

# The Maples

## Quality Report

Vancouver Road, Broxbourne,  
Hertfordshire, EN10 6FD

Tel: 01992 450040

Website: [www.themapleshealthcentre.co.uk](http://www.themapleshealthcentre.co.uk)

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Maples on 25 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- 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.

We saw several areas of outstanding practice including:

- The Maples has a higher than average rate of childhood obesity and had taken a leading role in developing a pathway for managing families affected by childhood obesity. The services provided to parents and children included cookery lessons, behaviour support and advice and family activity programmes which took place at local children's and sports centres.
- The Nurse Practitioners had led a family health project and delivered sessions on self-management of minor ailments at local children's centres.

# Summary of findings

The area where the provider should make improvement is:

- Ensure that verbal complaints are recorded and reviewed.

**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.

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. For example, the practice had achieved 100% of the total number of points available, with 6% exception reporting which was in line with the local and national average.
- The Nurse Practitioners held minor illness clinics on a daily basis.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was proactive in ensuring staff learning needs were met.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey results published on 7 January 2016 showed patients rated the practice higher than

Good



# Summary of findings

others for several aspects of care. For example, 99% of respondents said they had confidence and trust in last GP they saw or spoke to compared with the CCG and national average of 95%.

- The practice offered flexible appointment times based on individual needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a register of carers with 393 carers identified which was 3% of the practice list. A member of the administration team was the nominated Carers' champion who promoted a carers pack and managed a display board in the practice. A member of the Patient Participation Group (PPG) was also a nominated Carers' champion who attended carers meetings and provided support at a local carers' cafe.

## Are services responsive to people's needs?

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 East and North Hertfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice provided a Teledermatology service (Teledermatology is the remote delivery of dermatology services and clinical information using telecommunications technology). This service enabled patients to have a photograph of skin lesions taken at the practice. The images were then sent securely to a Consultant Dermatologist to diagnose whether further treatment was necessary or not. This saved patients from having to travel to hospital to see a Consultant Dermatologist.
- The practice participated in the local area winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for urgent appointments rather than travel to the local A&E department. The practice had offered 2,502 additional face to face appointments and 1,077 telephone appointments between 2 November 2015 and 31 March 2016.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- Urgent appointments were available on the same day and the practice provided a telephone consultation service for those who needed urgent advice.
- 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. The practice did not record or review verbal complaints.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for identifying notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices, a local GP Federation and the local CCG.

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

**Good**



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- Regular visits to a nursing home were carried out by a named GP for continuity of care and emergency visits were also provided when needed. We spoke with the home manager who described the practice as very good, responsive and committed to meeting the individual needs of the residents.
- The practice worked closely with a multidisciplinary rapid response service in place to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.
- The practice had completed 496 health checks for patients aged over 75 since November 2014, which was 75% of this population group.

### People with long term conditions

**Good**



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

- Nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held weekly multidisciplinary clinics for patients with long term conditions.
- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 98% of the total number of points available (with 8% exception reporting), compared to local average of 89% (9% exception reporting) and national average of 89% (11% exception reporting).

# Summary of findings

- 76% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the local and national average of 75%.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- The Maples has a higher than average rate of childhood obesity and had taken a leading role in developing a pathway for managing families affected by childhood obesity. The services provided to parents and children included cookery lessons, behaviour support and advice and family activity programmes which took place at local children's and sports centres.
- The practice held six weekly meetings with health visitors to support and manage vulnerable children and families
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The Nurse Practitioners had led a family health project and delivered sessions on self-management of minor ailments at local children's centres.
- The practice's uptake for the cervical screening programme was 86% which was comparable with the national average of 82%.
- Appointments were available on the same day and outside of school hours. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.



# Summary of findings

## Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Bowel and breast cancer screening rates were comparable with local and national averages. Data showed 72% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and 72% nationally.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- Extended opening times were available one evening each week and from 8.30am to 11.30am on the first Saturday of each month.
- A NHS health and wellbeing specialist attended the practice once a week and supported patients in becoming more physically active.
- The practice had a room available in the waiting area for patients to monitor their weight and blood pressure.

## People whose circumstances may make them vulnerable

Outstanding



The practice is rated as outstanding 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 staff supported their vulnerable patients and the GPs and practice manager had attended a performance by a local creative arts group for adults with learning disabilities. The practice offered longer appointments and annual health checks for people with a learning disability. The practice had completed 46 health checks out of 48 patients on the learning disability register since April 2015.

# Summary of findings

- The practice held a register of carers with 393 carers identified which was 3% of the practice list. A member of the administration team was the nominated Carers' champion who promoted a carers pack and managed a display board in the practice. A member of the Patient Participation Group (PPG) was also a nominated Carers' champion who attended carers meetings and provided support at a local carers' cafe.
- The practice worked closely with a local women's refuge centre and fast tracked new registration and urgent medication requests for these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access various support groups and voluntary organisations.
- Staff had accessed safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff members were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good



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

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was better than the local average of 86% and national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice would refer patients to the Improving Access to Psychological Therapies service (IAPT) and would encourage patients to self-refer.
- Performance for mental health related indicators was in line with the CCG and national average. The practice had achieved 98% of the total number of points available (with 18% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting).

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We looked at the National GP Patient Survey results published on 7 January 2016. The results showed the practice's performance was mixed when compared with local and national averages. There were 293 survey forms distributed and 103 were returned. This represented a 35% response rate, which was in line with the national average of 38%, and approximately 1% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the local average of 63% and national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 71% national average of 76%. All of the patients we spoke with during our inspection told us that they were able to get an appointment which was convenient to them.
- 88% of patients described the overall experience of this GP practice as good compared to the local average of 82% and national average of 85%.

- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 77% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards. All 26 comments were positive about the standard of care received and access to the service. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as excellent.

We spoke with 12 patients during the inspection. All 12 patients said they were able to get an appointment for when then needed one and they were happy with the care they received. Patients described staff members as approachable, committed and caring.

The practice had received 322 responses to the NHS Friends and Family Test (FFT) between January and April 2016. The FFT asks people if they would recommend the services they have used and offers a range of responses. 89% of patients who responded said they were either 'extremely likely' or 'likely' to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

Ensure that verbal complaints are recorded and reviewed.

## Outstanding practice

The Maples has a higher than average rate of childhood obesity and had taken a leading role in developing a pathway for managing families affected by childhood obesity. The services provided to parents and children included cookery lessons, behaviour support and advice and family activity programmes which took place at local children's and sports centres.

The Nurse Practitioners had led a family health project and delivered sessions on self-management of minor ailments at local children's centres.

# The Maples

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a nurse specialist advisor and an Expert by Experience.

### Background to The Maples

The Maples provides primary medical services, including minor surgery, to approximately 11,400 patients from a purpose built building in Broxbourne, Hertfordshire. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract).

The practice serves a higher than average population of those aged between 0 to 9 years, and a lower than average population of those aged from 50 to 69 years. The population is 90% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of five GP Partners; three of which are female and two are male. There are two nurse practitioners; who are qualified to prescribe certain medications, two practice nurses and one Health Care Assistant. The non-clinical team consists of a practice manager, an assistant practice manager, six members of the administration team and nine members of the reception team.

The Maples has been approved to train doctors who are undertaking further training (from four months up to one year depending on where they are in their educational process) to become general practitioners. The practice currently has two ST3 GP trainees (third year of speciality training).

The practice is open to patients between 8am and 6:30pm Mondays to Fridays. Appointments with a GP or nurse are available from 8am to 11am and from 3pm to 5pm daily. Emergency appointments are available daily with the duty doctor. A telephone consultation service is also available for those who need urgent advice. The practice offers extended opening hours between 6.30pm and 8pm every Tuesday and from 8.30am to 11.30am on the first Saturday of each month.

Home visits are available to those patients who are unable to attend the surgery and the out of hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice, on the practice website and logged on the practice telephone line.

### Why we carried out this inspection

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

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

### How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to

# Detailed findings

share what they knew. We contacted NHS East and North Hertfordshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 25 May 2016. During our inspection we:

- Spoke with five GPs, one GP trainee, the practice manager, the assistant practice manager, a practice nurse, two nurse practitioners, the health care assistant, two members of the reception team and one member of the administration team.
- Spoke with 12 patients and observed how staff interacted with patients.
- Reviewed 26 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from 10 members of the Patient Participation Group (PPG). (This is a group of volunteer patients who work with practice staff on how improvements could be made for the benefit of patients and the practice).
- Spoke with three members of the PPG.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed at GP partner meetings which took place weekly and we saw evidence to confirm this.
- Information and learning would be circulated to staff and the practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, the practice received a safety alert for a type of Epipen (a medical device used for injecting a measured dose). The practice carried out a search on their system to see if any patients were using that particular device and then took the appropriate action.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, staff were reminded to check each patient's date of birth after a patient with the same name was incorrectly booked in to see a GP.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding adults and children. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. All GPs and nurses were trained to an appropriate level to manage safeguarding children (level three) and adults.
- A notice 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 a risk assessment was in place for circumstances in which staff acted as a chaperone without having a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the nurse practitioners was the infection control clinical lead who accessed regular training to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken annually and we saw evidence that action was taken to address any improvements identified as a result.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate, equipment was cleaned daily and daily

## Are services safe?

logs were completed. Spillage kits were available and clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.

- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and 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. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained in spirometry, phlebotomy and dressings and received regular mentorship and supervision from the nursing team.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### 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 along with a poster in the staff area which included the names of the health and safety lead at the practice. A health and safety assessment was completed in April 2016. The practice had up to date fire risk assessments. Fire alarms were tested weekly and the practice carried out fire drills and checked fire equipment on a regular basis. All electrical equipment was checked in November 2015 to ensure

the equipment was safe to use and clinical equipment was checked in November 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) 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 skill mix of staff needed to meet patients' needs. There were individual team rotas in place to ensure that enough staff members were on duty. The practice had a system in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required during other absences. The practice had a locum GP information pack in place and would complete the necessary recruitment checks on those individuals when necessary.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers which alerted staff to any emergency. There was also a panic button in all of the clinical rooms and reception desk.
- All staff received annual basic life support training.
- The practice had oxygen available with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date. An accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was available on the staff intranet and additional copies were kept off the premises.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on A&E attendance, emergency admissions to hospital and outpatient attendance levels. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

### 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 showed the practice achieved 100% of the total number of points available, with 6% exception reporting which was in line with the local and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice had

achieved 98% of the total number of points available (with 8% exception reporting), compared to local average of 89% (9% exception reporting) and national average of 89% (11% exception reporting).

- The percentage of patients aged 45 years or over who had a record of blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 92% of the total number of points available, compared to 90% locally and 91% nationally.
- Performance for mental health related indicators was in line with the CCG and national average. The practice had achieved 98% of the total number of points available (with 18% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting).

We checked the exception reporting system and saw that the practice had an effective recall system in place and a systematic approach for recording exceptions. The practice told us that they were trying to make further improvements in these areas and that they only exception reported after making several attempts to contact the patient for a check-up.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings from audits were used by the practice to improve services. For example, one of these audits looked at the management of patients with osteoporosis against national guidelines. This audit resulted in an agreed set of recommendations which included improvements to coding and a set timescales for these patient reviews.
- The practice also completed an audit on the prescribing of a specific antibiotic used to treat urinary tract infections (UTIs). The practice investigated the number of patients receiving the antibiotic for longer than six months with a recorded lung function test. This audit was repeated after 12 months and had identified several action points. All patients who had been receiving this antibiotic longer than six months were contacted and offered an alternative medicine. The practice improved

# Are services effective?

## (for example, treatment is effective)

their coding to ensure future prescribing for this particular medicine was better managed and a new policy was created and made available to both permanent and temporary clinicians at the practice.

- The practice participated in local audits, national benchmarking, peer reviews and research.

### 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, equality and diversity, information governance, basic life support, infection control, health and safety and fire safety.
- 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 taking blood samples, 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, attendance to educational sessions, conferences and discussions at nurse meetings which took place monthly.
- The lead practice nurse was also the long term conditions lead nurse within the locality. This nurse was a member of a local workforce development group and arranged educational updates for peers.
- The practice nurses held multidisciplinary clinics for patients with asthma, chronic obstructive pulmonary disease (COPD) and diabetes two times a week. Nurse Practitioners held minor illness clinics on a daily basis.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and

facilitation and support for revalidating GPs. All of the staff had received an appraisal within the last 12 months, with the exception of two nurses who were scheduled to have their appraisal in June 2016.

- Staff had received training that included: safeguarding, infection control, chaperoning, basic life support, information governance and equality and diversity. The practice had pooled their training budget with 25 practices within the locality and the practice manager co-ordinated the training programme for these practices. This enabled staff to access additional training such as assertiveness, customer care and medical terminology. Staff had access to and made use of e-learning, internal training sessions and Clinical Commissioning Group (CCG) led training days.
- We were told that the practice had close links with the University of Hertfordshire who provided nurse training modules and updates on NICE guidelines, childhood immunisations, cervical screening and spirometry.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when

# Are services effective?

## (for example, treatment is effective)

patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary Gold Standard Framework (GSF) team meetings took place on a monthly basis for vulnerable patients and for patients requiring palliative care. (The Gold Standards Framework is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis).

- Regular visits to a nursing home were carried out by a named GP for continuity of care and emergency visits were also provided when needed. We spoke with the home manager who described the practice as very good, responsive and committed towards meeting the individual needs of the residents.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- These included patients considered to be 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 and patients experiencing poor mental health. Patients were then signposted to the relevant service.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had completed 46 health checks out of 48 patients on the learning disability register since April 2015.

- The practice would refer patients to the Improving Access to Psychological Therapies service (IAPT) and would encourage patients to self-refer.
- Smoking cessation advice was provided by the nursing team. A NHS health and wellbeing specialist attended the practice once a week and supported patients in becoming more physically active.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by contacting patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were comparable with local and national averages. For example:

- Data published in March 2015 showed 59% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.
- Data showed 72% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and 72% nationally.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% and five year olds from 96% to 100%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years and had completed 332 in the last 12 months. New patients were offered a health check upon registering.

The practice had completed 496 health checks for patients aged over 75 since November 2014, which was 75% of this population group. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We received 26 CQC patient comment cards and all of the comments received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We received feedback from 10 members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

On the day of our inspection, we spoke with three members of the PPG and 12 patients who all told us that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 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%).

- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

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

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

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

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

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

- Notices in the patient waiting rooms told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 393 carers identified which was 3% of the practice

## Are services caring?

list. A member of the administration team was the nominated Carers' champion who promoted a carers pack and managed a display board in the practice. A member of the Patient Participation Group (PPG) was also a nominated Carers' champion who attended carers meetings and provided support at a local carers' cafe.

- The practice staff supported their vulnerable patients and the GPs and practice manager had attended a performance by a local creative arts group for adults with learning disabilities.
- Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided a Teledermatology service (Teledermatology is the remote delivery of dermatology services and clinical information using telecommunications technology). This service enabled patients to have a photograph of skin lesions taken at the practice. The images were then sent securely to a Consultant Dermatologist to diagnose whether further treatment was necessary or not. This saved patients from having to travel to hospital to see a Consultant Dermatologist.

- The practice participated in the local area winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for urgent appointments rather than travel to the local A&E department. The practice had offered 2,502 additional face to face appointments and 1,077 telephone appointments between 2 November 2015 and 31 March 2016.
- The practice held six weekly meetings with health visitors to support and manage vulnerable children and families.
- The Maples has a higher than average rate of childhood obesity and had taken a leading role in developing a pathway for managing families affected by childhood obesity. The services provided to parents and children included cookery lessons, behaviour support and advice and family activity programmes which took place at local children's and sports centres.
- The Nurse Practitioners had led a family health project and delivered sessions on self-management of minor ailments at local children's centres.
- The practice worked closely with a multidisciplinary rapid response service in place to support older people and others with long term or complex conditions to

remain at home rather than going into hospital or residential care. The practice was also involved in working with this team to create a standardised health and social care plan template for patients.

- The practice had a room available in the waiting area for patients to monitor their weight and blood pressure.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- The local nursing home, district nursing team, rapid response team and local hospitals were able to contact the practice on a direct telephone line.
- The practice worked closely with a local women's refuge centre and fast tracked new registration and urgent medication requests for these patients.
- The practice had baby changing facilities, sufficient space for prams, a suitable place available for baby feeding and a suitable area for children.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- There were disabled facilities, a hearing loop and a patient lift.

### Access to the service

The practice was open to patients between 8am and 6.30pm Mondays to Fridays. Appointments with a GP or nurse were available from 8am to 11am and from 3pm to 5pm daily. The practice offered extended surgery hours between 6.30pm and 8pm every Tuesday and from 8.30am to 11.30am on the first Saturday of each month. Pre-bookable appointments could be booked up to six weeks in advance with a nurse and one week in advance for a routine appointment with a GP. The practice told us that they had offered pre-bookable appointments with a GP



# Are services responsive to people's needs?

(for example, to feedback?)

further in advance however this had resulted in a high number of patients failing to attend their appointment. Urgent appointments were available on the same day for people that needed them.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was in line with and above local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 78%.
- 65% of patients said they could get through easily to the surgery by phone compared to the CCG average 63% and national average of 73%.

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

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling written complaints and concerns. We were told verbal interactions were managed and responded to by staff however these interactions were not recorded and reviewed.

- 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. This information was available on the practice website and in the patients' waiting areas.

We looked at six complaints received in the last 12 months and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency when dealing with complaints. The practice shared their complaints data with NHS England. Apologies were offered to patients. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, reception staff attended assertiveness and customer service training to improve a perception of poor staff attitude, and to ensure there was consistency in the quality of service provided when managing patient enquiries over the telephone.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

### Governance arrangements

The practice had structures and procedures in place which supported the delivery of the strategy and good quality care and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice kept records of written correspondence and gave affected people reasonable support and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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 services delivered by the practice.

### 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 Friends and Family Test, the Patient Participation Group (PPG) and through surveys and complaints received. The PPG attended meetings within the locality, provided support at the local carers' cafe and participated in a local annual health event. The practice manager had a reward scheme in place for staff who received positive feedback from patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff feedback resulted in improvements to the way new patient registrations were completed. Staff feedback also resulted in an improved system for the management of prescriptions. This



# Are services well-led?

Good 

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

included the creation of a prescription clerk role to better manage staff workload. 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. Senior staff regularly attended meetings with peers within their locality. The practice participated in local pilot schemes and

research projects. The practice manager and lead practice nurse were members of a workforce development group. The nurse was in the process of developing a nurse mentorship scheme to enable student nurses to train at the practice. The practice manager was chair of the local GP federation and the senior partner was the locality vice chair. The practice manager chaired the locality practice manager meetings and co-ordinated the training programme for practices within the locality.