

Ratings

Manage all of the ratings in this report using the options below.

You only need to add/update your ratings here and the ratings will be automatically updated throughout the report.

Overall Rating

Overall rating for this service

Good



Key Questions

Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



The six population groups

Older people

Is the service safe? Is the service effective? Is the service caring?
Is the service responsive? Is the service well-led?

Good



Good



Good



Good



Good



Good



People with long term conditions

Is the service safe? Is the service effective? Is the service caring?
Is the service responsive? Is the service well-led?

Good



Good



Good



Good



Good



Good



Families, children and young people

Is the service safe? Is the service effective? Is the service caring?
Is the service responsive? Is the service well-led?

Good

























Good



Ratings

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You only need to add/update your ratings here and the ratings will be automatically updated throughout the report.

	<p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p>
<p>Working age people (including those recently retired and students)</p> <p>Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?</p>	<p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p>
<p>People whose circumstances may make them vulnerable</p> <p>Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?</p>	<p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p>
<p>People experiencing poor mental health (including people with dementia)</p> <p>Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?</p>	<p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p> <p>Good </p>

Hailey View Surgery

Quality Report

37 Christian Close
Hoddesdon
Hertfordshire
EN11 9FF

Tel: 01992463363

Website: www.hailey-viewsurgery.co.uk

Date of inspection visit: 5 January 2016

Date of publication: 18/02/2016

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.

x Do not include ratings table in report

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

For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

Summary of findings

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hailey View Surgery on 5 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice had developed its own treatment templates to ensure staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had adopted a system of all patients having a usual GP. This provided continuity of care and the GP took responsibility for all correspondence for these patients.

- Urgent same day appointments were available in addition to telephone consultations and routine appointments which could be booked up to four weeks in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- the provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Ensure staff receive training in infection control at a level that is appropriate to their role.
- Review the chaperone policy to include the outcome of the risk assessment regarding non-clinical members of staff performing chaperone duties.
- Update the health and safety poster with details of the identified health and safety lead so staff know who to refer to.

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?

Instructions For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

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 in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There were appropriate recruitment checks undertaken for all staff.

Good



Are services effective?

Instructions

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- The practice had developed its own treatment templates to ensure staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

Instructions

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had an identified carer's champion.

Are services responsive to people's needs?

Instructions

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Pre-bookable appointments with a usual GP were available up to four weeks in advance with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

Instructions

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour.
- 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.

Good



Summary of findings

x Do not include in report

The six population groups and what we found

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

Older people

Instructions For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out weekly visits to a local care home.
- Annual health checks were available for patients over the age of 75 years.

Good



People with long term conditions

Instructions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 94% of available points compared to the CCG average of 89% and the national average of 89%.
- 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 and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

Instructions

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 88%, which was better than the CCG average of 83% and the national average of 82%.
- Urgent same day appointments were available for pregnant women and children.
- 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.

Working age people (including those recently retired and students)

Instructions

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.
- Extended hours appointments were available outside of normal work hours.
- Telephone consultations were available.
- 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.

Good



People whose circumstances may make them vulnerable

Instructions

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 multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- There was a lead GP for safeguarding children and vulnerable adults.

People experiencing poor mental health (including people with dementia)

Instructions

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

- 91% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 various support groups and voluntary organisations.
- The practice had access to an onsite counsellor and psychotherapist. Discretionary funding was provided for patient in financial need to enable them to attend appointments with the psychotherapist.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

x Do not include in report

x Do not include in report

What people who use the service say

Instructions

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing slightly above the local and national averages. There were 319 survey forms distributed and 123 were returned.

- 65% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Staff were described as good and polite and patients said they received good care from the GPs and nursing staff. There were positive comments regarding obtaining an emergency appointment. One card contained an additional comment that they have to wait up to four weeks for an appointment with their own GP.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were supportive and caring. They commented that the GPs and nurses are respectful and provide good explanations of conditions and treatments.

x Do not include in report

Areas for improvement

x Do not include in report

Action the service MUST take to improve

Instructions

For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

x Do not include in report

Action the service SHOULD take to improve

Instructions

x Do not include in report

Outstanding practice

Instructions

Hailey View Surgery

Detailed findings

x Do not include in report

Our inspection team

Instructions

Our inspection team was led by:

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

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Background to Hailey View Surgery

Instructions

For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

Hailey View Surgery provides a range of primary medical services to the residents of Hoddesdon and the neighbouring village of Royden. For the past 10 years the practice has been at the current purpose built location, 39 Christian Close, Hoddesdon, Hertfordshire, EN11 9FF.

The practice population is pre-dominantly White British with a higher than average 40 to 75 year age range and lower than average 20 to 29 years. National data indicates the area is one of low deprivation. The practice has approximately 8700 patients and services are provided under a general medical services (GMS) contract.

The practice is led by three GP partners, two female and one male and they employ two salaried GPs, one female and one male. The nursing team consists of one nurse practitioner, one nurse prescriber, two practice nurses and

one health care assistant, all female. There is a practice manager and a reception manager who lead a team of reception and administrative staff. The practice also uses the services of a business consultant.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 12pm and 2.30pm to 6.30pm daily. They offer extended opening hours from 7.30am to 8am and 6.30pm to 7pm on most days.

When the practice is closed out-of-hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

x Do not include in report

Why we carried out this inspection

Instructions

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

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

x Do not include in report

Detailed findings

How we carried out this inspection

Instructions

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 5 January 2016. During our visit we spoke with a range of staff including GPs, nurses, the practice manager and reception manager, administrative and reception staff. We also spoke with patients who used the service and the chair of the patient participation group (PPG). We observed how staff interacted with patients during their visit to the practice. We 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.

Are services safe?

Detailed findings

Our findings

Instructions

For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Reception and administrative staff told us they would inform the practice manager of any incidents who would discuss the event with them and complete a recording form available on the practice's computer system. GPs and nurses completed the recording form and informed the practice manager. Any new events identified were investigated and discussed at the practice and clinical meetings. Any lessons learnt were then shared with the relevant staff.

National patient safety alerts were received into the practice by the practice manager who cascaded them to relevant staff. Staff were requested to sign a sheet to acknowledge these had been read.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that in response to a significant event the practice had implemented a new policy for the treatment of patients who attended the practice with symptoms that required emergency treatment. Staff informed us that this policy was followed and worked well when another incident occurred involving a patient with emergency symptoms.

Staff informed us that the practice had a being open policy where patients were fully informed of incidents, investigations and any learning that had arisen. Patients were offered a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were available and accessible to all staff on the practice computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level in childrens' safeguarding (level 3). The practice held monthly meetings with the health visitor to discuss any concerns.
- There was a notice in the waiting room that advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. The practice had completed a risk assessment to consider the need for a Disclosure and Barring Service check (DBS check) for their staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice had decided that as reception staff performing chaperone duties were not left alone with the patient a DBS check was not required. We noted that the practice's chaperone policy did not advise that the chaperone should leave the room if the clinician did.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all the clinical staff had had received up to date training. Some of the reception and administrative staff had received infection control training. Those staff that had not had the training were able to demonstrate an awareness of good infection control processes, for example, hand washing techniques and the use of personal protective equipment (PPE). The practice had completed an infection control audit in the past month and we saw evidence that action was taken to address

Are services safe?

any improvements identified as a result. Spillage kits were available to deal with the spillage of body fluids such as urine, vomit and blood. Clinical waste was stored appropriately and securely.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the GPs was identified as the prescribing lead within the practice. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (PGDs) were used to allow the practice nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. In the past year the practice had started using the electronic prescribing service (EPS). EPS enables prescribers such as GPs and practice nurses to send prescriptions electronically to a pharmacy of the patient's choice. This made the prescribing and dispensing process more efficient and convenient for patients and staff.
- We reviewed five 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office although this did not contain the details of the identified health and safety representative. The practice had up to date fire risk assessments and had recently carried out a fire drill. There were identified fire marshals to direct patients and staff in the event of a fire. All electrical equipment had been checked in July

2014 to ensure the equipment was safe to use and clinical equipment had been checked in February 2015 to ensure it was calibrated and working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. In the past three years the practice had increased its nursing staff to assist the GPs with the management of patients with long term conditions and minor illnesses. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and staff worked additional hours as required to cover for unplanned absences. The practice had employed the services of a business contractor to review their staffing and process. This had resulted in training for some staff to take on additional roles.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. The practice arranged this for clinical and non-clinical staff to train at the same time to reflect how they would work together in an emergency situation.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the 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. Risks had been identified and rated and the practice had arrangements in place with

Are services safe?

another local surgery to use their premises if required.
The plan included emergency contact numbers for staff.
The practice manager and the GP partners kept copies
of the plan off site.

Are services effective?

(for example, treatment is effective)

Our findings

Instructions

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 one of the GPs and developed templates that incorporated the NICE guidelines that were used to deliver care and treatment. We reviewed a sample of these templates and found the contained evidence based information and diagnostic guidelines including prompts for assessments.

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, with 7% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 94% of available points compared to the CCG average of 89% and the national average of 89%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% of available points, with 2% exception reporting, compared to the CCG average of 98% and the national average of 98%.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of available points, with 7% exception reporting, compared to the CCG average of 96% and the national average of 93%.

Clinical audits demonstrated quality improvement. There had been two clinical audits completed in the last year, both of these were completed audits where the improvements made were implemented and monitored. One of them was an audit that identified patients who had had a single raised blood pressure reading in the past but had not attended the practice again for a follow up or treatment. These patients were contacted and invited to the surgery for a blood pressure check. Some patients declined and others were found to have a normal blood pressure reading. Five patients were commenced on the correct treatment. The practice planned to complete the same audit every six months to ensure patients were appropriately treated.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, information governance, fire safety, health and safety and confidentiality. We saw evidence of how two new members of non-clinical staff were supported through their induction with progress reviews and competency checks. The nursing staff also informed us that they had received a good induction from the nurse practitioner. The practice rarely used locum GPs but if they did there was a locum pack available for the GPs to use to familiarise themselves with the practice and local services.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The practice worked with others within the locality to share and make the best use of allocated funds to provide training, for example telephony and customer service training for reception staff.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to

Are services effective?

(for example, treatment is effective)

appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nursing staff. All staff had had an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The GPs informed us they all took individual responsibility for inputting their own patients' test results and correspondence from other providers into the patient's electronic record. They said this system worked well and ensured no important information regarding a patient was overlooked.
- The practice had implemented a system of all patients having a usual GP and wherever possible they would be allocated an appointment with this GP to ensure continuity of care.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Members of the nursing team had received training to give smoking cessation and weight management advice to patients.
- There was a physiotherapist, counsellor and psychotherapist who worked from the same building that the practice could refer patients to. These were non-NHS services but the practice assisted some patients to see the psychotherapist through discretionary part-funding.

The practice's uptake for the cervical screening programme was 88%, which was better than the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Early evening appointments were available for patients to attend for cervical screening and family planning advice that were useful for patients working during the day. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective? (for example, treatment is effective)

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 was 97% and five year olds from 96% to 100%.

Flu vaccination rates for the over 65s were 76%, and at risk groups 60%. These were also above the CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 years. All patients over the age of 75 years were offered an annual health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

For guidance on writing this section, please refer to the WORD inspection report template on the intranet **here**

Are services caring?

Our findings

Instructions

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.
- All telephone calls were answered in a room at the back of reception. There were glass doors to this room so the reception desk was visible but conversations could not be overheard.
- There was a private room for reception staff to use when patients wanted to discuss sensitive issues or appeared distressed. This room contained a computer so appointments could be made in private.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service Staff were described as good and polite and patients said they received good care from the GPs and nursing staff. Comment cards highlighted that staff provided support when required.

We spoke with the chairperson of the patient participation group. They also told us they were satisfied with the care provided by the practice and that they provided an effective service. They stated that the respectful of the group and they felt their views were valued.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

- 90% said the GP gave them enough time (CCG average 85%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 94% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They said they did not feel rushed when attending appointments and had time during consultations to discuss their treatment options. They also told us they felt listened to and supported by staff. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

The practice used telephone translation services for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There were also a number of health information leaflets for patients to take away including advice on smoking cessation and alcohol consumption. There was also health information advice available on the practice website with links to other services.

The practice identified patients who were also carers and placed an alert on the electronic patient record. There was a carer's information board in the reception area. The

practice had an identified a carer's champion and helped carers access convenient appointment times. Carers were offered a referral to Carers in Herts, an organisation that provided additional support and respite for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted by letter to offer condolences. An alert was placed on the electronic patient record so staff were aware of the recent bereavement the next time the patient attended the practice.

For guidance on writing this section, please refer to the WORD inspection report template on the intranet **here**

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Instructions

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with local clinical commissioning group (CCG) to improve outcomes for patients in the area.

- The practice offered extended opening hours from 7.30am to 8am and 6.30pm to 7pm on most days for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- The practice did regular weekly visits to a local nursing home in addition to home visits as required.
- Urgent same day appointments were available for children and those with serious medical conditions.
- Telephone appointments were available. This was useful for patients who could not attend the practice.
- Telephone translation services were available and patients who required this were offered a longer appointment. There was an automatic check in facility that was available in different languages. The practice website could also be translated into many languages.
- Disabled facilities including wide automatic doors and access enabled toilets were available. The practice had a wheelchair for patients with mobility issues to use. There was a lift available to the first floor.
- All consulting and treatment rooms were on the ground floor.
- The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs.
- There were baby changing facilities and notices in the waiting area that advised a private area was available for breastfeeding mothers.
- The nursing staff were trained to administer travel vaccinations.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm and every morning and 2.30pm to 6.30pm daily. Extended surgery hours were offered from 7.30am to 8am and

6.30pm to 7pm on most days. 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.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local averages but slightly below the national averages. For example,

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 65% of patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 59% of patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them but there could be a wait of up to four weeks to see their usual 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 practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, the complaints procedure was displayed in the patient waiting area and complaints leaflets were available from the reception desk. There was also information in the practice information leaflet; this was available from the practice and on the practice website.
- All complaints were discussed and reviewed at the practice meetings.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled in a timely way. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For

Are services responsive to people's needs? (for example, to feedback?)

example, the reception staff received training on what to do when a patient wished to cancel an appointment. All calls into the practice were recorded and reception staff were encouraged to listen to these calls to identify how they could be handled in a more appropriate way.

For guidance on writing this section, please refer to the WORD inspection report template on the intranet **here**

Are services well-led?

Good 

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

Our findings

Instructions

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They had a documented statement of purpose which included their aims and objectives. They had also developed values to provide a GP patient relationship with continuity and care and to develop team work and peer support in a positive work environment.

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 that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice such as through the monitoring of the quality and outcomes framework (QOF).
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice was led by the GP partners with the support of the practice manager and the reception manager. Patients were offered a usual GP who took overall responsibility for their care including managing correspondence and test results. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice demonstrated through their significant events and complaints management that they were aware of and

complied with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- All staff were invited to attend an informal daily meeting to discuss any issues with patients, compliments or complaints. The reception and administrative team held an informal weekly meeting to discuss anything new within the practice and to keep them informed of what was happening within the practice for the following week.
- There were weekly practice meetings attended by the GP partners, salaried GPs, nurse practitioner and practice manager. Clinical meetings attended by the GPs and nursing staff were held monthly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted all staff meetings were held quarterly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff had access to an employee assistance programme for independent advice and support to help them deal with personal problems that might adversely impact on their work performance, health and well-being.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient

Are services well-led?

Good 

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

surveys and submitted proposals for improvements to the practice management team. For example, the appointment system had been reviewed with more routine pre-bookable appointments made available. They had also increased capacity for available reception staff to answer the telephones at peak times.

- They made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

with other practices within the locality to provide training courses for their staff. The practice recruited new non-clinical staff through an apprenticeship scheme and developed them within the practice allowing time for study at a local college. An example of where this had worked was the reception manager who had started with the practice as an apprentice. They were now completing a team leader training programme supported by the practice.

The practice was part of a local federation of 15 GP practices who were working together to provide healthcare services locally for patients. One of the GP partners was a board member of the federation.

The practice had plans to become an accredited training practice in August 2016. One of the GPs had recently qualified as a trainer.

For guidance on writing this section, please refer to the WORD inspection report template on the intranet [here](#)

This section is primarily information for the provider

Requirement notices

x Do not include in report

Action we have told the provider to take

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

Add Regulation

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Requirement notices

- Regulation 9 HSCA (RA) Regulations 2014
Person-centred care
- Regulation 10 HSCA 2008 (Regulated Activities)
Regulations 2010 Assessing and monitoring the quality of service provision
- Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
- Regulation 11 HSCA 2008 (Regulated Activities)
Regulations 2010 Safeguarding people who use services from abuse
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- Regulation 12 HSCA 2008 (Regulated Activities)
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- Regulation 12 CQC (Registration) Regulations 2009
Statement of purpose
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Regulations 2010 Management of medicines
- Regulation 13 CQC (Registration) Regulations 2009
Financial position
- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
- Regulation 14 HSCA 2008 (Regulated Activities)
Regulations 2010 Meeting nutritional needs
- Regulation 14 CQC (Registration) Regulations 2009
Notifications – notice of absence
- Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs
- Regulation 15 HSCA 2008 (Regulated Activities)
Regulations 2010 Safety and suitability of premises
- Regulation 15 CQC (Registration) Regulations 2009
Notifications – notice of changes
- Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
- Regulation 16 HSCA 2008 (Regulated Activities)
Regulations 2010 Safety, availability and suitability of equipment
- Regulation 16 CQC (Registration) Regulations 2009
Notification of death of a person who uses services
- Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints
- Regulation 17 HSCA 2008 (Regulated Activities)
Regulations 2010 Respecting and involving people who use services

Requirement notices

- Regulation 17 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
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- Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
- Regulation 18 HSCA (RA) Regulations 2014 Staffing
- Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints
- Regulation 19 CQC (Registration) Regulations 2009 Fees
- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
- Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
- Regulation 20 (Registration) Regulations 2009 Requirements relating to termination of pregnancy
- Regulation 20 HSCA (RA) Regulations 2014 Duty of candour
- Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments
- Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
- Regulation 21 (Registration) Regulations 2009 Death of service provider
- Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
- Regulation 22 (Registration) Regulations 2009 Appointment of liquidators
- Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff
- Regulation 24 HSCA 2008 (Regulated Activities) Regulations 2010 Cooperating with other providers
- Section 10 HSCA Carrying on a regulated activity without being registered
- Section 33 HSCA Failure to comply with a condition
- Section 36 HSCA False description of concerns, premises etc.
- Section 37 HSCA False statements in applications
- Section 43 HSCA Carrying on or managing a regulated activity when registration is suspended or cancelled
- Section 63 HSCA Obstruction of CQC

This section is primarily information for the provider

Requirement notices

- Section 64 HSCA Failure to provide information or document requested under s64
- Section 65 HSCA Failure to comply with a requirement to provide an explanation of a relevant matter under s65
- Section 76 HSCA Disclosure of confidential information "knowingly" or "recklessly"

Select the regulated activity from the list provided. If there are no compliance actions, check the 'Do not include in report' option.

Insert the relevant regulation and justification of how it was not being met. If there are no compliance actions, check the 'Do not include in report' option.

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Enforcement actions

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