

# Abbey Road Surgery

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Abbey Road Surgery on 27 September 2016. Overall the rating for the practice was inadequate; specifically it was inadequate for safe and well-led, requires improvement for caring and responsive and good for effective, and was placed in special measures for a period of six months.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 25 May 2017; overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly embedded systems and processes which promoted learning from events and clear communication with all staff members.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. The practice had a clear system in place for the effective

management of national safety alerts. However at the time of inspection, the practice did not have an effective system in place to ensure patients received the required checks before being prescribed certain medicines which required monitoring.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patient comments highlighted that they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, the most recent National GP Patient Survey results showed the practice was performing below local and national averages.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management and the practice proactively sought feedback from staff and patients, which it acted on.
- Not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.
- The provider was aware of the requirements of the duty of candour. The examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvements are:

- Ensure systems and processes are in place for the safe prescribing of medicines which require monitoring.

The areas where the provider should make improvements are:

- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Review the patient recall process to ensure the system is effective and comprehensive.

- Develop a system to identify vulnerable adults on the computer system.
- Continue to review the National GP Patient Survey results and ensure steps are taken to make improvements where required.
- Continue to encourage patient attendance at cancer screening programmes.
- Implement a process to ensure uncollected prescriptions are appropriately managed.

This service was placed in special measures on 27 September 2016. Improvements have been made and conditions imposed on the service will now be removed. However, there remains a rating of inadequate for providing safe services. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

**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 inadequate for providing safe services.

- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However, during our inspection we found the practice did not have a comprehensive system in place to ensure patients received the required checks before being prescribed certain medicines which required monitoring.
- Patients who did not collect their prescriptions were not considered by a member of the clinical team.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However the practice did not have a clear system in place to identify vulnerable adults on the computer system.

Inadequate



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the latest Quality and Outcomes Framework (QOF) 2015/2016 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- The system in place to identify patients who required a review in-between the annual QOF review required strengthening.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the latest National GP Patient Survey results published in July 2016 showed patients rated the practice lower than others for some aspects of care. However, more recently the practice had completed its own survey with 148 patients responding in May 2017. Data from this survey showed 146 patients (99%) were satisfied or very satisfied with the services provided by the reception staff and GPs.
- 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.
- Staff maintained patient and information confidentiality and patients commented to us on being treated with kindness and respect. We saw evidence to confirm this.
- The practice held a register of carers with 171 carers identified which was approximately 2% of the practice list. The practice had carer information packs available in the waiting area and displayed information on a carers' notice board.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



- The most recent National GP Patient Survey results published in July 2016 showed the practice was performing below local and national averages.
- The practice had a system in place for handling complaints and concerns. Information about how to complain was available and evidence from the examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Practice staff reviewed the needs of its local population and engaged with NHS England and East and North Hertfordshire Clinical Commissioning Group to secure improvements to

# Summary of findings

services where these were identified. For example, the practice participated in the local area winter resilience scheme and offered more appointments during this period. This service had given patients the opportunity to attend the practice for an urgent appointment rather than travel to the local A&E department.

- The practice worked closely with the local drug and alcohol service.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others.
- Staff felt supported by management and the practice had policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

**Requires improvement**



# 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 inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of their life.
- GPs involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice worked closely with a multi-disciplinary 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.
- Named GPs carried out a weekly visit to a local care home for continuity of care. We spoke to a senior member of staff at the home who described the GPs as very good and the practice as accessible and responsive to needs of their residents.
- The practice provided health checks for patients aged over 75 years and had completed 181 health checks within the last 12 months. The practice had completed 535 health checks since April 2015 which was 88% of this population group.

Requires improvement



### People with long term conditions

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- The nurse practitioner had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



# Summary of findings

- Performance for diabetes related indicators was comparable with the local CCG and national average. The practice had achieved 88% of the total number of points available, compared to the local average of 89% and national average of 90%.
- 75% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable to the local average of 74% and national average of 76%.
- 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.
- The patient recall system was based on the annual Quality Outcome Framework (QOF) process. The system in place to identify patients who required a review in-between the annual QOF review required strengthening.
- For patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

## Families, children and young people

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- 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 relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement





# Summary of findings

- 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. A community midwife held a clinic at the practice on a weekly basis.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

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

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- 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 carried out routine NHS health checks for patients aged 40 to 74 years.
- The practice was proactive in offering online services such as appointment booking and repeat prescriptions and an appointment reminder text messaging service, as well as information about a full range of health promotion and screening that reflects the needs of this age group.
- The practice had recently launched a new website and provided a wide range of information and advice.
- A health and wellbeing specialist from the local public health team held a weekly session at the practice and provided information and advice about diet management and also provided motivational and behavioural support. Patients were also signposted to local services.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and offered longer appointments for those patients.

**Requires improvement**



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access support groups and voluntary organisations.
- The practice had developed shared care services and worked closely with a local drug and alcohol service.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of carers with 171 carers identified which was approximately 2% of the practice list.

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

The practice is rated as inadequate for providing safe services and requires improvement for providing responsive and well-led services. The issues identified as inadequate and requiring improvement affected all patients including this population group.

- Patients at risk of dementia were identified and offered an assessment.
- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2015/2016, which was comparable to 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we interviewed had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



# Summary of findings

## What people who use the service say

We looked at the most recent National GP Patient Survey results published in July 2016. The results showed the practice was performing below local and national averages. There were 313 survey forms distributed and 116 were returned. This represented a 37% response rate and approximately 1% of the practice's patient list.

- 28% 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%. The practice told us that they had changed their telephone system in June 2016 and the new system provided advice and more options along with an improved telephone queuing system.
- 58% 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% and national average of 76%.
- 66% of patients described the overall experience of this GP practice as good compared to the local average of 82% and national average of 85%.
- 50% 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 76% 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 20 comment cards. Overall, all of the comment cards we received were positive about the standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as very caring, accommodating and friendly.

We spoke with 18 patients during the inspection and received feedback from two members of the Patient Participation Group (PPG). The majority of patients told us that they were happy with the services provided and described the practice as clean and well organised. Patients told us that they felt listened to and cared for and described staff members as friendly. Two patients told us that they had experienced problems getting an appointment convenient to them and that they would have to wait approximately 30 minutes past their appointment time before being seen.

The practice had completed patient surveys in June 2016 and May 2017. The practice had received 148 responses in May 2017 and the results from this survey showed 89% of respondents said they were able to see a GP or the nurse practitioner within 48 hours. 77% of respondents said they were able to contact the practice by telephone. 85% of respondents said they were seen within 30 minutes of their appointment time.

The practice had gathered patient feedback using the NHS Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. The practice had received 38 responses to the FFT between December 2016 and April 2017. The results showed 37 people (97%) were either extremely likely or likely to recommend the service and one patient was unlikely to recommend the service.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure systems and processes are in place for the safe prescribing of medicines which require monitoring.

### Action the service **SHOULD** take to improve

- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Review the patient recall process to ensure the system is effective and comprehensive.

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- Develop a system to identify vulnerable adults on the computer system.
- Continue to review the National GP Patient Survey results and ensure steps are taken to make improvements where required.
- Continue to encourage patient attendance at cancer screening programmes.
- Implement a process to ensure uncollected prescriptions are appropriately managed.

# Abbey Road 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 adviser, a practice manager specialist adviser and an Expert by Experience.

### Background to Abbey Road Surgery

Abbey Road Surgery provides primary medical services, including minor surgery, to approximately 8,981 patients in Waltham Cross, Hertfordshire. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). Abbey Road Surgery was purpose built in 1992. All patient consultations are held on the ground floor.

The practice serves a higher than average population of those aged between 5 to 9 years, 15 to 19 years and 40 to 54 years. The practice serves a lower than average population of those aged between 20 to 34 years and 60 to 74 years. The practice told us that approximately 50% of the registered patients were from outside of the UK, with many of these patients not having English as their first language. The area served is more deprived compared to England as a whole. The practice is located within one of the most deprived areas in Hertfordshire.

The practice team consists of four GP Partners; three of which are male and one is female. There is one salaried GP and one nurse practitioner, who is qualified to prescribe certain medicines. The practice has one practice nurse and currently uses one regular locum nurse. The non-clinical team consists of a practice manager, one reception supervisor, seven members of the receptionist team and five members of the administration team.

The practice is open to patients between 8.30am and 6:30pm Mondays to Fridays. Patients are able to access urgent clinical telephone advice between 8am and 8.30am. Appointments with a GP are available from approximately 9.30am to 12.10pm and from 3pm to 6.10pm daily. Emergency appointments are available daily. A telephone consultation service is also available for those who need urgent advice.

Home visits are available to those patients who are unable to attend the surgery. 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 on the practice telephone line.

### Why we carried out this inspection

We undertook a comprehensive inspection of Abbey Road Surgery on 27 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We undertook a further announced comprehensive inspection of Abbey Road Surgery on 25 May 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

# Detailed findings

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We 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 2017. During our inspection we:

- Spoke with three GPs, the nurse practitioner, the practice manager, a member of the administration team, the reception supervisor and three members of the reception team.
- Spoke with 18 patients, reviewed patient records and observed how staff interacted with patients.
- Reviewed 20 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from two members of the Patient Participation Group (PPG). (This is a group of volunteer patients who work with practice staff on making improvements to the services provided for the benefit of patients and the practice).

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

At our inspection in September 2016 we rated the practice as inadequate for providing safe services as systems and processes had weaknesses and were not fully implemented in a way to keep patients safe. The practice did not have an effective system in place for identifying, sharing and learning from significant events. We found evidence that patients were at risk of harm because systems and processes were not in place to ensure patient safety and Medicines and Healthcare products Regulatory Agency (MHRA) alerts were being acted on. When there were unintended or unexpected safety incidents, patients were not always told about any actions to improve processes to prevent the same thing happening again.

At our inspection in May 2017 we found the following:

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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- The practice had recorded 10 significant events since July 2016 and had carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed and updated their protocol for referring infants suspected of having a Tongue-tie following a delayed referral (Tongue-tie is where the strip of skin connecting an infant's tongue to the floor of their mouth is shorter than usual).
- 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 with the GPs and relevant staff during a practice meeting which took place on a weekly basis. We saw evidence to confirm this.
- Information and learning would be circulated to staff and the practice carried out an analysis of the significant events over time to identify trends and themes.

We reviewed safety records, incident reports, MHRA alerts and patient safety alerts. The practice had implemented a process to ensure that relevant staff received and acted upon all safety alerts received into the practice. The practice maintained a log of safety alerts and we saw evidence to confirm actions had been taken to improve safety in the practice. For example, the practice had received a safety alert in relation to a dosage change for a specific medicine used to treat patients with rheumatoid arthritis. The practice had completed a search on their system, contacted the relevant patients and had undertaken a review with those patients.

### Overview of safety systems and processes

At our inspection in September 2016 we observed the premises to be visibly clean and tidy. However, the infection control lead had not accessed any recent training or updates to keep up to date with best practice. Some staff members had not completed infection control training and infection control audits were limited to the treatment room only. Blank prescription forms and pads were securely stored however there was no system in place to monitor their use. The practice had a clinical supervision policy in place however this was not being followed and the nurse prescriber did not receive any formal clinical supervision.

At our inspection in May 2017 we found that the practice had acted on the previous concerns and the practice had implemented systems and processes and put practices in place to keep patients safe and safeguarded from abuse, however during our inspection we found some systems and processes needed further improvement:

- 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



## Are services safe?

- about a patient's welfare. There was a GP lead for safeguarding adults and children. The GPs 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.
- The practice had a coding system in place and a register to highlight vulnerable children on records. However, the practice did not have a coding system or register in place to highlight vulnerable adults on records.
  - The practice displayed notices in the waiting area and treatment and consulting rooms which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and a risk assessment was in place for all staff including 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. There were cleaning schedules and monitoring systems in place. The nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and all staff had received up to date training. IPC audits were scheduled to be undertaken on a regular basis and we saw evidence to confirm that these audits were comprehensive and action had been taken to address any improvements identified as a result. For example, the practice had refurbished their treatment and waiting rooms and had made improvements to their baby changing area and patient toilets.
  - All single use clinical instruments were stored appropriately and were within their expiry dates. Specific equipment was cleaned daily and logs were completed. Spillage kits were available and clinical waste was stored appropriately and collected from the practice by an external contractor on a weekly basis.
  - The arrangements for managing emergency medicines in the practice kept patients safe. The practice had a clear system in place for the effective management of patients receiving high risk medicines and completed searches on their clinical system on a quarterly basis.
  - During our inspection we found the practice had recently started the process of contacting patients receiving medicines which required monitoring to ensure they were being managed appropriately. However, at the time of inspection this work had not been completed and we found that not all patients receiving these medicines were being appropriately managed. For example, we found the practice had 739 patients receiving ACE inhibitors (medicines that are used to treat high blood pressure) and 311 of these (42%) had not received the required checks within the previous 13 months. From the sample of records we viewed we found the previous checks carried out for some of these patients dated back to 2013. The practice had 197 patients receiving Loop diuretics (They are primarily used to treat hypertension and inflammation often due to congestive heart failure or renal insufficiency) and 50 of these (25%) had not received the required checks within the previous 13 months. From the sample of records we viewed we found the previous checks carried out for some of these patients dated back to 2013. The practice had 252 patients receiving Thyroid hormones and 80 of these (32%) had not received the required checks within the previous 13 months. From the sample of records we viewed we found the previous checks carried out for some of these patients dated back to 2013. The practice took immediate action during the inspection and submitted an action plan immediately after the inspection with further details of the work they had and would be completing. The practice assured us that an effective process would be implemented to ensure all patients would be monitored appropriately.
  - The practice had reviewed their process for managing blank prescription forms and pads and during our inspection we found that these were securely stored and tracked to monitor their use.
  - During this inspection we found the practice did not appropriately manage uncollected prescriptions. We were told that uncollected prescriptions were destroyed on a monthly basis. However, the practice did not complete any form of clinical review to assess patients who had not collected their prescription. The practice



## Are services safe?

took immediate action during the inspection. Shortly after the inspection the practice sent us a new protocol for the appropriate management of uncollected prescriptions.

- The nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. In addition to this, a named GP provided formal clinical supervision and we saw evidence to confirm that this took place on a regular basis.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurses to administer medicines in line with legislation.
- 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

At our inspection in September 2016 we found examples where risks to patients were not being managed effectively. The practice did not have a process in place to ensure electrical equipment was checked on a regular basis and the practice had never completed a Control of Substances Hazardous to Health (COSHH) risk assessment.

At our inspection in May 2017 we found risks to patients were being managed appropriately.

- 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. 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 October 2016 to ensure the equipment was safe to use and clinical equipment was checked in April 2017 to ensure it was working properly.

- The practice had completed a COSHH risk assessment and had a variety of other risk assessments in place for areas including premises, health and safety, infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and 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 systems 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 used locum nurses and GPs and would complete the necessary recruitment checks on those individuals.

### 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 and telephone handsets which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date.
- The practice had a 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 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 and random sample checks of patient records.
- The practice engaged with the local East and North Hertfordshire Clinical Commissioning Group (CCG) 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, prescribing rates and public health data. The practice explained how this information was used to plan care in order to meet identified needs

### 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 recently published results showed the practice achieved 98% of the total number of points available which was comparable with the local average of 96% and national average of 95%. Data from 2015/2016 showed;

- 91% of patients aged 45 years or over had a record of blood pressure in the preceding five years which was comparable to the CCG average of 90% and national average of 91%.
- 75% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable to the local average of 74% and national average of 76%. Exception reporting was in line with local and national averages. (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).

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2015/2016, which was comparable to the local average of 91% and national average of 90%. Exception reporting was in line with local and national averages.
- 92% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken in 2015/2016 which was comparable to the local average of 74% and national average of 76%. Exception reporting was in line with local and national averages.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in 2015/2016 which was comparable to the local average of 92% and national average of 89%. Exception reporting was in line with local and national averages.
- 74% of patients with diabetes, in whom the last IFCCbA1c was 64 mmol/mol or less in 2015/2016 which was comparable to the local average of 76% and national average of 78%. However, the exception reporting rate for this indicator was 20.5% which was above the local average of 9% and national average of 12.5%.
- The practice told us that they regularly monitored their QOF performance and we saw evidence to confirm this. We checked the patient recall process and found the practice had a systematic approach in place. The patient recall system was based on the annual Quality Outcome Framework process. The practice did not have a clear system in place to identify patients who did not attend a review in-between the annual QOF review.

The practice had a system of clinical audits which demonstrated quality improvement.

- There had been five completed clinical audits undertaken in the last two years, 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 had been carried out to assess the management of cholesterol levels of patients diagnosed with type two

# Are services effective?

## (for example, treatment is effective)

diabetes. This audit was repeated and the results were measured against national guidelines. The practice identified where improvements could be made and formed an action plan.

- The practice had completed an audit on antibiotic prescribing in uncomplicated urinary tract infections (UTIs). This audit examined the rates for correct antibiotic first choice prescribing and treatment duration. This audit was repeated and the results showed that there had been an improvement in prescribing the preferred type of antibiotic and duration of treatment for uncomplicated UTIs.
- The practice participated in local audits and national benchmarking.

### Effective staffing

At our inspection in September 2016 we noted that not all staff members had completed infection control training. At the inspection in May 2017 we found that all staff members had completed all training relevant to their roles.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding children and adults, equality and diversity, information governance, whistleblowing, basic life support, infection control, mental capacity and consent, 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 online resources, attendance to educational sessions, conferences and discussions through a locally run nurse forum.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All of the staff received an appraisal on an annual basis.
- Staff had access to essential training which was provided through online learning, internal and external training sessions, conferences and CCG led training

days, which took place on a quarterly basis. The practice was part of a locality wide initiative which provided all staff members with access to an e-learning system which offered a wide range of training modules.

### 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 patients moved between services, including when they were referred to, or after they were discharged from hospital. We were told that multi-disciplinary team meetings took place on a monthly basis for vulnerable patients and for patients requiring palliative care. We saw evidence to confirm this.
- The practice held six-weekly meetings with health visitors to support and manage vulnerable children and families.
- The practice worked closely with a multi-disciplinary 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.

# Are services effective?

## (for example, treatment is effective)

- Named GPs carried out a weekly visit to a local care home for continuity of care. We spoke to a senior member of staff at the home who described the GPs as very good and the practice as accessible and responsive to needs of their 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 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 and alcohol cessation, travellers and patients experiencing poor mental health. Patients were then signposted to the relevant services.
- Smoking cessation advice was provided by a local public health team at the practice on a weekly basis.
- A health and wellbeing specialist from the local public health team held a weekly session at the practice and provided information and advice about diet management and provided motivational and behavioural support. Patients were referred to this service and the practice also signposted patients to local services.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 81%. Exception reporting was 6% which was comparable with the local average of 5% and national average of 7%. The practice encouraged uptake of the screening programme by ensuring a female

clinician was available and by sending letters to patients who had not responded to the initial invitation. The practice also sent appointment reminders via a text messaging service and told us that staff would also telephone patients to encourage uptake.

Bowel and breast cancer screening rates were below local and national averages. Data from 2015/2016 showed that;

- 46% 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.
- 67% 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. However, these were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening. The practice told us that they had been liaising with the local CCG as part of a plan to improve uptake across the locality and this was work in progress.

Childhood immunisation rates for the vaccinations given were above or comparable to local and national averages. Data from 2015/2016 showed the practice performance was above the 90% standard for vaccinations given to under two year olds. The practice had achieved a score of 9.6 out of 10 which was above the national average score of 9.1. Childhood immunisation rates for the measles, mumps and rubella (MMR) vaccinations given to five year olds ranged from 94% to 96% which was comparable to the CCG average of 94% to 96%.

Patients had access to appropriate health assessments and checks. New patients had their needs assessed upon registering. The practice offered NHS health checks for people aged 40 to 74 years and had completed 217 in the last 12 months.

The practice provided health checks for patients aged over 75 years and had completed 181 health checks within the last 12 months. The practice had completed 535 health checks since April 2015 which was 88% 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.
- The practice had an electronic check-in kiosk available which promoted patient confidentiality.

As part of this inspection we received 20 CQC patient comment cards. Patients said they felt the practice offered a good service and said staff were caring, friendly, helpful and treated them with dignity and respect.

On the day of the inspection we received feedback from 18 patients and two members of the Patient Participation Group (PPG). Patients 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 July 2016 showed the practice was below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 79% said the GP gave them enough time compared to the CCG average of 85% and the national average 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 72% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.

- 82% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 67% said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice told us that they had appointed a reception supervisor and had worked with the reception staff in making improvements. Patient comments during the inspection were positive about the receptionists, GPs and nurses.

At our inspection in September 2016 we found that the practice had undertaken a patient survey and audits on their performance between May and June 2016, however these reviews focused on demand and capacity only and did not include a review of the patient experience when receiving care and treatment.

At our inspection in May 2017 the practice told us that they had recently completed an updated survey with 148 patients. We received evidence to confirm this and the results from this survey showed:

- 99% of respondents said they were satisfied or very satisfied with the services provided by the reception staff.
- 99% of respondents said they were satisfied or very satisfied with the services provided by the GPs.
- 99% of respondents said they were satisfied or very satisfied with the services provided by the nurse practitioner.

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

Results from the National GP Patient Survey published in July 2016 showed the practice was performing below local and national averages for patient questions about their involvement in planning and making decisions about their care and treatment. For example:

- 71% 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%.
- 63% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.



## Are services caring?

- 72% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Since our September 2016 inspection staff had received training on customer service and communication skills. The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

The practice offered a flexible approach towards and translation services for patients who were hard of hearing or did not have English as a first language. The electronic check-in kiosk was accessible in a number of different languages.

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

- Notices and an electronic information screen in the patient waiting room 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 171 carers identified which was approximately 2% of the practice list. A member of the administration team was the nominated carers lead (a Carers' champion) who worked with identified carers to provide advice and support. The practice had carer information packs available in the waiting area and also displayed information on a carers' notice board.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, 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 an urgent appointment rather than travel to the local A&E department.

- The practice worked closely with the local drug and alcohol service. A community drug and alcohol worker carried out a regular visit to the practice to provide information and support to patients.
- The practice was proactive in offering online 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.
- The practice had recently updated their notice boards in the waiting room and had also launched a new website. The practice told us that the new website provided more information and guidance to patients and made it easier for patients to navigate and access information.
- The practice had made changes to their system for managing patients arriving at the practice in the morning to book an appointment. The practice told us that this was done in order to improve the patient experience following patient feedback.
- A blood pressure testing machine was available to patients in the practice waiting area.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of patients' 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 vaccination centre.
- 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. A community midwife held a clinic at the practice on a weekly basis.

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) service and encouraged patients to self-refer.
- 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.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service

The practice was open to patients between 8.30am and 6.30pm Mondays to Fridays. Patients were able to access urgent telephone advice between 8am and 8.30am. Appointments with a GP were available from 9.30am to 12.10pm and from 3pm to 6.10pm daily. The practice offered 50% of all appointments as book on the same day and pre-bookable appointments could be booked up to four weeks in advance. Urgent appointments were also available for people that needed them.

Latest results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below local and national averages.

- 54% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 78%. The practice told us that they were planning on recruiting an additional GP and were also now considering offering extended opening hours.
- 28% of patients said they could get through easily to the surgery by phone compared to the CCG average 63% and national average of 73%.
- 40% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 63% and national average of 65%.

# Are services responsive to people's needs?

## (for example, to feedback?)

The practice told us that they had changed their telephone system in June 2016 and the new system provided more options, information and advice along with an improved telephone queuing system.

The practice had completed a patient survey in June 2016 and had received 266 responses. Results from this survey showed 70% of respondents said they were able to easily contact the practice by telephone.

Senior staff told us that they regularly assessed patient flow data and patient feedback and regularly reviewed their appointment booking and telephone system. The practice had created an action plan in response to the National GP Patient Survey results. For example, the practice was in the process of introducing a call waiting screen in the reception area.

The practice completed a patient survey in May 2017 and had received 148 responses. The results showed that 89% of respondents said they were able to see a GP or the nurse practitioner within 48 hours. 77% of respondents said they were easily able to contact the practice by telephone.

The patients we spoke with or who left comments for us told us they were able to contact the practice easily by telephone.

### Listening and learning from concerns and complaints

At our inspection in September 2016 we found the practice did not provide patients with sufficient information when responding to complaints and the practice was unable to demonstrate what action they had taken after they had identified key themes and trends from the complaints they had received.

At our inspection in May 2017 we found the practice had an effective system in place for handling complaints and concerns.

- The 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.
- Information on how to complain was easily available to patients.

The practice had a comments and complaints leaflet which included information on the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England). The practice provided patients with information on the role of the PHSO when responding to patient complaints as standard.

We looked at five complaints received since April 2016 and found all of these had been dealt with in a timely way. The practice shared their complaints data with NHS England. The practice had taken steps to ensure patient complaints, including the learning from complaints was shared with all relevant staff. 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, the practice had taken steps to increase patient awareness on treating an infection following a patient complaint. The practice analysed complaints over time to identify key themes and trends and had taken action as a result. For example, the practice had arranged for a member of staff to attend training in advanced communications following a review of complaints received over time.



# Are services well-led?

Requires improvement 

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

## Our findings

At our inspection in September 2016 we found considerable weaknesses in the leadership and governance of this practice and we rated the practice as inadequate for providing well-led services. We found the practice did not have a clear leadership structure. Policies and procedures were not practice specific. There were no overarching arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. Staff members raised concerns about the behaviour of some senior staff and the culture in the practice. Staff members told us that they did not feel supported by some senior members and did not feel involved in how the practice was run.

At our inspection in May 2017 we found the following:

### Vision and strategy

The practice had a clear statement of purpose which was to provide the best possible quality service for patients within a confidential and safe environment through effective collaboration and teamwork. The practice displayed their aims and values in staff and patient areas and staff understood the values. The practice had worked with an external contractor and had developed an improvement plan. This plan included objectives to strengthen the practice vision, aims and values. During our inspection we found the practice had established a clear leadership structure.

### 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. GPs and nurses had lead roles in a number of areas such as learning disabilities, safeguarding, mental health, infection control and clinical governance. A list of clinical staff with lead roles was displayed throughout the practice.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.
- 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. However, during our inspection we found the practice was not appropriately managing uncollected prescriptions and patients receiving medicines which required monitoring.

### Leadership and culture

Following our previous inspection in September 2016 the practice had undertaken an extensive review of their leadership structure, systems and processes. The practice had established a programme of regular team meetings and held practice development sessions. The practice had set objectives within their improvement plan which focused on strengthening the leadership and culture. Staff told us the partners were approachable and took the time to listen.

Staff members told us that significant improvements had been made following our inspection in September 2016. Staff members described the relationship with senior staff as good and told us that they felt supported by senior staff and involved in how the practice was run.

Staff told us the practice held regular team meetings and we saw evidence that regular staff meetings were taking place for all staff groups including multi-disciplinary team meetings. The practice had taken steps to improve staff morale and the culture at the practice. The practice had held a workshop on leadership with an external contractor and also held team away days and social events.

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 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.

# Are services well-led?

Requires improvement 

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

- The practice kept written records of correspondence with patients.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the Friends and Family Test, through surveys and complaints received, feedback submitted online and through engagement with the Patient Participation Group (PPG). The practice reviewed the results from the National GP Patient Survey and took steps to improve their performance where required.
- The PPG was an established group and held regular meetings with practice staff. The PPG had worked with practice staff and had made improvements to the information boards in the practice and patient environment and had promoted practice performance and raised awareness on the impact of missed appointments. The practice had moved the location of the blood pressure testing machine following patient feedback about confidentiality.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. The practice had appointed a reception supervisor to provide additional support to reception staff. The practice had completed staff surveys and the results showed staff feedback on their experience of working at the practice had improved and was positive.

## **Continuous improvement**

The practice participated in a locality wide initiative to assess demand and capacity. This work involved completing a two cycle audit to monitor and assess patient flow and access to primary and secondary care services. Through participation in this initiative, the practice had developed a comprehensive understanding of their practice population and an action plan had been created to improve patient care pathways.

The practice was an active member of a local GP Federation and staff attended monthly meetings with the local CCG, the nurse practitioner attended the local nurse forum and senior staff attended regular meetings and educational sessions with peers.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not appropriately manage all patients receiving medicines which required monitoring.</p> <p>We found the provider did not have an effective system in place to ensure patients received the required checks before being prescribed certain medicines which required monitoring.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>