

Dr Rajpreet Millan

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rajpreet Millan, also known as Whitwell Surgery on 28 September 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr Rajpreet Millan on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 29 June 2017. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The practice carried out a thorough analysis of the significant events and completed an action log that was discussed at staff meetings.
- A log of near misses and errors in the dispensary was kept and discussed at practice meetings.

- Standard procedures were in place, which covered all aspects of the dispensing process. There was a record kept that had been reviewed and dispensary staff had read them.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- 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.
- Clinical audits demonstrated quality improvement. There had been three clinical audits undertaken since the previous inspection. All of these were completed audits where the improvements made were implemented and monitored.
- Essential mandatory training had been identified and staff had access to appropriate training resources. This included infection control, basic life support, fire safety, safeguarding and information governance.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- 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.
- There was a clear leadership structure and staff felt supported by management. The principal GP in the practice demonstrated they had taken steps to develop the experience, capacity and capability to run the practice and ensure high quality care.
- The practice proactively sought feedback from staff and patients, which it acted on. They had formulated a patient participation group (PPG) and completed their own patient survey.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Share the minutes of multi-disciplinary team meetings with other health care professionals.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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.

Good



- 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 things went wrong patients were informed as soon as practicable, received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and completed an action log that was discussed at staff meetings.
- A log of near misses and errors in the dispensary was kept and discussed at practice meetings.
- The practice had a process in place that ensured a check of appropriate actions had been taken in response to safety alerts and MHRA (Medicines and Healthcare products Regulatory Agency) alerts. We reviewed this process for the last three alerts received and found appropriate actions had been taken.
- Processes were in place for handling repeat prescriptions which included the review of high-risk medicines.
- Standard procedures were in place which covered all aspects of the dispensing process.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (2015-2016) showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance and we saw evidence that guidelines were discussed at clinical meetings.

Summary of findings

- Clinical audits demonstrated quality improvement. There had been three clinical audits undertaken since the previous inspection. All of these were completed audits where the improvements made were implemented and monitored.
- Staff had the skills and knowledge to deliver effective care and treatment. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. However, we noted that minutes of these meetings were not shared with the multi-disciplinary team.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published July 2017, showed patients rated the practice in line with others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- The practice had identified 70 patients as carers, which equated to approximately 2.5% of the practice list.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Routine appointment booking and repeat prescription requests could be made online.

Good



Summary of findings

- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The principal GP in the practice demonstrated they had taken steps to develop the experience, capacity and capability to run the practice and ensure high quality care. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews, attended staff meetings, and training opportunities. The practice had introduced tele and video conferencing for meetings to encourage attendance by those not present in the practice on the days meetings were held.
- The provider was aware of the requirements of the duty of candour. In five examples we reviewed we saw evidence the practice complied with these requirements.
- The principal GP 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 had developed a patient participation group.
- There was a focus on continuous learning and improvement at all levels. Practice staff had access to training to cover the scope of their work.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- 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 made use of the local Clinical Commissioning Group Acute in Hours Visiting Service to refer patients who required an urgent home visit.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It 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.
- Where older patients had complex needs, the practice shared summary care records with local care services. They had regular meetings with the local Home First team with a view to avoiding hospital admissions.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Annual health checks and flu vaccinations were offered.

Good



People with long term conditions

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

- The practice nurse was trained in chronic disease management and looked after patients with long-term conditions.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the practice achieved 94% with 12% exception reporting compared to the CCG average of 90% with 9% exception reporting and the national average of 90% with 12% exception reporting.
- 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.

Good



Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Urgent same day appointments were available.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- The practice had a system in place to follow up and record on the patient electronic record if a child missed a hospital appointment
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of antenatal, post-natal and child health surveillance clinics.
- A weekly drop in baby clinic was run by the practice nurse.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 83% and the national average of 81%.

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).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours were available from 6.30pm to 7.30pm on Tuesdays.
- Telephone consultations were available for those patients who could not attend the practice.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,
 - 76% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 73%.
 - 60% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 identified 70 patients as carers which equated to approximately 2.5% of the practice list. The practice had an identified carers lead and written information was available to direct carers to the various avenues of support available to them.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, which was better than the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice encouraged non-pharmacological support by making referrals to IAPT (improving access to psychological therapies) that included mindfulness and cognitive behavioural therapy.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the practice achieved 100% with 14% exception reporting compared to the CCG average of 93% with 12% exception reporting and the national average of 93% with 11% exception reporting.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- 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 interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results showed the practice was performing in line with or above the local and national averages. There were 225 survey forms distributed and 94 were returned. This was a 42% response rate and represented approximately 3.5% of the practice's patient list.

- 80% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 64%.

- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. The service was described as very good or excellent and the staff as helpful, polite and efficient. Patients commented that they could get appointments when they wanted one.

We spoke with one patient during the inspection who was satisfied with the care they received and thought staff were committed and caring.

Dr Rajpreet Millan

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 and a medicines team specialist advisor.

Background to Dr Rajpreet Millan

Dr Rajpreet Millan also known as Whitwell Surgery provides a range of primary medical services to the residents of Whitwell and the surrounding villages. The practice has been at its current purpose built location of Whitwell Surgery, 60 High Street, Whitwell, Hitchin, Hertfordshire, SG4 8AG since the late 1990s. The practice has a dispensary that caters for 99% of the patient population.

The practice population is ethnically diverse and has a higher than average over 45 year age range and a significantly lower than average 20 to 34 year age range. National data indicates the area is one of low deprivation. The practice has approximately 2,600 patients and services are provided under a general medical services contract (GMS), this is a nationally agreed contract with NHS England.

The practice has a principal female GP and employs three salaried GPs, one male and two female and a female practice nurse. All of the GPs work part-time making the equivalent of one and a half whole time equivalent GPs. There is an office manager/dispenser who leads a team of four reception/administration staff and two dispenser/

administration staff. There is a vacancy for a full time practice manager. The practice has been utilising the services of a management consultant during their time in special measures.

Patients can contact the practice by telephone from 8am to 6.30pm Monday to Friday. The premises and dispensary are open from 8.30am to 1pm and from 2pm to 6pm on Monday, Tuesdays, Thursdays and Fridays and from 8.30am to 1pm on Wednesdays. They offer extended opening hours appointments with both a GP and the nurse from 6.30pm to 7.30pm on Tuesdays.

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

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Rajpreet Millan on 28 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 also issued a warning notices to the provider in respect of safe care and treatment and good governance and informed them that they must become compliant with the law by 6 January 2017. We undertook a follow up inspection on 15 February 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr Rajpreet Millan on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Dr Rajpreet Millan on 29 June 2017. This

Detailed findings

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.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations, for example, East and North Hertfordshire Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced inspection on 29 June 2017. During our inspection we:

- Spoke with a range of staff including GPs, the office manager/dispenser and receptionists. We also spoke with the management consultant.
- Spoke with a member of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection on 28 September 2016, we rated the practice as inadequate for providing safe services as,

- The process for reporting incidents, near misses and concerns was not always followed.
- Near misses and errors in the dispensary were not identified or logged so there was no record to identify trends and learning.
- There was a lack of formal discussion at meetings to discuss lessons learned from unintended or unexpected safety incidents.
- Safety alerts and MHRA (Medicines Healthcare Regulatory Agency) alerts were not always followed and there was not a system in place for a continued periodic review of practice in relation to the alerts.
- The non-clinical staff had not received safeguarding training for children or vulnerable adults. There was not a system in place to follow up and record on the patient record if children missed a hospital appointment.
- Staff who acted as chaperones had not been trained for the role and the Disclosure and Barring Service (DBS) check. (DBS)
- None of the staff had received infection control training and some infection control processes were not followed.
- The system for checking the monitoring of high-risk medicines and medication reviews was not evident.
- Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use.
- There were standard operating procedures (SOPs) in place to govern activity in the dispensary but they were not followed at all times. Risks to patients had not been assessed fully.
- There had been no risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

These arrangements had significantly improved when we undertook a follow up inspection on 29 June 2017. The practice is now rated as good for providing safe services.

At our inspection in June 2017 we found:

Safe track record and learning

There was a system 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 recording 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).
- Following the previous inspection the practice had reviewed its significant event policy and had completed an audit of the process. We saw evidence that significant events were reported and documented. A log of near misses and errors in the dispensary was kept and discussed at practice meetings.
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and completed an action log that was discussed at staff meetings. The practice informed us that they had introduced tele and video conferencing for clinical meetings to encourage attendance by the clinicians not in the practice on the day of the meetings. Minutes of the meetings demonstrated that the attendance had improved and there was evidence of shared learning.
- The practice now had a process in place that ensured a check of appropriate actions had been taken in response to safety alerts and MHRA alerts. We reviewed this process for the last three alerts received and found appropriate actions had been taken.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed its management of repeat prescriptions for high risk medicines and developed a new standard operating procedure (SOP) and guidance for reception staff.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

Are services safe?

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Training records now showed that all staff had received training and staff interviewed demonstrated they understood their responsibilities regarding safeguarding. GPs were trained to the appropriate level to manage child protection or child safeguarding (level 3) and the practice nurse was trained to level 2. We reviewed the electronic patient record system and found that there was a system in place to follow up and document when a child missed a hospital appointment.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were now trained for the role and had received a DBS check.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice had replaced the carpeted flooring in the room used by the visiting phlebotomist for taking blood samples to wipeable flooring. The fabric privacy curtains in the consulting rooms had been changed to wipeable screens.
- The practice nurse was the infection prevention and control (IPC) clinical lead. They had liaised with the local infection prevention teams to keep up to date with best practice. An IPC audit had been completed and we saw evidence that action was taken to address any improvements identified as a result. There was an IPC protocol and all staff had now received up to date training.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were now processes in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed the electronic patient record system and found evidence that processes had been

implemented to ensure patients received appropriate blood tests and monitoring when prescribed high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored and there were now systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- There were fridges in the dispensary and the treatment room that were used to store medicines that were required to be kept within a certain temperature range. At the previous inspection the practice did not check and record the minimum and maximum temperature of the fridge in the dispensary at regular intervals. They had now implemented a process and we saw evidence that the minimum and maximum fridge temperatures were recorded daily for both fridges. Staff were aware of the procedure to follow in the event of a fridge failure.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in apprenticeship roles. Records showed that all members of staff involved in the dispensing process had their competence checked regularly by the lead GP for the dispensary.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review. There was a record of staff signatures, of those who worked in the dispensary, to say they had read the SOPs.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was

Are services safe?

restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area. There were also arrangements for the destruction of controlled drugs.

- The practice had improved security in the dispensary. They had completed a risk assessment relating to the security of medicines and interruption to dispensing staff. The doors to the dispensary were now locked and access was restricted to dispensary staff. This ensured medicines were accessible only to those involved in the dispensing process and prevented the distraction of those staff.
- We now saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice kept a record of staff vaccinations and immunity status for Hepatitis B.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had now completed a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff worked set hours and days but there was an agreement in place that they would work additional hours to cover for colleagues leave and absences. Locum GPs were used occasionally and there was a locum pack available to familiarise them with the practice and locality.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of the plan was kept off site by the lead GP.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 28 September 2016, we rated the practice as requires improvement for providing effective services as,

- A review of records showed that care and treatment was not always delivered in line with recognised professional standards and guidelines.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement.
- Training such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality was all delivered as an informal discussion.

These arrangements had significantly improved when we undertook a follow up inspection on 29 June 2017. The practice is now rated as good for providing effective services.

At our inspection in June 2017 we found:

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, at the inspection in September 2016 we found that NICE guidelines had not been followed for 16 patients over the age of 60 years who were prescribed an anti-inflammatory medicine regularly without being offered an additional medicine to help prevent and treat ulcers associated with the treatment. The practice had completed a review of these patients and these patients were now prescribed their medicines in line with NICE guidelines.
- We saw evidence that NICE guidelines were discussed at clinical meetings.

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 QOF results (2015-2016) showed the practice achieved 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the practice achieved 94% with 12% exception reporting compared to the CCG average of 90% with 9% exception reporting and the national average of 90% with 12% exception reporting.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the practice achieved 100% with 14% exception reporting compared to the CCG average of 93% with 12% exception reporting and the national average of 93% with 11% exception reporting.
- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 86% and the national average 84%.

Exception reporting had improved from the previous year. For example, data from 2014/15 showed exception reporting for diabetes related indicators was 17%. 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. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times before being the subject of exception.

At the inspection in September 2016 there was little evidence of quality improvement including clinical audit. The audits we were shown consisted only of prescribing data and did not show a review of activity or patients against a benchmark standard with review. At the inspection in June 2017 we saw that there was now evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- There had been three clinical audits undertaken since the previous inspection. All of these were completed audits where the improvements made were implemented and monitored.
- A rolling monthly audit plan was in place to audit the prescribing of high risk medicines.
- Findings were used by the practice to improve services. For example, recent action taken as a result included all patients prescribed a medicine used for the treatment of an over-active bladder had their blood pressure monitored in line with recommended guidance.

Effective staffing

At the inspection in September 2016 we found the induction of new staff and most essential training was delivered informally. Some members of staff who worked alone in the dispensary did not have any dispensing qualifications and the practice had not carried out checks on their competency.

At the inspection in June 2017 evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Evidence of the induction programme was kept in the staff files of newly appointed staff.
- 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. The practice nurse had access to training and updates from the local CCG.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training and updates which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice had acquired an online training package via the local CCG that they used to cover essential training for practice staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and investigation and test results.

- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital.
- Information was shared between services, with patients' consent, using a shared care record. Special notes were shared with the out of hour's service for patients who may be in need of continuing care when the practice was closed.
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. However, we noted that minutes of these meetings were not shared with the multi-disciplinary team. They had regular meetings with the local Home First team with a view to avoiding hospital admissions.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice encouraged non pharmacological support for patients with mental health needs by referrals to IAPT (improving access to psychological therapies) that included mindfulness and cognitive behavioural therapy.

The practice's uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 83% and the national average of 81%. There was a policy to offer telephone, SMS text message or written reminders for patients who did not attend for their cervical screening

test. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,

- 76% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 73%.
- 60% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given was better than the national averages. For example, rates for the vaccines given to under two year olds ranged from 95% to 100% and five year olds from 90% to 97%. The national averages were 90% for vaccines given to under two year olds and 88% to 94% for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for 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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the seven Care Quality Commission comment cards we received from patients were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Staff were described as polite and efficient and responded positively to questions or queries.

We spoke with a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient, published July 2017, survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 91% of patients 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%.
- 85% of patients 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 86%.

- 93% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive regarding consultations with the GPs and the practice nurse. Comments stated that the care received was excellent and patients felt supported. We also saw that care plans were personalised.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Are services caring?

The practice informed us that had started using patient information leaflets incorporated in the patient record system to provide patients with advise on their care and treatment.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- There was a hearing loop available for patients with hearing difficulties.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers which equated to approximately 2.5% of the practice list. The practice had an identified carers lead and written information was available to direct carers to the various avenues of support available to them. There was a variety of information on the practice website for carers with links to other organisations providing support including financial and legal advice.

We were informed that if families had suffered bereavement, their usual GP contacted them and the practice sent them a sympathy card. This was followed by a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended opening hours on a Tuesday evening from 6.30pm to 7.30pm. This was especially useful for patients who could not attend during normal opening hours.
- Telephone consultations were available for those patients who could not attend the practice.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A weekly drop in baby clinic was run by the practice nurse. This was developed as the practice had identified due to their rural location and the relocation of the health visitors in the area baby checks including weighing were not easily accessible.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Routine appointment booking and repeat prescription requests could be made online.
- There was a hearing loop and translation services were available.
- There were facilities for people with disabilities that included wide doors and corridors and an access enabled toilet. All consultation and treatment rooms were located on the ground floor.
- There were baby-changing facilities available and nursing mothers wishing to breastfeed were directed to a private area of the practice.

Access to the service

Patients could contact the practice by telephone from 8am to 6.30pm Monday to Friday. The premises and dispensary were open from 8.30am to 1pm and from 2pm to 6pm on Mondays, Tuesdays, Thursdays and Fridays and from 8.30am to 1pm on Wednesdays. They offered extended

opening hours appointments with both a GP and the nurse from 6.30pm to 7.30pm on Tuesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, same day and urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published July 2017, showed that patient's satisfaction with how they could access care and treatment was better than the local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 71%.
- 85% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 81%.
- 75% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The duty GP would contact the patient by telephone in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. The practice made use of the local CCG Acute in Hours Visiting Service to refer patients who required an urgent home visit. This service was a team of doctors who worked across east and north Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager and the principal GP were the designated responsible persons who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets were available in the reception area and there was information on the practice website.

The practice had received five complaints in the last 12 months. We looked at two of these and found they were handled in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, practice staff had completed information governance training to improve patient confidentiality within the practice.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 28 September 2016, we rated the practice as inadequate for providing well-led services as,

- We found flaws in the leadership and governance of the practice. Formal systems and processes were lacking in many areas.
- The practice lacked an adequate overarching governance framework to support the delivery of good quality care.
- Staff told us there was an open culture within the practice but in the absence of team meetings concerns were raised through informal discussions.
- They did not have a patient participation group (PPG).

These arrangements had significantly improved when we undertook a follow up inspection on 29 June 2017. The practice is now rated as good for providing well-led services.

At our inspection in June 2017 we found:

Vision and strategy

The practice had a clear vision to deliver high quality care responsive to the needs of the local community and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas, reception office and on the desktops of all the computers in the practice. Staff we spoke with knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. They had a practice development plan in place which outlined the improvements they needed to make following the previous inspection and how the practice would develop in the future.

Governance arrangements

The practice now had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 key areas. For example the practice nurse was the infection control lead and one of the GPs was the prescribing lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. Standard operating procedures in the dispensary were now updated and read and followed by the appropriate staff.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice had introduced tele and video conferencing for meetings to encourage attendance by those not present in the practice on the days meetings were held.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had completed risk assessments for the management of legionella and control of substances hazardous to health risk assessments. Fire risk assessments and infection control audits had also been completed and identified actions taken.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the principal GP in the practice demonstrated they had taken steps to develop the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP was approachable and always took the time to listen to all members of staff.

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

Are services well-led?

Good 

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

culture of openness and honesty. From the sample of five documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the principal GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff.

- They had gathered feedback from patients through the patient participation group (PPG) and through surveys. The PPG had been formulated following the previous inspection and terms of reference for the group had

been developed. They had held four meetings, which were also attended by the principal GP and a member of the reception team. The practice had carried out their own patient survey between March and May 2017. They had received 48 responses, identified trends and formulated an action plan to address areas for improvement. For example, 16 patients said the GPs were very good at giving enough time with 12 rating them as satisfactory. The action plan in place stated that reception staff should signpost patients to the correct appointment type and make use of practice nurse appointments when appropriate and to book longer consultation times if required. Posters were displayed in the waiting area to educate patients on appointment timings.

- The practice had ensured NHS Family and Friends Test response cards were in the patient waiting area but no responses had been received to date. The NHS Friends and Family test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.
- They gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice were part of a federation with 11 other GP practices in the locality called 12 Point Care. The federation aimed to provide local NHS GP Practices with the ability to pool resources and work in partnership with other NHS and provider organisations to effectively and locally deliver innovative, integrated, accessible high quality services to their residents.