this enabled continuity of care and urgent appointments were available on the same day they were requested. The practice had good facilities and was suitably equipped to treat patients and meet their needs. This included a lift to the first floor of the premises to access consultation rooms for patients. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff during practice meetings.

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

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and business strategy and staff knew their responsibilities in relation to this. There was a clear leadership structure and staff told us they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings to discuss any issues. There were systems in place to monitor and improve quality and identify risks. The practice sought feedback from staff during appraisals and meetings, which it acted on. Staff had received inductions, regular performance reviews during their appraisals and attended staff meetings and training. The practice was fully aware of its' future challenges, and had developed plans to manage these.

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. Nationally reported data showed that outcomes for patients were similar to expected nationally for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of services, for example; identifying patients aged 75 or over with a fragility fracture and treating them with an appropriate bone-sparing agent, developing care plans as part of the admission avoidance enhanced service for people who are at risk of unplanned hospital admissions, and weekly visits to the nursing and residential homes for a ward round with a doctor and a nurse.

The practice offered older people home visits, and urgent appointments to meet their needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients in need of chronic disease management and those at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. The practice offered a number of specialist clinics and the nursing staff had received enhanced training to facilitate these. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Those patients on the palliative care register in need of care were discussed at the three monthly multidisciplinary team meetings.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises had been adapted to make it suitable for children and babies, for example baby changing facilities.

We saw good examples of joint working with midwives, and health visitors with the combined weekly clinics at the practice for the

Good



Summary of findings

convenience of patients. The practice also provides family planning services, baby and child development clinics, and maternity services, both with the GPs and the nurses, and long acting contraception advice.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted their services offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online appointments and prescriptions as well as a full range of health promotion, screening, and health checks that reflected the needs for this population group.

Appointments were available each morning and evening at times that were flexible for chronic disease monitoring for this group within the clinics.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those in a care organisation or with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable people had been signposted how to access various support groups and voluntary organisations.

Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing and the documentation of safeguarding concerns. Staff knew who the safeguarding lead at the practice was and who to contact with any concerns.

Where necessary frail patients were given access to a social worker and a community matron to support their care and discussed at monthly frailty meetings.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). From the 2013-2014 data the percentage of patients experiencing poor mental health had received a comprehensive, agreed care plan

Good



Summary of findings

documented in their records, in the preceding 12 was 92.9% which was 7% higher than the clinical commissioning group (CCG) and national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 98.1% which was 16.9% higher than the clinical commissioning group (CCG) at 81.1% and 14.3% higher than the national average at 83.7%.

The practice signposted patients experiencing poor mental health how to access various support groups and voluntary organisations. Patients in this population group who had attended accident and emergency (A&E) where they may have been experiencing poor mental health were followed up. Patients receiving certain medicines for their mental health had their levels monitored and adjusted if needed.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 110 responses from 260 surveys distributed giving a response rate of 42.3%.

- 80.8% found it easy to get through to this surgery by phone compared with a CCG average of 64.7% and a national average of 74.4%.
- 90.5% found the receptionists at this surgery helpful compared with a CCG average of 85.4% and a national average of 86.9%.
- 64.1% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 62% and a national average of 60.5%.
- 92.6% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.9% and a national average of 85.4%.
- 97.4% said the last appointment they got was convenient compared with a CCG average of 92.1% and a national average of 91.8%.

- 94.7% described their experience of making an appointment as good compared with a CCG average of 69.9% and a national average of 73.8%.
- 91.4% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 63.6% and a national average of 65.2%.
- 75.2% felt they didn't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all positive about the care patients received. Comments ranged from compliments regarding the reception staff being helpful and the practice being clean and tidy. We also spoke with seven patients on the day and two independent healthcare professionals that could give us an opinion with regards to the quality of the service provided to patients, their comments were in line with the comment cards received.

The Laurels Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Laurels Surgery

The Laurels Surgery provides GP services to approximately 12,160 patients living in Boreham, Hatfield Peverel, and the adjoining rural areas delivered over two surgery sites. They also accept patients from Teling, North Springfield, Little Badow, Nounsley, Langford, Wickham Bishops and South Witham. The main site is at Boreham and the branch site at Hatfield Peverel. We travelled to the branch surgery to check and monitor the dispensing service as part of our inspection. Treatment and consultation rooms accessible for patients at both sites. The practice holds a Primary Medical Services Contract (PMS) with the addition of enhanced services for example; 'Extended Hours access', 'Childhood Vaccination and Immunisation Scheme', 'Reducing unplanned admissions', and the 'Patient Participation'. The practice is a dispensing doctor practice providing a dispensing service to the practice population living more than one mile from a pharmacy.

The practice has a team of four GP partners, three male and one female, and three salaried GPs all female, meeting patients' needs over the two sites and providing choice of clinician gender. The Laurels is a teaching practice with several registrars, who are fully qualified doctors receiving further training in general practice. There is a team of 10 nurses who run a variety of appointments for long term

conditions, minor illness and family health at both sites. There are; two dispensers providing pharmacy support in the dispensary at the Hatfield Peverel site, a practice manager covering both sites, and a team of 16 non-clinical, administrative, secretarial and reception staff who share a range of roles. There is access to midwives, health visitors and district nurses.

The practice is open from 8.30am to 12.30pm and from 2pm to 6.30pm Monday to Friday. GP surgery hours are from 8.30am to 11.30 Monday to Friday and from 2pm to 6.30pm on Monday, Tuesday Wednesday and Friday with extended hours on Tuesdays and Thursdays from 7am to 8am, and on Thursdays from 2pm to 8pm. The practice also opened on Saturdays between 9am and 11.30am for pre-booked appointments that were available for all patients from either site.

Outside of these hours, GP services are accessed by phoning the NHS 111 service. The Out of Hour's (OOH) service delivery for this practice population is provided by 'Primecare' when the practice is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of 'The Laurels' practice under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The comprehensive planned inspection was to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

Detailed findings

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about 'The Laurels' and asked other organisations to share what they knew. We carried out an announced visit on 11 August 2015. During our visit we spoke with a range of staff from GPs and nurses, to pharmacy dispensing staff, the practice manager, and non-clinical reception and administrative staff. We also spoke with patients and their carers who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the records and documents used to govern and treat patients at the practice. We reviewed 46 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

Staff understood and fulfilled their responsibilities to raise concerns, and to report safety incidents. Information about safety was recorded, monitored and considered appropriately. Any changes needed to procedures or policies found during review were acted on, recorded, and evidenced in meeting minutes.

People affected by significant events received a timely communication from the practice stating the actions that had been taken to resolve the issue and an apology if this was appropriate. Staff told us they would inform the practice manager of any incidents or complaints received by the practice. We did note the practice had not carried out a review of safety risk for patients and staff to understand any trends or recurrent themes within the practice.

We reviewed minutes of meetings where safety incidents and complaints were discussed; these showed that lessons learned were shared to make sure action taken to improve safety in the practice was maintained. For example, a prescribing error against National Institute for Health and Care Excellence (NICE) guidance showed an audit and review of all patients with a specific condition being checked to ensure medicine prescribed met guidance which was known to show patient improved outcomes.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Alerts from the medicines and healthcare products regulatory agency (MHRA) were received and acted upon.

Overview of safety systems and processes

The practice had systems, processes and procedures to keep people safe, which included:

- Arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements, these policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding that attended safeguarding meetings when possible and provided

reports where necessary for meetings and other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advised patients that chaperones were available if required. All staff who acted as chaperones had been trained for the role and had received a disclosure and barring check (DBS). 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.
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster on the wall in an area used by the patients. The practice had up to date fire risk assessments and fire equipment but did not carry out fire drills to ensure staff knew how to act and keep people safe in the event of a fire.
- We were shown evidence that 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 also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who had received extra training to keep up to date with best practice procedures. There was an infection control policy in place and staff had received update training. Although we observed during the day of inspection reception staff did not follow the practice policy to use disposable gloves when handling patient specimens for the laboratory. Annual infection control audits were undertaken and we saw evidence that actions when required had been carried out.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out by the dispensary staff to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- Recruitment checks were carried out and the four staff files we reviewed showed that 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 when needed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted

staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A defibrillator delivers a therapeutic dose of electrical energy to the heart; this allows a normal heart rhythm to be re-established. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew the location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. The practice monitored these guidelines through audits and random checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 83.57% and the national average was 88.35%
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 86.76% and the national average was 83.11%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92.86% and the national average was 86.04%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 98.15% and the national average was 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and people's outcomes. We were shown two clinical audits completed in the last two years, these were completed audits that showed

improvements to treatment had been made, were implemented, and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result of audit showed; a review of patient records regarding a risk of co-prescribing that clinicians were not alerted to by the computer system. A check of patients on a specific medicine was made to ensure they had not been prescribed a second medicine that could affect patient outcomes.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through the appraisal system, and regular meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support at meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had been given an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and confidentiality awareness.

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 computer patient record system and their intranet system. This included care plans, medical records communications from other healthcare providers and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they

Are services effective?

(for example, treatment is effective)

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who were in need of extra support were identified on the practice medical records system. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to a variety of services that were relevant for their needs.

The percentage of women aged 25 to 64 years whose notes record that a cervical screening test had been performed in the preceding 5 years from data collected relating to 2013-2014 was 83.85% which was comparable to the national average of 81.88%. There was a procedure to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.3% to 90.6% and five year olds from 98.0% to 91.3%. Flu vaccination rates for people with diabetes, who had influenza immunisation in the preceding 1 September to 31 March of 2013-2014, were 85.82% and this was below the national averages at 93.46%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and appropriate follow-ups on the outcomes of health assessments and checks, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection day that members of staff were courteous, responsive and helpful to patients both when arriving at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that the 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 privacy to discuss their needs.

All of the 48 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were extremely helpful, caring, and treated them with dignity and respect. We also spoke with ten patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey from July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 88.2% said the GP was good at listening to them compared to the CCG average of 87.1% and national average of 88.6%.
- 86.4% said the GP gave them enough time compared to the CCG average of 85.2% and national average of 86.8%.
- 95.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.3% and national average of 95.3%.
- 88.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.4% and national average of 85.1%.

- 92.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.2% and national average of 90.4%.
- 90.5% patients said they found the receptionists at the practice helpful compared to the CCG average of 85.4% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey from July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 92.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.2% and national average of 86.3%.
- 90.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.2% and national average of 81.5%.

Staff told us that translation services were available for patients who did not have English as a first language, and there was information available in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of various support groups and organisations.

The practice computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were offered health checks and referral for social services support. Written information and leaflets were available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. There was advice and information regarding how to find a support service available in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice, and continuity of care. For example;

- There were longer appointments available for people with a learning disability or dementia.
- Home visits were available for older patients and those who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were accessible facilities including a lift to the first floor, and translation services were available.
- Online appointment booking, prescription ordering and access to basic medical records was available for patients.
- Dispensing for patients living in rural locations from the Hatfield Peveral village site and an independent pharmacy that shared the building at the Boreham village site.
- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative patients. Meetings were minuted and their care was discussed and recorded into patient records.

Access to the service

The practice was open from 8.30am to 12.30pm and from 2pm to 6.30pm Monday to Friday. GP surgery hours were from 8.30am to 11.30 Monday to Friday and from 2pm to 6.30pm on Monday, Tuesday Wednesday and Friday with extended hours from 7am to 8am on Tuesdays and Thursdays and on Thursdays from 2pm to 8pm. The practice also opened on Saturdays between 9am and 11.30am for pre-booked appointments that were available for all patients from either sites.

Outside of these hours, GP services are accessed by phoning the NHS 111 service. The Out of Hour's (OOH) service delivery for this practice population was provided by 'Primecare' when the practice is closed.

Results from the national GP patient survey published July 2015 showed that patient's satisfaction with how they could access care and treatment was above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 92.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 71.4% and national average of 74.4%.
- 80.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 64.7% and national average of 73.8%.
- 94.7% patients described their experience of making an appointment as good compared to the CCG average of 69.9% and national average of 73.8%.
- 91.4% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63.6% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice recorded and reviewed the compliments, complaints, and concerns it received. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. We noted they were received and dealt with in a timely fashion and within their policy stated timescales.

We saw that information was available to help patients understand the complaints system. We looked at four complaint received in the last three months and found they had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints were recorded and discussed with action taken to improve the quality of care for patients. All staff were aware of the complaints procedure and were able to support patients and advise them of the procedures they needed to follow. The complaints procedure was published in the practice leaflet and on the practice website. Patients we spoke with told us they were not aware of the process to make a complaint, but would ask reception or write to the practice manager.

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 gave us a vision that they strove to deliver high quality care and promote good outcomes for patients. The practice had a statement of purpose which staff knew about and understood. The practice had a robust strategy and supporting business continuity plan and the senior partner told us about their on-going practice future plans.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff for guidance.
- A comprehensive understanding of the performance of the practice which was discussed at staff practice meetings and we saw evidence in minutes taken.
- A programme of continuous clinical and internal audit with a designated audit clerk, which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing patient safety, and effectiveness issues and could evidence implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate

care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and there was an open culture within the practice. Staff members had the opportunity to raise any issues at team meetings and were confident and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the practice manager and GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice gained patients' feedback through their patient participation group (PPG), Friends and Family test, the NHS Choices website, and the national patient survey. Feedback from each of these sources showed the practice scored above national averages in patient satisfaction.

The practice had also 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 the practice manager. Staff told us they felt involved and participated in improvements regarding how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The senior partner and the practice manager were aware of future challenges for the practice in the local area and had made plans to support the patient population. These included access for patients to their records online, and electronic prescriptions to go live in line with the local CCG policy.