

Archway Surgery

Quality Report

52 High Street
Bovingdon
Hemel Hempstead
HP3 0HJ

Tel: 01442 833380

Website: www.archwaysurgery.co.uk

Date of inspection visit: 22 November 2016

Date of publication: 26/01/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13

Detailed findings from this inspection

Our inspection team	14
Background to Archway Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Archway Surgery on 22 November 2016. Overall the practice is rated as good.

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

- The practice had a clear vision and had recognised the particular needs of patients in the community it served.
- The practice had worked to create an open and transparent approach to safety. A clear reporting system was in place for recording significant events.
- Risks to patients were identified, assessed and appropriately managed. For example, the practice implemented appropriate recruitment checks for new staff, undertook regular clinical reviews and followed up-to-date medicines management protocols.
- We saw that the staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff were supported to access development learning and routine training was provided to ensure they had the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) 2015/2016 showed the practice had performed well, obtaining 99% of the total points available to them, for providing recommended care and treatment to their patients.
- Feedback from patients was consistently positive. Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Comments from patients on the nine completed CQC comment cards confirmed these views.
- Results from the GP Patient Survey published in July 2016 showed the practice was consistently performing higher than local and national averages.
- Information about services and how to complain or provide feedback was available in the waiting area and

Summary of findings

published on the practice website. The practice had a thorough process dealing with patient feedback.

Outcomes from complaints were shared and learning opportunities identified as appropriate.

- Appointments were readily available. Urgent appointments were available the same day, although not always with the patients named or usual GP. Pre-bookable appointments were available eight weeks in advance.
- The practice had access to good facilities and modern equipment in order to treat patients and meet their needs.
- There was a clear leadership structure and we noted there was a positive outlook among the staff, with good levels of moral in the practice. Staff said they felt supported by management.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are as follows:

- Medication review dates should be monitored and regularly audited.
- Development work to identify and support patients who are carers to continue.

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. Staff understood their responsibilities to raise concerns and to report incidents or 'near misses'. GPs and managers actively encouraged staff involvement.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected incidents patients received support, information and an apology as appropriate to the circumstances. The practice put steps in place to identify learning and changes to processes were introduced to avoid a possible repeat incident when necessary.
- The practice had well established systems in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example, this included arrangements for monitoring standards of infection prevention and control, and the safety and security arrangements in place for the management and issuing of prescriptions and medicines. However, systems in place for managing the routine monitoring of medication review dates would benefit from regular oversight or audit to ensure all review dates are met.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well, obtaining 99% of the total points available to them, for providing recommended care and treatment to their patients.
- Staff referred to guidance from the National Institute for Health and Care and Excellence (NICE) and used it to assess and deliver care in line with current evidence based guidance.
- The practice was engaged in an ongoing programme of clinical audits, which demonstrated a commitment to quality improvement, professional development and patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal and professional development was encouraged and supported.

Good



Summary of findings

- There was clear evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice staff participated in regular multidisciplinary meetings to meet the needs of patients and deliver appropriate care and support.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed that patients reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had identified 38 patients registered as carers, which represented approximately 1% of the practice list. A carers 'champion' had recently been identified to continue the work to identify and support patients who were carers.
- 95% of patients described their overall experience of the practice as good; this was higher than both the local CCG average of 89% and the national average of 85%.
- Feedback received from patients from the completed CQC comment cards was consistently positive. Patients told us they were impressed by the professional attitude and caring approach of the staff.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible. The practice had an informative practice leaflet and a comprehensive website. Posters were on display and a variety of leaflets were available in the waiting area.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Herts Valley Clinical Commissioning Group to secure improvements to services where these were identified.
- 95% of patients said the receptionists at the practice were helpful, compared to the CCG average of 86% and a national average of 87%.

Good



Summary of findings

- 97% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.
- Urgent appointments were available the same day, with pre-bookable appointments with the health care assistant, nurses and GPs available up to six weeks in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A phlebotomy service was provided at the practice, so that patients did not have to attend the local hospital.
- Information about how to complain was available and easy to understand. Evidence demonstrated the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate. The practice encouraged positive feedback and celebrated success appropriately.

Are services well-led?

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

- The practice had a corporate vision and strategy to deliver good quality care and promote good outcomes for patients. Practice staff were clear about their role in delivering services to patients.
- There was a clear leadership structure and staff felt supported by management. The practice had appropriate policies and procedures to govern activity and held regular governance meetings.
- Systems were in place to review, update and amend policies and procedures to ensure best practice guidelines were incorporated and followed by staff.
- Key performance indicators were in place to monitor delivery of services. Information was used to benchmark delivery of services, patient satisfaction levels and to identify areas of good practice and areas for development.
- The practice had a business development plan which identified existing objectives and possible future developments.
- There was a clear and accessible governance framework, which supported the delivery of good quality care to patients. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The management team encouraged a culture of openness, transparency and honesty.

Good



Summary of findings

- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice regularly and proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice 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. GPs were able to offer home visits to those patients who were unable to travel into the surgery. On-the-day or emergency appointments were available to those patients with complex or urgent needs.
- The practice had clear objectives to avoid hospital admissions where possible. GPs made home visits to elderly patients and ensured that patient medication was reviewed regularly and where possible other routine tests were undertaken without the need for patient admission to hospital.
- These patients had a dedicated telephone number at the practice, for use in an emergency.

Good



People with long term conditions

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.
- 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 closely with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had clear protocols in place to support the treatment of patients with long term conditions. The practice held records of the number of patients with long term conditions. These patients were seen at the surgery on a regular basis and invited to attend specialist nurse-led clinics.
- The practice offered longer appointments to these patients and home visits were available when needed.
- 98% of the patients on the diabetes register had influenza immunization in the preceding 01 August 2015 to 31 March

Good



Summary of findings

2016, compared to local CCG average of 96% and national average of 94%. Effective arrangements were in place to ensure patients with diabetes were invited for a review of their condition.

- Nurse led clinics ensured annual reviews and regular checks for patients with asthma and chronic obstructive pulmonary disorder (COPD) were in place. The practice had clear objectives to reduce hospital admissions for respiratory conditions.
- Patients who were admitted to hospital were reviewed by the practice after discharge.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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.
- 84% of women aged between 25 - 64 years of age whose notes record that a cervical screening test has been performed in the preceding five years, was in line with the local CCG average and the national average of 82%.
- The practice provided appointments outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Immunisation rates for all standard childhood immunisations were similar to local CCG averages. The practice provided flexible immunisation appointments.
- The practice supported a number of initiatives for families with children and young people, for example the practice offered a range of family planning services.
- Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. Positive links with the community midwife team and liaison with health visitors formed a positive and collaborative approach.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, with extended opening hours on Wednesday evenings for example.
- Data showed 64% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 57% locally and 58% nationally.
- Data showed 73% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and nationally.
- The practice offered access to telephone consultations.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40 - 74 years.
- 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.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances. For example, a high number of patients registered at the practice were elderly people who lived at home alone and the practice was able to recognise how services should be adapted to support the patient's wishes to remain independent.
- The practice offered longer appointments for patients with a learning disability.
- The practice had recorded 38 carers on their register (approximately 1% of the total patient list) and had generated positive links with carers and community groups. A member of staff had recently taken on the role of carers champion and further development work was planned.
- The practice regularly worked collaboratively with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and the protocol to follow for reporting concerns.

Good



Summary of findings

- 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.
- The practice had a system in place to identify patients with a known disability.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had received training in dementia awareness.
- For example, 89% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, compared to the local CCG average of 85% and the national average of 84%.
- For patients on the dementia register, the practice had a lead member of staff with responsibility for developing and improving delivery of services for patients with mental health and health promotion.
- The practice had supported patients experiencing poor mental health about how to access support groups and voluntary organisations, with links to support services, such as counselling and referrals to the Improving Access to Psychological Therapies service (IAPT).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2015 to 31 March 2016) was 100%, with an exception reporting rate of 0%. Compared against the local CCG average of 91% (with an exception reporting rate of 9%) and the national average of 90%, with an exception report rate of 10%.
- For another measure, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2015 to 31

Good



Summary of findings

March 2016) was 100%, with an exception reporting rate of 0%. Compared against the local CCG average of 92% (with an exception reporting rate of 10%) and the national average of 88%, with an exception reporting rate of 13%.

- 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.

Summary of findings

What people who use the service say

We looked at the National GP Patient Survey results published in July 2016. There were 236 patient survey forms distributed and 109 returned. This equated to a 46% response rate and represented approximately 4.5% of the practice's patient list.

The results showed the practice was performing better than both local and national averages in most areas.

- 98% of patients found it easy to get through to this practice by phone, compared to the local CCG average of 78% and national average of 73%.
- 98% 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 88% and national average of 85%.
- 95% of patients described the overall experience of this GP practice as fairly good or very good, compared to the local average of 89% and national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the local average of 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine completed comment cards. All of the comment cards were positive about the standard of care received. Patients said services were provided in a professional and courteous manner. Staff were described as very caring, attentive and knowledgeable.

A number of the comment cards identified named members of staff who had provided exceptional care and attention. Some of the comments were from patients who had recently registered with the practice, whilst others had been registered since the practice opened.

We spoke with two patients during the inspection. Both of the patients said they were satisfied with the care they received and thought the staff were professional in their approach, committed to providing good services and demonstrated a caring approach to patients.

We spoke with one member of the Patient Participation Group (PPG), who told us about reviews and improvements to services the practice had undertaken in response to their feedback. For example, we saw that the PPG had identified feedback from the local practice survey that information about clinics and additional patient services could be improved. The practice implemented a new "Well Person" initiative, with health checks and clinics to be made available to all registered patients; the initiative was widely advertised on the practice website and throughout the practice.

The practice had received no comments on the NHS Choices website within the previous 12 months.

Results from 28 responses to the Family and Friends Test showed that 89% of patients would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Medication review dates should be monitored and regularly audited.
- Development work to identify and support patients who are carers to continue.

Archway Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Archway Surgery

Archway Surgery provides primary medical services to approximately 2,437 patients in an area of Hemel Hempstead. Services are provided on a Personal Medical Services (PMS) contract (a PMS contract is a locally agreed contract with NHS England).

Services are delivered to patients from one registered location; 52 High Street, Bovingdon, Hemel Hempstead, HP3 0HJ.

The practice forms part of NHSolutions, a corporate group which provides primary medical services at a number of locations across England. Executive management oversight is provided by NHSolutions which includes corporate business planning, performance monitoring and central functions such as human resource management, payroll and regular review and update of policies and processes.

The practice at Archway Surgery serves a population group with a broadly similar profile to the England average. Although the practice had 21% of their patients in the over 65 years of age range compared to the CCG average of 16% and the England national average 17%.

The area is recorded as being in the 'least deprived decile' and therefore falls in an area of the lowest deprivation. According to national data, life expectancy for male patients at the practice is 83 years, compared to the CCG

average of 80 years and the national England average of 79 years. For female patients life expectancy is 86 years, compared to the local CCG average of 84 years and the England average of 83 years.

The on-site practice team consists of three GPs (two male GPs and one female GP), one practice nurse and one health care assistant (both female). The practice manager is supported by a team of staff who provide reception and administrative functions.

The practice is open between 8.00am and 6.30pm Monday to Friday, with extended hours until 8pm Wednesday evenings. Appointments with a GP, nurse or health care assistant are available during those times. Appointments are bookable up to eight weeks in advance. Emergency appointments are available daily. A telephone consultation and call-back service is also available for those who need urgent advice. Home visits are available to those patients who are unable to attend the surgery.

When the practice is closed, 'out-of-hours' services are provided by Herts Urgent Care. Information about the out-of-hours services was available in the practice waiting area, on the practice website and on the practice telephone answering service.

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

Detailed findings

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. For example, NHS Herts Valley Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they may hold about the practice.

We carried out an announced inspection on 22 November 2016.

During our inspection we:

- Spoke with the Provider's Medical Director, Director of Operations and Service Improvement Manager along with GPs, health care assistant and administrative staff at the practice.
- Spoke with patients, including a member of the Patient Participation Group (PPG) (The PPG is a group of patients who volunteer to work with practice staff on making improvements to the services provided for the benefit of patients and the practice).

- Observed how staff interacted with patients.
- Reviewed nine CQC comment cards where patients 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?

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 practice clinical meetings which took place regularly and we saw minutes from the meetings to confirm this.
- Information and learning was 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. Information was received into the practice by the practice manager and cascaded to clinicians. The practice undertook regular and comprehensive clinical meetings, with detailed records and learning shared appropriately. Lessons learnt were shared to ensure action was taken to improve safety in the practice.

For example, we saw that when an alert was issued relating to instructions for the administering of a particular medicine. The practice carried out a search on their system to see if any patients were likely to be affected and then took the appropriate action to review and amend any medication as required.

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, we saw an incident where an incorrect immunisation had been administered. The practice completed a thorough review of processes and identified that the storage of medicines could be improved. Following the incident therefore, a system change was implemented, with additional training provided for all relevant staff. Up to the date of inspection there had been no similar incident recorded.

The practice had a thorough and comprehensive incident review process, in which it undertook an investigation to establish the reasons behind any problem or situation. Staff engagement was positively encouraged and the practice and Provider worked hard to establish an open and inclusive environment with all reviews.

Overview of safety systems and processes

The practice had clear systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Staff demonstrated they understood their responsibilities to safeguard children and adults from abuse and were aware of procedures to follow in reporting concerns. Staff had access to e-learning and face-to-face training. Staff had completed safeguarding training relevant to their roles, with GPs trained to the appropriate level (level three) to manage child safeguarding. The practice had a nominated safeguarding lead.
- Systems for reporting patient concerns were clear. Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- The practice displayed notices in the patient waiting area and all treatment and consultation rooms, which advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A nurse at the practice had lead responsibility for infection prevention and control. We saw that all staff training was up-to-date and information was shared across the practice to ensure systems were in line with best practice guidelines. There was an infection control protocol in place and audits were undertaken regularly. We also saw that where issues or concerns had been identified the practice had taken action to address any required improvements.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- During our inspection we checked the emergency medicines in the practice and found all the stock to be within manufacturers' expiry dates. The practice had systems in place to check the security and storage arrangements for medicines usage.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that audits for high risk medication, such as methotrexate, had been completed with positive results.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, we also noted that the system in place for managing the routine monitoring of medication review dates would benefit from regular oversight or audit to ensure all review dates are met consistently.
- Blank prescription forms were securely stored and there were systems in place to monitor their use. The practice had a clear system in place to securely store and monitor the use of prescription pads, with serial numbers logged as each batch of prescriptions were received and allocated to GPs.
- Patient Group Directions (PGD) had been adopted by the practice which allowed the practice nurse to administer medicines in line with legislation. We found that three PGDs dealing with travel vaccines had not been reviewed in-line with the required two year guideline. However, the practice was already aware the PGDs had passed the planned review date and had discussed the situation with the CCG. Agreement had been reached for the PGDs to remain in place and in use. A schedule for future reviews was to be finalised with the CCG and pharmacist. The health care assistant was trained to administer vaccines against a patient specific prescription or direction from a prescriber. We saw an appropriate example of a signed certificate in place.
- We reviewed three staff 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). The practice had a locum GP information pack in place.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety;

- The practice had completed a legionella risk assessment and an inspection had been undertaken on their behalf by an external, accredited company. The practice had carried out regular testing of hot water temperatures. The practice had comprehensive guidance and information in place to assist and support staff in managing risks and safety. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- The practice had up-to-date fire risk assessments, which included a log of the fire alarm tests and routine staff fire training.
- There was a health and safety policy available along with a poster in the staff communal areas which included the names of the health and safety lead at the practice.

Are services safe?

- Appropriate health and safety assessments had been completed, along with electrical equipment testing to ensure the equipment was safe to use. Clinical equipment was checked and calibrated routinely to ensure it was working properly.
- Effective systems were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs, including, for example arrangements to ensure the appropriate management of planned staff holidays. Staff members would be flexible and cover additional duties as and when required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had access to a defibrillator, a risk assessment had been undertaken to establish that

access was freely available and all equipment was appropriate to emergency needs. Emergency oxygen was available with adult and children's masks. A first aid kit and accident book were also available.

- Emergency medicines were kept in a secure area of the practice and staff knew of their location. The medicines we reviewed were in date and were readily accessible should they be required.
- The practice had a comprehensive and detailed business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and appropriate arrangements for contacting staff in an emergency. The plan was accessible from outside the practice. We saw that the practice had been required to use the plan following a serious incident, where damage was caused to the fabric of the building. We saw evidence that the plan was put in place and services continued to be delivered, with risks to staff and patients safety considered and well managed.

We also saw that the practice had comprehensive and thorough Risk Identification and Assessment documentation. This allowed the practice, and the Provider, to identify and assess risk across the range of functions and activities.

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 and random sample checks of patient records.
- The practice worked with the CCG pharmacist, who attended clinical meetings at the practice, to improve the efficiency of medicines management and prescribing.
- 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 accident and emergency attendance, emergency admissions to hospital, outpatient attendance and public health data. 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 99% of the total number of points available, which was higher than the local CCG average of 96% and national average of 95%.

The practice achieved this result with an overall level of 5% exception reporting which was lower than local and national averages of 8% and 9% respectively. (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). We were satisfied that exceptions recorded had been appropriately managed.

Data from 2015/2016 showed:

Performance for diabetes related indicators was higher than both local and national averages.

- For example, the practice scored 98% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2015 to 31 March 2016, with an exception reporting rate of 10%. The local CCG average was 96% (with 17% exception reporting) and the national average 94%, with exception reporting at 18%.
- Other performance measures identified the number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 84%, with an exception reporting rate of 10%. Compared to the local CCG average of 84% (with 11% exception reporting) and the national average of 81%, also with an exception reporting rate of 12%.

The practice had provided dedicated clinics for patients with diabetes. These had worked to address patient needs and ensured regular review and monitoring was in place to identify and implement improvement wherever possible.

When comparing performance for mental health related indicators the practice again achieved positive results in the range of outcomes within the individual measures.

- For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2015 to 31 March 2016) was 100%, with an exception reporting rate of 0%. Compared against the local CCG average of 91% (with an exception reporting rate of 9%) and the national average, also 90%, with exception report rate of 10%.
- For another measure, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2015 to 31 March 2016) was 100%, with an

Are services effective?

(for example, treatment is effective)

exception reporting rate of 0%. Compared against the local CCG average of 92% (with an exception reporting rate of 10%) and the national average of 88%, with an exception reporting rate of 13%.

For patients on the dementia register the practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns.

There was evidence of quality improvement including clinical audit, for example;

- The practice had a regular cycle of clinical audits. The practice had undertaken four audits within the previous year. Of these three had been 'full cycle' audits, where repeated audits had been completed, action implemented and outcomes reviewed and improvements or changes reported.
- Areas in which audits had been undertaken included high risk medication; methotrexate and minor surgery.
- The findings of the audits had identified changes to systems and improvements in the patient recall system had ensured timely recall for blood tests had been issued.
- The practice participated appropriately in local audits, national benchmarking, and peer review and research. Findings from audits were used by the practice to evaluate, review and, where appropriate, to improve services.

Effective staffing

Staff at the practice 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, 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, 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 attendance to update training sessions.

- Additionally, the practice had qualified nurses dealing with the treatment and review of patients with Asthma and chronic obstructive pulmonary disorder (COPD).
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, annual appraisal, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff had access to regular clinical educational training sessions which were delivered using a variety of methods, including on-line e-learning, off-site presentations and at the practice. Relevant practice staff had also attended CCG led training days which were held throughout the year. Protected learning time for staff was assured.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly. Appropriate training had been provided for staff to support understanding and awareness.
- Staff had access to appropriate accredited external training opportunities Staff received training that included safeguarding, infection control, chaperoning, basic life support, information governance, customer service training, and dementia awareness.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the 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 had systems in place to provide staff with the information they needed. Staff worked together with

Are services effective?

(for example, treatment is effective)

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 patients moved between services, including when they were referred to, or after they were discharged from hospital.

Consent to care and treatment

We saw that patients' consent to care and treatment was obtained and recorded 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, drug, alcohol and smoking cessation and patients experiencing poor mental health.
- Patients were signposted to the relevant services, including for example Herts Young Carers.
- Access to an NHS dietician and other healthy lifestyle advice was available. For example the practice had information about healthy lifestyle initiatives such as 'Shape Up Herts', a project supported by Watford Football Club.
- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability, with routine health checks and

additional appropriate support offered. The practice had three patients registered with learning difficulties and one of these patients had received a health check in 2015/2016.

The practice had 55 patients on their cancer register and 13 of these patients' had received a health check in 2015/2016.

The practice's uptake for the cervical screening programme was 84%, 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 sending reminder letters to 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, again, higher than both local CCG and national averages. For example:

- Data published in March 2016 showed 64% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 57% locally and 58% nationally.
- Data showed 73% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and nationally.

Childhood immunisation rates for the vaccinations given were broadly comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 93% to 100% compared to the CCG rates of 94% to 97%. For five year olds the rates for the practice ranged from 91% to 100% compared to the CCG rates of 92% to 96%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. Health checks were also offered to patients aged 75 and over and new patients were offered a health check upon registering at the practice.

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

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 and random sample checks of patient records.
- The practice worked with the CCG pharmacist, who attended clinical meetings at the practice, to improve the efficiency of medicines management and prescribing.
- 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 accident and emergency attendance, emergency admissions to hospital, outpatient attendance and public health data. 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 99% of the total number of points available, which was higher than the local CCG average of 96% and national average of 95%.

The practice achieved this result with an overall level of 5% exception reporting which was lower than local and national averages of 8% and 9% respectively. (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). We were satisfied that exceptions recorded had been appropriately managed.

Data from 2015/2016 showed:

Performance for diabetes related indicators was higher than both local and national averages.

- For example, the practice scored 98% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2015 to 31 March 2016, with an exception reporting rate of 10%. The local CCG average was 96% (with 17% exception reporting) and the national average 94%, with exception reporting at 18%.
- Other performance measures identified the number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 84%, with an exception reporting rate of 10%. Compared to the local CCG average of 84% (with 11% exception reporting) and the national average of 81%, also with an exception reporting rate of 12%.

The practice had provided dedicated clinics for patients with diabetes. These had worked to address patient needs and ensured regular review and monitoring was in place to identify and implement improvement wherever possible.

When comparing performance for mental health related indicators the practice again achieved positive results in the range of outcomes within the individual measures.

- For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2015 to 31 March 2016) was 100%, with an exception reporting rate of 0%. Compared against the local CCG average of 91% (with an exception reporting rate of 9%) and the national average, also 90%, with exception report rate of 10%.
- For another measure, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2015 to 31 March 2016) was 100%, with an

Are services caring?

exception reporting rate of 0%. Compared against the local CCG average of 92% (with an exception reporting rate of 10%) and the national average of 88%, with an exception reporting rate of 13%.

For patients on the dementia register the practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns.

There was evidence of quality improvement including clinical audit, for example;

- The practice had a regular cycle of clinical audits. The practice had undertaken four audits within the previous year. Of these three had been 'full cycle' audits, where repeated audits had been completed, action implemented and outcomes reviewed and improvements or changes reported.
- Areas in which audits had been undertaken included high risk medication; methotrexate and minor surgery.
- The findings of the audits had identified changes to systems and improvements in the patient recall system had ensured timely recall for blood tests had been issued.
- The practice participated appropriately in local audits, national benchmarking, and peer review and research. Findings from audits were used by the practice to evaluate, review and, where appropriate, to improve services.

Effective staffing

Staff at the practice 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, 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, 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 attendance to update training sessions.

- Additionally, the practice had qualified nurses dealing with the treatment and review of patients with Asthma and chronic obstructive pulmonary disorder (COPD).
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, annual appraisal, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff had access to regular clinical educational training sessions which were delivered using a variety of methods, including on-line e-learning, off-site presentations and at the practice. Relevant practice staff had also attended CCG led training days which were held throughout the year. Protected learning time for staff was assured.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly. Appropriate training had been provided for staff to support understanding and awareness.
- Staff had access to appropriate accredited external training opportunities Staff received training that included safeguarding, infection control, chaperoning, basic life support, information governance, customer service training, and dementia awareness.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the 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 had systems in place to provide staff with the information they needed. Staff worked together with

Are services caring?

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 patients moved between services, including when they were referred to, or after they were discharged from hospital.

Consent to care and treatment

We saw that patients' consent to care and treatment was obtained and recorded 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, drug, alcohol and smoking cessation and patients experiencing poor mental health.
- Patients were signposted to the relevant services, including for example Herts Young Carers.
- Access to an NHS dietician and other healthy lifestyle advice was available. For example the practice had information about healthy lifestyle initiatives such as 'Shape Up Herts', a project supported by Watford Football Club.
- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability, with routine health checks and

additional appropriate support offered. The practice had three patients registered with learning difficulties and one of these patients had received a health check in 2015/2016.

The practice had 55 patients on their cancer register and 13 of these patients' had received a health check in 2015/2016.

The practice's uptake for the cervical screening programme was 84%, 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 sending reminder letters to 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, again, higher than both local CCG and national averages. For example:

- Data published in March 2016 showed 64% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 57% locally and 58% nationally.
- Data showed 73% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and nationally.

Childhood immunisation rates for the vaccinations given were broadly comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 93% to 100% compared to the CCG rates of 94% to 97%. For five year olds the rates for the practice ranged from 91% to 100% compared to the CCG rates of 92% to 96%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. Health checks were also offered to patients aged 75 and over and new patients were offered a health check upon registering at the practice.

Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 Herts Valley Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Clinical staff had access to advice and support from a wide range of specialist staff including dietician, the local respiratory team and staff also worked closely with the diabetes team.
- 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.
- The practice was proactive in developing services. They offered on-line appointment booking, a text messaging service to remind patients of their appointments and repeat prescriptions.
- A full range of health promotion and screening clinics and advice was available to meet the recognised needs of the patient group.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever centre. Information leaflets for travellers, giving advice relating to vaccination and health precautions, were available in the patient waiting area.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis, links with the community midwife team and health visitors formed part of the support available.
- The practice had a system in place to identify patients with a known disability.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) where necessary

and encouraged patients to self-refer where appropriate. Information about the Wellbeing Team was freely available within the waiting area and on the practice website.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with extended opening until 8pm on Wednesday evenings. Appointments were available during those times.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 98% of patients said they could get through easily to the surgery by phone compared to the local CCG average 78% and the national average of 73%.

The practice told us that in response to patient and PPG feedback an audit of waiting times had been undertaken in the period December 2015 to March 2016. During this period there were 2,648 appointments, of which 928 were on time and, for the remainder, the average waiting time was five minutes. None of the patients we spoke with on the day of inspection indicated any concerns regarding access to appointments or waiting times for their appointments.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was the identified lead person who handled complaints in the practice. The practice carried out an analysis of complaints and produced an annual complaints report. Information on how to complain was readily available to patients.

The practice leaflet contained information about how to complain, notices were displayed in the waiting area and information was available on the practice website.

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

Information about the role of the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England) was routinely available.

We looked at two complaints received in the last 12 months and found both of these had been dealt with in a timely and thorough way. The practice submitted complaints data to the executive management team at provider level. Lessons learnt from concerns and complaints were shared across the other services managed by the provider and

action was taken as a result to improve the quality of care. For example, the practice had dealt with a patient who had requested a blood test for a specific virus. The practice recognised that it did not manage the request in the most efficient or effective way; as referral arrangements were unclear. Following the incident the practice undertook a thorough review of procedures and reissued guidance to all staff about the process for dealing with these requests. A comprehensive written response was issued to the patient.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice held regular quarterly business planning meetings and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

The practice had a business development plan which identified existing objectives and possible future developments. The plan was corporately produced by the provider and was routinely reviewed and evaluated progress against local objectives.

Governance arrangements

There was a clear focus on positive engagement with staff across the clinical and administrative bases. The practice had clear governance structure which supported the delivery of the strategy and good quality care.

The reporting structures, agreed lines of delegated authority and procedures put in place at the practice ensured that:

- There was a clear staffing framework and that staff were aware of their own roles and responsibilities. With a small staffing group the practice manager had introduced flexible working and additional training to ensure administration staff were competent and able to deliver the range of administration and patient support services required.
- The policies in place at the practice were issued at corporate level by the provider. Copies of all relevant policies and associated guidance and protocols were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by executive managers and the practice management team through regular meetings and progress review sessions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

Staff told us the management team 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). The provider's management team actively 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 gave affected people support and a verbal and written apology.
- The practice kept written records of written correspondence.

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

- The practice held regular team meetings and staff were encouraged to participate.
- 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 by management and clinicians in the practice.
- Staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The management team at the practice, with support from the provider, had plans to reorganise the structure of the practice manager role. The realignment of duties would facilitate a change of focus for the practice manager and enabled service development improvements to be identified and implemented.

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

Are services well-led?

Good 

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

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 local patient surveys and comments and complaints received.
- The practice told us that a planned major refurbishment project was imminent. Improvements and development had been influenced as a result of staff and patient feedback.
- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

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

At the time of our inspection, the practice was involved in a range of patient services to meet the individual and collective needs of the practice population.

For example,

- The practice had identified a comprehensive refurbishment of the building, to improve the environment for patients and staff.
- The practice had a service development plan focused on improving outcomes for patients and exploring opportunities to increase the patient list size.
- With the aim of increasing the number of participants and the diversity of representation of patients offering feedback, the practice told us that they were exploring the possibility of developing further a 'virtual' patient representation group.